

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

May 31, 2023

Prepared For:

Faculty-Student Association of State
University of New York At Buffalo, Inc.
146 Fargo Quad - Building 4
Buffalo, NY 14261-0050

Prepared By:

Tronconi Segarra & Associates LLP
8321 Main Street
Williamsville, NY 14221

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by October 16, 2023

IRS e-file Signature Authorization for a Tax Exempt Entity
 Name of filer **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.** EIN or SSN **16-6018833**
 Name and title of officer or person subject to tax **ERIC BLACKLEDGE EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information
 Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8098-CP and Form 5330 files may enter dollars and cents. For all other forms, enter whole dollars. If you check the box in lines 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below and the amount on that line for the return being filed with this form was blank, then leave lines 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.
 1a Form 990 check here **162,910,049.**
 2a Form 990-EZ check here **2b**
 3a Form 1120-POL check here **3b**
 4a Form 990-PF check here **4b**
 5a Form 8868 check here **5b**
 6a Form 990-T check here **6b**
 7a Form 4720 check here **7b**
 8a Form 5227 check here **8b**
 9a Form 5330 check here **9b**
 10a Form 8038-CP check here **10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax
 Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) **(EIN)** and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 15 days prior to the date of the payment. I understand that the ERO may be required to provide me with a copy of the return and a copy of the tax return information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.
 PIN: check one box only
 I authorize **TRONCONI SEGARRA & ASSOCIATES LLP** to enter my PIN **14261**
 Enter five numbers, but do not enter all zeros
 as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.
 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
 Signature of officer or person subject to tax
Part III Certification and Authentication
 ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.
1603884560
 Do not enter all zeros
 I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.
 ERO's signature **TRONCONI SEGARRA & ASSOCIATES LLP** Date **10/06/23**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So
 LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

7 Listed property. Enter the amount from line 29 **7**
 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 **8**
 9 Tentative deduction. Enter the smaller of line 5 or line 8 **9**
 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 **10**
 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 **11**
 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 **12**
 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 **13**
 Note: Don't use Part II or Part III below for listed property. Instead, use Part V.
Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)
 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year **14**
 15 Property subject to section 168(w)(1) election **15**
 16 Other depreciation (including ACRS) **16**
Part III MACRS Depreciation (Don't include listed property. See instructions.)
 Section A
 17 MACRS deductions for assets placed in service in tax years beginning before 2022 **17 2,139.**
 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and day in service	(c) Basis for depreciation (see instructions only - see instructions)	(d) Convention	(e) Method	(f) Depreciation deduction
19a 3-year property					
19b 5-year property					
19c 7-year property					
19d 10-year property					
19e 15-year property					
19f 20-year property					
19g 25-year property					
19h Residential rental property					
19i Nonresidential real property					

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and day in service	(c) Basis for depreciation (see instructions only - see instructions)	(d) Convention	(e) Method	(f) Depreciation deduction
20b 12-year					
20c 30-year					
20d 40-year					

Part IV Summary (See instructions.)
 21 Listed property. Enter amount from line 28 **21**
 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr. **22 2,139.**
 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**

FORM 990-T		PRE-2018 NET OPERATING LOSS DEDUCTION		STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
05/31/09	7,125.	0.	7,125.	7,125.	
05/31/10	17,079.	0.	17,079.	17,079.	
05/31/11	1,915.	0.	1,915.	1,915.	
05/31/12	2,480.	0.	2,480.	2,480.	
05/31/13	21,551.	0.	21,551.	21,551.	
05/31/14	6,947.	0.	6,947.	6,947.	
05/31/15	45,271.	0.	45,271.	45,271.	
05/31/16	35,455.	0.	35,455.	35,455.	
05/31/17	30,971.	0.	30,971.	30,971.	
05/31/18	46,640.	0.	46,640.	46,640.	
NOL CARRYOVER AVAILABLE THIS YEAR				215,434.	

FORM 990-T (A)		OTHER DEDUCTIONS		STATEMENT 4	
DESCRIPTION	AMOUNT				
CLEANING AND LAUNDRY	1,018.				
VEHICLE MAINTENANCE	935.				
RENTALS	14,334.				
ALLOCATED HUMAN RESOURCES	7,861.				
INSURANCE	3,800.				
ALLOCATED MARKETING	669.				
ALLOCATED INFORMATION TECHNOLOGY	3,136.				
LEGAL & PROFESSIONAL	394.				
UNIFORM	250.				
OFFICE SUPPLIES	220.				
COMMUNICATIONS	114.				
BANK CHARGES	2,672.				
GARBAGE/RECYCLING	183.				
OTHER MISCELLANEOUS COSTS	127.				
COMMISSIONS	1,145.				
TOTAL TO SCHEDULE A, PART II, LINE 14				36,858.	

Form 990 **Return of Organization Exempt From Income Tax**
 Department of the Treasury
 Internal Revenue Service
 Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY 31, 2023

B Check if applicable:
 Address change
 Name change
 Extension of return
 Final return
 Amended return
 Application pending

C Name of organization
FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

D Employer identification number
16-6018833

E Telephone number
716-645-2521

F Name and address of principal officer: **ERIC BLACKLEDGE**
SAME AS C ABOVE
 BUFFALO, NY 14261-0050

G Gross receipts \$ **49,876,033.**

H(a) Is this a group return for subsidiaries? Yes No

H(b) Are all subsidiaries included? Yes No

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.MYUBCARD.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1962** **M** State or legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **FSA OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC'S PRIMARY PURPOSE IS TO OFFER A VARIETY OF HIGH**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **1968**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**

7 b Total unrelated business taxable income from Form 990-I, Part I, line 11 **0.**

Activities & Governance	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VIII, line 2g)	37,167,619.	41,654,932.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,158.	929,746.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	347,881.	325,371.
12 Total revenue, add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,728,658.	42,910,049.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,021,461.	19,505,784.
16a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	19,423,624.	22,064,830.
18 Total expenses, add lines 13-17 (must equal Part IX, column (A), line 25)	35,445,085.	41,570,614.
19 Revenue less expenses, subtract line 18 from line 12	2,283,573.	1,339,435.
20 Total assets (Part X, line 16)	43,712,712.	55,522,690.
21 Total liabilities (Part X, line 26)	8,744,722.	19,141,759.
22 Net assets or fund balances, subtract line 21 from line 20	34,967,990.	36,380,931.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Date
Signature of officer ERIC BLACKLEDGE, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name ADAM P. OHAR, CPA	Date 10/06/23
Preparer's signature ADAM P. OHAR, CPA	PTIN P00844640
Firm's name TRONCONI SEGARRA & ASSOCIATES LLP	Firm's EIN 04-3728817
Firm's address 8321 MAIN STREET WILLIAMSVILLE, NY 14221	Phone no. (716) 633-1373

May the IRS discuss this return with the preparer shown above? See instructions Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	B	C	D

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income 0.

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical 0.

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1, Name 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business

(1) %

(2) %

(3) %

(4) %

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

223732 01-16-23 Schedule A (Form 990-T) 2022

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.**

IS TO OFFER A VARIETY OF HIGH QUALITY, HIGH VALUE, AND INNOVATIVE DINING OPTIONS DESIGNED TO FIT THE VARIED LIFESTYLES AND NUTRITIONAL NEEDS OF THE UNIVERSITY COMMUNITY. SERVING FOODS FROM LOCAL GROWERS,

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 31,785,701. including grants of \$ 37,690,523.)

DINING SERVICES - THE ORGANIZATION PROVIDES OVER 7,000 MEAL PLANS FOR STUDENTS OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO.

4b (Code:) (Expenses \$ 996,741. including grants of \$ 1,227,285.)

VENDING - THE ORGANIZATION PROVIDES VENDING SERVICES TO MORE THAN 40,000 STUDENTS, FACULTY, AND STAFF OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO.

4c (Code:) (Expenses \$ 1,907,610. including grants of \$ 2,210,001.)

CONVENIENCE STORES - THE ORGANIZATION OPERATES CONVENIENCE STORES FOR MORE THAN 40,000 STUDENTS, FACULTY AND STAFF OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO. THE CONVENIENCE STORES FEATURE EVERYTHING YOU WOULD EXPECT FROM YOUR LOCAL CORNER STORE. THEY HAVE LATE HOURS, GOOD PRICES, SNACKS, BEVERAGES, MICROWAVE DINNERS, HEALTH AND BEAUTY PRODUCTS, OFFICE AND SCHOOL SUPPLIES, AND MUCH MORE. ALL STORES ARE LOCATED WITHIN THE RESIDENCE HALLS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 363,388. including grants of \$ 417,968.)

4e Total program service expenses 35,053,440. (Revenue \$ 417,968.)

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)					
(2)					
(3)					
(4)					
None exempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals					0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals				0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity:	2	3	4	5	6	7
2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)						
3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						
4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7						
5. Gross income from activity that is not unrelated business income						
6. Expenses attributable to income entered on line 5						
7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12						

Part IV Checklist of Required Schedules

1	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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		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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part III Cost of Goods Sold

1	Inventory at beginning of year	N/A	1
2	Purchases		0.
3	Cost of labor		31,525.
4	Additional section 263A costs (attach statement)		0.
5	Other costs (attach statement)		0.
6	Total. Add lines 1 through 5		31,525.
7	Inventory at end of year		0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Part I, line 2		31,525.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.	A	B	C	D
2	Rent received or accrued from personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
3	Rent received or accrued from real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
4	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				0.

Part V Unrelated Debt-Financed Income

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.	A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
4	Total debt-financed income. Subtract line 3 from line 2. Enter here and on Part I, line 6, column (A)				0.

Part VI Statements Regarding Other IRS Filings and Tax Compliance

1a	Enter the number reported in box 3 of Form 1099. Enter -0- if not applicable	1b	Enter -0- if not applicable
1a	48	1b	0

Part VII Checklists of Required Schedules

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	Yes	No
22	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		X
23	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		X
24a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule M, Part I		
25a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
26	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 26a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 26a or 26b? If "Yes," complete Schedule L, Part IV		X
28	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
29	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
30	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
31	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		X
32	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		X
33	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
34	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		X
35a	Did the organization conduct more than 3% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
35b	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		X
36	Note: All Form 990 filers are required to complete Schedule O		X
37	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.
UNIVERSITY OF NEW YORK AT BUFFALO, INC.
 16-6018833

THE ORGANIZATION PROVIDES CATERING SERVICES T

(A) Income	(B) Expenses	(C) Net
1c 109,155.		
2 31,525.		
3 77,630.		77,630.
4a		
4b		
4c		
5		
6		
7		
8		
9		
10		
11		
12		
13 77,630.		77,630.

(A) Income	(B) Expenses	(C) Net
1 56,440.		
2 873.		
3		
4		
5		
6 2,139.		
7		
8a		
8b		
9		
10		
11		
12		
13 14,466.		
14 36,858.		
15 115,267.		
16 -37,637.		
17 0.		
18 -37,637.		

Part I Unrelated Trade or Business Income

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)
 2 Salaries and wages
 3 Repairs and maintenance
 4 Bad debts
 5 Interest (attach statement). See instructions
 6 Taxes and licenses
 7 Depreciation (attach Form 4562). See instructions
 8 Less depreciation claimed in Part III and elsewhere on return
 9 Depletion
 10 Contributions to deferred compensation plans
 11 Employee benefit programs
 12 Excess exempt expenses (Part VIII)
 13 Excess leadership costs (Part IX)
 14 Other deductions (attach statement)
 15 Total deductions. Add lines 1 through 14
 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13.
 17 Deduction for net operating loss. See instructions
 18 Unrelated business taxable income. Subtract line 17 from line 16

1a Gross receipts or sales
 b Less returns and allowances
 c Balance
 2 Cost of goods sold (Part III, line 8)
 3 Gross profit. Subtract line 2 from line 1c
 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions
 b Net gain (loss) (Form 4797) (attach Form 4797). See instructions
 c Capital loss deduction for trusts
 5 Income (loss) from a partnership or an S corporation (attach statement)
 6 Rent income (Part IV)
 7 Unrelated debt-financed income (Part V)
 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)
 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)
 10 Exploited exempt activity income (Part VIII)
 11 Advertising income (Part IX)
 12 Other income (see instructions; attach statement)
 13 Total. Combine lines 3 through 12

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
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O
 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)?
 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?
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
 c If "Yes" to line 5a or 5b, did the organization file Form 8866-T?
 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
 7 Organizations that may receive deductible contributions under section 170(c).
 a 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?
 b If "Yes," did the organization notify the donor of the value of the goods or services provided?
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
 d If "Yes," indicate the number of Forms 8282 filed during the year
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
 8 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?
 9 Sponsoring organizations maintaining donor advised funds.
 a Did the sponsoring organization make any taxable distributions under section 4966?
 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
 10 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on Part VIII, line 12
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
 11 Section 501(c)(12) organizations. Enter:
 a Gross income from members or shareholders
 b 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?
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
 12b Section 501(c)(29) qualified nonprofit health insurance issuers.
 a Is the organization licensed to issue qualified health plans in more than one state?
 b Enter the amount of reserves for additional information the organization must report on Schedule O.
 Note: See the instructions for additional information 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
 13a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
 13b Section 501(c)(29) qualified nonprofit health insurance issuers.
 a Is the organization licensed to issue qualified health plans in more than one state?
 b Enter the amount of reserves for additional information the organization must report on Schedule O.
 Note: See the instructions for additional information 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
 14a Did the organization receive any payments for indoor tanning services during the tax year?
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
 If "Yes," see the instructions and file Form 4720, Schedule N.
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
 If "Yes," complete Form 4720, Schedule O.
 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
 If "Yes," complete Form 6069.

19 LHA For Paperwork Reduction Act Notice, see instructions.
 Schedule A (Form 990-T) 2022
 Form 990 (2022)
 232005 12-13-22

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. 16-6018833

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

Section A. Governing Body and Management

Form with questions 1a through 9 regarding governing body and management. Includes questions about voting members, officer duties, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Form with questions 10a through 16b regarding organizational policies. Includes questions about local chapters, exempt purposes, conflict of interest, and whistleblower policies.

Section C. Disclosure

Form with questions 17 through 20 regarding disclosure requirements. Includes questions about public inspection, website, and records retention.

Part III Tax and Payments

Form with questions 1a through 11 regarding tax and payments. Includes questions about foreign tax credit, general business credit, and total tax.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Form with questions 1 through 6 regarding statements regarding certain activities and other information. Includes questions about financial accounts, foreign trusts, and NOL carryovers.

Part V Supplemental Information

Form with questions 6a and 6b regarding supplemental information. Includes questions about accounting methods and organizational changes.

Form with signature and preparer information. Includes fields for signature, date, and preparer details.

FORM 990-T SCHEDULE A DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT 3

THE ORGANIZATION PROVIDES CATERING SERVICES TO OUTSIDE, UNRELATED PARTIES.

TO FORM 990-T, SCHEDULE A, LINE E

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/19	79,183.	0.	79,183.	79,183.
05/31/20	150,490.	0.	150,490.	150,490.
05/31/21	38,901.	0.	38,901.	38,901.
05/31/22	32,229.	0.	32,229.	32,229.
NOL CARRYOVER AVAILABLE THIS YEAR			300,803.	300,803.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 4

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors, trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee			
(1) ERIC BLACKLEDGE EXECUTIVE DIRECTOR	40.00			X		170,232.	0.	25,314.
(2) STEPHEN NOWACZYK CFO	40.00			X		164,983.	0.	15,582.
(3) LAUREN BRANTLEY DIRECTOR OF HR	40.00				X	114,604.	0.	11,285.
(4) JENNIFER PESANY CHAIR	1.00	X				0.	0.	0.
(5) BRIAN HAGGERTY VICE-CHAIR	1.00	X				0.	0.	0.
(6) CARRIE WOODROW TREASURER	1.00	X				0.	0.	0.
(7) CHRIS PUTRINO SECRETARY	1.00	X				0.	0.	0.
(8) ANN BISANTZ BOARD MEMBER	1.00	X				0.	0.	0.
(9) BOB DENNING BOARD MEMBER	1.00	X				0.	0.	0.
(10) COLLIN GAYLORD BOARD MEMBER	1.00	X				0.	0.	0.
(11) KRISTIN GNIAZDOWSKI BOARD MEMBER	1.00	X				0.	0.	0.
(12) BENNAN GORMAN BOARD MEMBER	1.00	X				0.	0.	0.
(13) DR. BRIAN HAMLUK BOARD MEMBER	1.00	X				0.	0.	0.
(14) DAVID WACK BOARD MEMBER	1.00	X				0.	0.	0.
(15) DANIEL ZIMMER BOARD MEMBER	1.00	X				0.	0.	0.
(16) WILL EATON BOARD MEMBER (STUDENT)	1.00	X				0.	0.	0.
(17) SHANTAM GOYAL BOARD MEMBER (STUDENT)	1.00	X				0.	0.	0.

Department of the Treasury **4562** **Depreciation and Amortization** (Including Information on Listed Property) **A** PG1 1
OMB No. 1545-0047 **2022**
Identifying number

Go to www.irs.gov/Form4562 for instructions and the latest information.
Attach to your tax return.

Business or activity to which this form relates
THE ORGANIZATION PROVIDES CATERING SERVICES

Part I Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) **1** **1,080,000.**

2 Total cost of section 179 property placed in service (see instructions) **2** **2,700,000.**

3 Threshold cost of section 179 property before reduction in limitation **3**

4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- **4**

5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions **5**

6 (a) Description of property (b) Cost (business use only) (c) Elected cost

7 Listed property. Enter the amount from line 29 **7**

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 **8**

9 Tentative deduction. Enter the smaller of line 5 or line 8 **9**

10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 **10**

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 **11**

12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 **12**

13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 **13**

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year **14**

15 Property subject to section 168(b)(1) election **15**

16 Other depreciation (including ACRS) **16**

Part III MACRS Depreciation (Don't include listed property. See instructions.)

17 MACRS deductions for assets placed in service in tax years beginning before 2022 **17** **2,139.**

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Basis for depreciation (b) Month and (c) Convention (d) Recovery (e) Depreciation deduction (f) Method (g) Depreciation deduction (h) Method (i) Depreciation deduction

19a 3-year property

19b 5-year property

19c 7-year property

19d 10-year property

19e 15-year property

19f 20-year property

19g 25-year property

19h Residential rental property

19i Nonresidential real property

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life S/L

20b 12-year S/L

20c 30-year S/L

20d 40-year S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 **21**

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. **22** **2,139.**

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**

219251 12-06-22 UHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2022)

Department of the Treasury **4562** **Depreciation and Amortization** (Including Information on Listed Property) **A** PG1 1
OMB No. 1545-0047 **2022**
Identifying number

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1 Maximum amount (see instructions) **1** **1,080,000.**

2 Total cost of section 179 property placed in service (see instructions) **2** **2,700,000.**

3 Threshold cost of section 179 property before reduction in limitation **3**

4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- **4**

5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions **5**

6 (a) Description of property (b) Cost (business use only) (c) Elected cost

7 Listed property. Enter the amount from line 29 **7**

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 **8**

9 Tentative deduction. Enter the smaller of line 5 or line 8 **9**

10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 **10**

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 **11**

12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 **12**

13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 **13**

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

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15 Property subject to section 168(b)(1) election **15**

16 Other depreciation (including ACRS) **16**

Part III MACRS Depreciation (Don't include listed property. See instructions.)

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19b 5-year property

19c 7-year property

19d 10-year property

19e 15-year property

19f 20-year property

19g 25-year property

19h Residential rental property

19i Nonresidential real property

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life S/L

20b 12-year S/L

20c 30-year S/L

20d 40-year S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 **21**

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23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**

219251 12-06-22 UHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2022)

Department of the Treasury **4562** **Depreciation and Amortization** (Including Information on Listed Property) **A** PG1 1
OMB No. 1545-0047 **2022**
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3 Threshold cost of section 179 property before reduction in limitation **3**

4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- **4**

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6 (a) Description of property (b) Cost (business use only) (c) Elected cost

7 Listed property. Enter the amount from line 29 **7**

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 **8**

9 Tentative deduction. Enter the smaller of line 5 or line 8 **9**

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14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year **14**

15 Property subject to section 168(b)(1) election **15**

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Part III MACRS Depreciation (Don't include listed property. See instructions.)

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19h Residential rental property

19i Nonresidential real property

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life S/L

20b 12-year S/L

20c 30-year S/L

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Part IV Summary (See instructions.)

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Department of the Treasury **4562** **Depreciation and Amortization** (Including Information on Listed Property) **A** PG1 1
OMB No. 1545-0047 **2022**
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2 Total cost of section 179 property placed in service (see instructions) **2** **2,700,000.**

3 Threshold cost of section 179 property before reduction in limitation **3**

4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- **4**

5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions **5**

6 (a) Description of property (b) Cost (business use only) (c) Elected cost

7 Listed property. Enter the amount from line 29 **7**

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Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year **14**

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19a 3-year property

19b 5-year property

19c 7-year property

19d 10-year property

19e 15-year property

19f 20-year property

19g 25-year property

19h Residential rental property

19i Nonresidential real property

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life S/L

20b 12-year S/L

20c 30-year S/L

20d 40-year S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 **21**

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. **22** **2,139.**

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**

219251 12-06-22 UHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2022)

Department of the Treasury **4562** **Depreciation and Amortization** (Including Information on Listed Property) **A** PG1 1
OMB No. 1545-0047 **2022**
Identifying number

Go to www.irs.gov/Form4562 for instructions and the latest information.
Attach to your tax return.

Business or activity to which this form relates
THE ORGANIZATION PROVIDES CATERING SERVICES

Part I Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) **1** **1,080,000.**

2 Total cost of section 179 property placed in service (see instructions) **2** **2,700,000.**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	B	C	D

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income
 Add columns A through D. Enter here and on Part I, line 11, column (A) **0.**

a Direct advertising costs by periodical
 a Add columns A through D. Enter here and on Part I, line 11, column (B) **0.**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, column A through D. Enter the greater of the line 8a, column total or zero here and on Part II, line 13 **0.**

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1 **0.**

Part XI Supplemental Information (see instructions)

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	8,949,727.	6,777,977.
2 Savings and temporary cash investments	8,093,664.	10,528,541.
3 Pledges and grants receivable, net		
4 Accounts receivable, net	3,060,810.	4,352,087.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7 Notes and loans receivable, net		
8 Inventories for sale or use	1,164,424.	1,096,987.
9 Prepaid expenses and deferred charges	866,983.	1,000,635.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
10b Less: accumulated depreciation	10a 26,745,939.	7,718,424.
11 Investments - publicly traded securities	10b 19,027,515.	13,160,415.
12 Investments - other securities. See Part IV, line 11		
13 Investments - program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,712,712.	55,522,690.
17 Accounts payable and accrued expenses	4,259,243.	4,462,222.
18 Grants payable		
19 Deferred revenue	320,219.	377,680.
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D	25,824.	26,780.
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
23 Secured mortgages and notes payable to unrelated third parties	4,139,436.	3,387,453.
24 Unsecured notes and loans payable to unrelated third parties		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26 Total liabilities. Add lines 17 through 25	0.	10,887,624.
27 Net assets without donor restrictions	8,744,722.	19,141,759.
28 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
29 Net assets with donor restrictions	34,967,990.	36,380,931.
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
31 and complete lines 29 through 33.		
32 Capital stock or trust principal, or current funds		
33 Paid-in or capital surplus, or land, building, or equipment fund		
34 Retained earnings, endowment, accumulated income, or other funds	34,967,990.	36,380,931.
35 Total net assets or fund balances	43,712,712.	55,522,690.
36 Total liabilities and net assets/fund balances		

	Exempt Controlled Organizations		None exempt Controlled Organizations	
	1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made
(1)				
(2)				
(3)				
(4)				

	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)		
(2)		
(3)		
(4)		

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					

	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)		
(2)		
(3)		
(4)		

Totals **Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)					
(2)					
(3)					
(4)					

Totals **Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

	1. Description of exploited activity:	2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to income entered on line 5	7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12
1							
2							
3							
4							
5							
6							
7							

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income

2. Amount of income

3. Deductions directly connected (attach statement)

4. Set-asides (attach statement)

5. Total deductions and set-asides (add cols 3 and 4)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity:

2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)

3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)

4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7

5. Gross income from activity that is not unrelated business income

6. Expenses attributable to income entered on line 5

7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12

Part XII Financial Statements and Reporting
 Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Part III Cost of Goods Sold Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	0.
2	Purchases	31,525.
3	Cost of labor	0.
4	Additional section 263A costs (attach statement)	0.
5	Other costs (attach statement)	0.
6	Total. Add lines 1 through 5	31,525.
7	Inventory at end of year	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	31,525.

9. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Part IV Rent Income From Real Property and Personal Property Leased with Real Property

	A	B	C	D
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
2	Rent received or accrued			
3	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
4	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
5	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
6	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	
B	
C	
D	

	A	B	C	D
2	Gross income from or allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
4	a Straight line depreciation (attach statement)			
5	b Other deductions (attach statement)			
6	c Total deductions (add lines 3a and 3b, columns A through D)			
7	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
8	Average adjusted basis of or allocable to debt-financed property (attach statement)			
9	Divide line 4 by line 5	%	%	%
10	Gross income reportable. Multiply line 2 by line 6			
11	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			0.

12	Alloable deductions. Multiply line 3c by line 6	
13	Total alloable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.
14	Total dividends-received deductions included in line 10	0.

SCHEDULE A (Form 990) **Public Charity Status and Public Support**
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.
 Department of the Treasury Internal Revenue Service
 OMB No. 1545-0047
2022
 Open to Public Inspection

Name of the organization **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.** **Employer identification number** **16-6018833**
 Go to www.irs.gov/form990 for instructions and the latest information.
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public, described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations **1**

g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Yes	No	Yes	No		
STATE UNIVERSITY OF NEW YORK AT BUFFALO 14-6013200	7	X		811,600.	0.
Total				811,600.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(7)(A)(v)
 (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.)

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section A. Public support						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support						
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities bonds, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2022. 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 organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2021. 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box, and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service	OMB No. 1545-0047
A Name of the organization UNIVERSITY OF NEW YORK AT BUFFALO, INC.	B Employer identification number 16-6018833

C Unrelated business activity code (see instructions) **722320** **D** Sequence: **1** of **1**

E Describe the unrelated trade or business: **THE ORGANIZATION PROVIDES CATERING SERVICES T**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	109,155.		
b Less returns and allowances			
2 Cost of goods sold (Part III, line 8)	31,525.		
3 Gross profit. Subtract line 2 from line 1c	77,630.		77,630.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4b Capital loss deduction for trusts			
4c Income (loss) from a partnership or an S corporation (attach statement)			
5 Part income (Part IV)			
6 Unrelated debt-financed income (Part V)			
7 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
9 Exploited exempt activity income (Part VIII)			
10 Advertising income (Part IX)			
11 Other income (see instructions; attach statement)			
12 Total. Combine lines 3 through 12	77,630.		77,630.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	56,440.
3 Repairs and maintenance	3	873.
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	4,491.
7 Depreciation (attach Form 4562). See instructions	7	2,139.
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	14,466.
12 Excess exempt expenses (Part VIII)	12	
13 Excess leadership costs (Part IX)	13	
14 Other deductions (attach statement)	14	36,858.
15 Total deductions. Add lines 1 through 14	15	115,267.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13.	16	-37,637.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-37,637.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
7b 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 7a for the year						
7c Add lines 7a and 7b						
8 Public support. (Subject line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2021 (Schedule A, Part III, line 15)	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage for 2021 (Schedule A, Part III, line 17)	18	%
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part III Tax and Payments

	1a	1b	1c	1d	1e	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	7	8	9	10	11	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)																						
b Other credits (see instructions)																						
c General business credit. Attach Form 3800 (see instructions)																						
d Credit for prior year minimum tax (attach Form 8801 or 8827)																						
e Total credits. Add lines 1a through 1d																						
2 Subtract line 1e from Part II, line 7																						
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8666 <input type="checkbox"/> Other (attach statement)																						
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here																						
5a Current net 965 tax liability paid from Form 965-A, Part II, column (k)																						
5b Payments: A. 2021 overpayment credited to 2022																						
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>																						
c Tax deposited with Form 8868																						
d Foreign organizations: Tax paid or withheld at source (see instructions)																						
e Backup withholding (see instructions)																						
f Credit for small employer health insurance premiums (attach Form 8941)																						
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other																						
7 Total payments. Add lines 5a through 6g																						
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>																						
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed																						
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid																						
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>																						

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$ 215,434
4 Enter available pre-2018 NOL carryovers here		\$ 215,434
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		Available post-2017 NOL carryover 300,803
6a Did the organization change its method of accounting? (see instructions)		
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		<input checked="" type="checkbox"/>

Part V Supplemental Information

Provide the explanation required by Part V, line 6b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of officer	Date	Title	EXECUTIVE DIRECTOR
Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
ADAM P. OHAR, CPA	ADAM P. OHAR, CPA	10/06/23	P00844640
Firm's name	TRONCONI SEGARRA & ASSOCIATES LLP	Firm's EIN	04-3728817
Firm's address	8321 MAIN STREET WILLIAMSVILLE, NY 14221	Phone no.	(716) 633-1373

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
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).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		X
3b 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.		X
3c 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.		X
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		X
4b 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.		X
4c 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.		X
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organizing document?		X
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?		X
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.		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		X
9a Were disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)), or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations? If "Yes," answer line 10b below.		X
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.)		X

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUN 1, 2022** and ending **MAY 31, 2023**

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed.

B Exempt under section 501(c)(3) 408(a) 220(e) 408A 530(a) 529(a) 529A

C Check organization type 501(c) corporation 501(c) trust 407(a) trust Other trust State college/university

D Check if filing only to Claim credit from Form 9941 Claim a refund shown on Form 2499

E Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation **J** Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent/subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Yes No

L The books are in care of **STEPHEN NOWACZYK** Telephone number **716-645-2521**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2022)

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

UB FSA SERVICES, LLC

EIN: 03-0401763

146 FARGO QUAD - BUILDING 4

BUFFALO, NY 14261-0050

PRIMARY ACTIVITY: OPERATION OF CONCESSIONS AND CATERING

DIRECT CONTROLLING ENTITY: FACULTY STUDENT ASSOCIATION OF STATE UNIVERSITY

OF NEW YORK AT BUFFALO

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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?		X
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).		X
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		X

Section E. Type III Functionally Integrated Supporting Organizations

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

	Yes		No
	1a	1b	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts III-V?		
a	Receipt of (i) interest, (ii) royalties, (iii) royalties, or (iv) rent from a controlled entity		
b	Gift, grant, or capital contribution to related organization(s)		
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
e	Loans or loan guarantees by related organization(s)		
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)		
i	Exchange of assets with related organization(s)		
j	Lease of facilities, equipment, or other assets to related organization(s)		
k	Lease of facilities, equipment, or other assets from related organization(s)		
l	Performance of services or membership or fundraising solicitations for related organization(s)		
m	Performance of services or membership or fundraising solicitations by related organization(s)		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o	Sharing of paid employees with related organization(s)		
p	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

SCHEDULE D
(Form 990)
Department of the Treasury
Internal Revenue Service

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

SCHEDULE D
(Form 990)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization: **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.**
Employer identification number: **16-6018833**

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization: **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.**
Employer identification number: **16-6018833**

OMB No. 1545-0047

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

OMB No. 1545-0047

- Total number at end of year
- Aggregate value of contributions to (during year)
- Aggregate value of grants from (during year)
- Aggregate value at end of year
- Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

(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
UN P&S SERVICES, LLC - 03-0401763 116 FRANK ROAD - BUILDING 4 BUFFALO, NY 14201-0030	OPERATION OF CONCESSIONS AND CATERING	NEW YORK	3,389,455	251,721	FACULTY STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK

OMB No. 1545-0047

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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.

- Purpose(s) of conservation easements held by the organization (check all that apply):
 - Preservation of land for public use (for example, recreation or education)
 - Preservation of a historically important land area
 - Protection of natural habitat
 - Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	2a	2b	2c	2d
Total number of conservation easements				
Total acreage restricted by conservation easements				
Number of conservation easements on a certified historic structure included in (a)				
Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register				
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year				
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (section 501(c)(29))	(f) Direct controlling entity	(g) Section 501(c)(13) controlled entity

OMB No. 1545-0047

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	(ii) Assets included in Form 990, Part X
\$	\$
\$	\$
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	b Assets included in Form 990, Part X
\$	\$
\$	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2022

232051 09-14-22 LHA

Name of the organization FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

Name of the organization FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

ASSOCIATION'S NORMAL ACTIVITIES AND REVENUES.

FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. 16-6018833 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Loan or exchange program
c Scholarly research
d Other
e Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance. Values: 25,824., 644,322., 643,366., 26,780.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, Part IV, line 10.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations, (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - OPERATING LEASE	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1) OPERATING LEASE OBLIGATION	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - OPERATING LEASE	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1) OPERATING LEASE OBLIGATION	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - OPERATING LEASE	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1) OPERATING LEASE OBLIGATION	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Name of the organization FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

Name of the organization FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DECIDING BODY. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE WILL LEAVE THE DECIDING BODY'S MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE DECIDING BODY MEMBERS WILL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE DECIDING BODY WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR, REASONABLE AND IN THE CORPORATION'S BEST INTEREST. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT WILL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. WITH RESPECT TO ANY RELATED PARTY TRANSACTION IN WHICH A RELATED PARTY HAS A SUBSTANTIAL FINANCIAL INTEREST, THE DECIDING BODY SHALL: (I) PRIOR TO ENTERING INTO THE TRANSACTION, CONSIDER ALTERNATIVE TRANSACTIONS TO THE EXTENT AVAILABLE; (II) APPROVE THE TRANSACTION BY NOT LESS THAN A MAJORITY VOTE OF THE DIRECTORS OR COMMITTEE MEMBERS PRESENT AT THE MEETING; AND (III) CONTEMPORANEOUSLY DOCUMENT IN WRITING THE BASIS FOR THE DECIDING BODY'S APPROVAL, INCLUDING ITS CONSIDERATION OF ANY ALTERNATIVE TRANSACTIONS. THE INTERESTED PERSON WITH THE CONFLICT OF INTEREST IS PROHIBITED FROM MAKING ANY ATTEMPT TO INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, THE UNIVERSITY PRESIDENT OR HIS OR HER DESIGNEE, IN CONSULTATION WITH THE BOARD, WILL EVALUATE THE PERFORMANCE OF THE EXECUTIVE

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, THE UNIVERSITY PRESIDENT OR HIS OR HER DESIGNEE, IN CONSULTATION WITH THE BOARD, WILL EVALUATE THE PERFORMANCE OF THE EXECUTIVE

202212 10-26-22 Schedule O (Form 990) 2022

202212 10-26-22 Schedule O (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Table with 5 columns: Description, 1, 2a, 2b, 2c, 2d, 3, 4a, 4b, 4c, 5. Rows include Total revenue, gains, and other support per audited financial statements; Net unrealized gains (losses) on investments; Donated services and use of facilities; Recoveries of prior year grants; Other (Describe in Part XIII); Add lines 2a through 2d; Subtract lines 2e from line 1; Amounts included on Form 990, Part VIII, line 12, but not on line 1; Investment expenses not included on Form 990, Part VIII, line 7b; Other (Describe in Part XIII); Add lines 4a and 4b.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Table with 5 columns: Description, 1, 2a, 2b, 2c, 2d, 3, 4a, 4b, 4c, 5. Rows include Total expenses and losses per audited financial statements; Donated services and use of facilities; Prior year adjustments; Other losses; Other (Describe in Part XIII); Add lines 2a through 2d; Subtract line 2e from line 1; 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; Other (Describe in Part XIII); Add lines 4a and 4b.

Part XIII Supplemental Information.

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

PART IV, LINE 1B: THE STATE UNIVERSITY OF NEW YORK AT BUFFALO (THE "UNIVERSITY") HAS DESIGNATED THE FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. (THE "ASSOCIATION") AS THE FISCAL AGENT FOR THE MANDATORY STUDENT ACTIVITY FEES. THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCEDURES GOVERNING THE COLLECTION AND USE OF STUDENT ACTIVITY FEES WHICH THE STUDENT GOVERNMENTS ARE REQUIRED TO FOLLOW. THE ASSOCIATION, AS FISCAL AGENT, AND THE UNIVERSITY ALSO HAVE STATE UNIVERSITY OF NEW YORK POLICIES AND PROCEDURES TO FOLLOW. THESE POLICIES AND PROCEDURES ARE INTENDED TO PROTECT STUDENT FEES FROM POTENTIAL ABUSE AND TO ENSURE THAT ACCOUNTING RECORDS ARE ADEQUATELY MAINTAINED. THE ASSOCIATION HAS ALSO CONTRACTED WITH THE SPECTRUM STUDENT PERIODICAL, INC., A STUDENT ORGANIZATION, TO

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

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

ID CARD OFFICE: A STUDENT'S UB CARD IS THE TICKET TO A VARIETY OF SERVICES THROUGHOUT THE CAMPUS. DINING PLANS, DINING DOLLARS, AND CAMPUS CASH ARE ALL ACCESSED USING A UB CARD. OTHER USES OF THE UB CARD ARE DOOR ACCESS, UB IT ACCESS, LIBRARY ACCESS, ACCESS TO ATHLETIC FACILITIES AND SPORTING EVENTS AS WELL AS STUDENT IDENTIFICATION. EXPENSES \$ 363,388. INCLUDING GRANTS OF \$ 0. REVENUE \$ 417,968.

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

THE 990 IS PRESENTED IN DRAFT FORM TO THE MEMBERS OF THE GOVERNING BODY AFTER IT HAS BEEN REVIEWED BY THE ORGANIZATION'S FISCAL PERSONNEL. EACH MEMBER HAS THE OPPORTUNITY TO REVIEW THE RETURN AND SUGGEST ANY CHANGES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

EACH DIRECTOR, OFFICER AND AT THE REQUEST OF THE BOARD OF DIRECTORS, EACH KEY EMPLOYEE, UPON THEIR INITIAL ELECTION AND ANNUALLY THEREAFTER WILL COMPLETE, SIGN AND SUBMIT TO THE SECRETARY OF THE CORPORATION A WRITTEN STATEMENT IDENTIFYING, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY ENTITY OF WHICH SUCH DIRECTOR IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH THE CORPORATION HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A CONFLICT OF INTEREST. THE SECRETARY OF THE CORPORATION SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CHAIR OF THE DECIDING BODY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTION REFUND DUE FROM THE STATE UNIVERSITY OF NEW YORK AT BUFFALO 642,505.

DURING THE YEAR ENDED MAY 31, 2020 THE FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. (THE "ASSOCIATION"), THROUGH A WRITTEN AGREEMENT, CONTRIBUTED A TOTAL OF \$17,118,821 TO THE STATE UNIVERSITY OF NEW YORK AT BUFFALO (THE "UNIVERSITY") TOWARD CONSTRUCTION OF, AND PURCHASES OF FURNITURE AND FIXTURES FOR USE TOWARD, THE ONE WORLD CAFE ON THE UNIVERSITY CAMPUS. PURSUANT TO THE WRITTEN AGREEMENT BETWEEN

THE ASSOCIATION AND THE UNIVERSITY, IF THE ASSOCIATION'S SHARE OF THE TOTAL DESIGN AND CONSTRUCTION COST OF THE PROJECT IS LESS THAN THE ASSOCIATION'S SHARE OF THE TOTAL APPROVED BUDGET, ANY UNEXPENDED OR UNENCUMBERED CONSTRUCTION FUNDS SHALL BE RETURNED TO THE ASSOCIATION. THE ASSOCIATION HAS ACCRUED A RECEIVABLE OF \$642,505 AS OF MAY 31, 2023 FOR UNEXPENDED SHARED DESIGN AND CONSTRUCTION FUNDS EXPECTED TO BE RETURNED BY THE UNIVERSITY TO THE ASSOCIATION DURING THE YEAR ENDING MAY 31 2024. THIS AMOUNT HAS BEEN RECORDED AS OTHER CHANGES IN NET ASSETS SINCE IT IS NOT PART OF THE ASSOCIATION'S NORMAL ACTIVITIES AND REVENUES.

SCHEDULE O
(Form 990)

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.

Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0047
2022
 Open to Public Inspection

Go to www.irs.gov/form990 for the latest information.

Attach to Form 990 or Form 990-EZ.
 Form 990 or 990-EZ or to provide any additional information.

Name of the organization

Employer identification number

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

16-6018833

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

QUALITY, HIGH VALUE, AND INNOVATIVE DINING OPTIONS DESIGNED TO FIT THE

VARIED LIFESTYLES AND NUTRITIONAL NEEDS OF THE UNIVERSITY COMMUNITY.

SERVING FOODS FROM LOCAL GROWERS, STRIVING TO ACHIEVE SUSTAINABILITY,

AND EXPANDING THE AVAILABILITY OF DINING CHOICES ARE WAYS THAT WE

ENRICH THE DINING EXPERIENCE. WE CHALLENGE OUR EXPERIENCED AND

KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE EXEMPLARY CUSTOMER SERVICE.

CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700

PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT

ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE,

CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS

AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

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

STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF

DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE

CHALLENGE OUR EXPERIENCED AND KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE

EXEMPLARY CUSTOMER SERVICE.

CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700

PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT

ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE,

CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS

AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

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

STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF

DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE

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CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS

AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

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

STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF

DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE

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CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS

AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

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

STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF

DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE

CHALLENGE OUR EXPERIENCED AND KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE

EXEMPLARY CUSTOMER SERVICE.

CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700

PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT

ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE,

CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS

AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

**SCHEDULE J
(Form 990)**

Compensation Information

For 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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.**
Employer identification number: **16-6018833**

Part I Questions Regarding Compensation

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)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that 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:

- a** Receive a severance payment or change-of-control payment? 4a
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b
- c** Participate in or receive payment from an equity-based compensation arrangement? 4c

5 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:

- a** The organization? 5a
- b** Any related organization? 5b

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:

- a** The organization? 6a
- b** Any related organization? 6b

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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 in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 7
8

Regulations section 53.4958-6(c)? 9

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

Schedule J (Form 990) 2022

Part III Supplemental Information 16-6018833

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.

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. 16-6018833

Part III 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 (f) and from related organizations, described in the instructions, on row (g). Do not list any individuals that are 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 (c) and (g) amounts for that individual.

Table with columns: (A) Name and Title, (B) Breakdown of W2 and/or 1095-MISC and/or 1095-NEC compensation (i) Base, (ii) Bonus & compensation, (iii) Other compensation, (C) Retirement and other deferred compensation, (D) Nonexcludable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation reported as deferred on prior Form 990.

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. 16-6018833

Part III 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 (f) and from related organizations, described in the instructions, on row (g). Do not list any individuals that are 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 (c) and (g) amounts for that individual.

Table with columns: (A) Name and Title, (B) Breakdown of W2 and/or 1095-MISC and/or 1095-NEC compensation (i) Base, (ii) Bonus & compensation, (iii) Other compensation, (C) Retirement and other deferred compensation, (D) Nonexcludable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation reported as deferred on prior Form 990.

**SCHEDULE J
(Form 990)**

Compensation Information

For 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.

2022
 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
 Internal Revenue Service

Name of the organization **FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.** Employer identification number **16-6018833**

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. <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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?		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that 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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> 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: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c 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.	4a 4b 4c	X X X
5 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: a The organization? If "Yes" on line 5a or 5b, describe in Part III. b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	X X
6 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: a The organization? If "Yes" on line 6a or 6b, describe in Part III. b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	X X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	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 in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(f)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

16-6018833

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

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.

Department of the Treasury Internal Revenue Service
 Name of the organization FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

2022 Open to Public Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 QUALITY, HIGH VALUE, AND INNOVATIVE DINING OPTIONS DESIGNED TO FIT THE VARIOUS LIFESTYLES AND NUTRITIONAL NEEDS OF THE UNIVERSITY COMMUNITY. SERVING FOODS FROM LOCAL GROWERS, STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE CHALLENGE OUR EXPERIENCED AND KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE EXEMPLARY CUSTOMER SERVICE. CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700 PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE, CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE CHALLENGE OUR EXPERIENCED AND KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE EXEMPLARY CUSTOMER SERVICE. CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700 PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE, CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 STRIVING TO ACHIEVE SUSTAINABILITY, AND EXPANDING THE AVAILABILITY OF DINING CHOICES ARE WAYS THAT WE ENRICH THE DINING EXPERIENCE. WE CHALLENGE OUR EXPERIENCED AND KNOWLEDGEABLE EMPLOYEES DAILY TO PROVIDE EXEMPLARY CUSTOMER SERVICE.

CAMPUS DINING AND SHOPS IS A MULTI-UNIT COMPANY EMPLOYING OVER 700 PEOPLE. IN ADDITION TO PROVIDING THE UNIVERSITY'S DINING SERVICES, IT ALSO SERVES THE UB COMMUNITY THROUGH MANAGEMENT OF THE UB CARD OFFICE, CAMPUS CATERING, RETAIL AND CONVENIENCE STORES AND VENDING.

IN OUR DAILY OPERATIONS WE RELY ON INHERENT CORE VALUES: QUALITY ITEMS AT VALUE PRICES, ENVIRONMENTALLY FRIENDLY SETTINGS, ETHICAL TREATMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

PROVIDE FISCAL SERVICES. ALL OF THESE ORGANIZATIONS ARE COLLECTIVELY REFERRED TO AS STUDENT ORGANIZATIONS.

THE STUDENT ORGANIZATIONS CONTRACT WITH THE ASSOCIATION TO ACT AS THEIR FISCAL AGENT IN RESPECT TO CERTAIN FISCAL MATTERS. TO FULFILL ITS RESPONSIBILITIES AS FISCAL AGENT, THE ASSOCIATION HAS IMPLEMENTED FINANCIAL SYSTEMS THAT INCLUDE INTERNAL CONTROL MECHANISMS TO ENSURE PROPER DOCUMENTATION AND AUTHORIZATIONS. THE ASSOCIATION UTILIZES SEVERAL FORMS TO OBTAIN THE NECESSARY INFORMATION, APPROVALS AND SUPPORTING DOCUMENTATION FOR TRANSACTIONS.

THE ASSOCIATION HAS ESTABLISHED SEPARATE BANK ACCOUNTS FOR EACH OF THE STUDENT ORGANIZATIONS. SEPARATE INVESTMENT ACCOUNTS ARE ALSO ESTABLISHED TO INVEST IDLE CASH IF WARRANTED. EACH ACCOUNT IS ESTABLISHED IN THE NAME OF THE STUDENT ORGANIZATION WITH THE ASSOCIATION DESIGNATED AS THEIR AGENT. THE ASSOCIATION HAS SEPARATE GENERAL LEDGERS FOR EACH OF THE STUDENT ORGANIZATIONS TO MAINTAIN THEIR ACCOUNTING RECORDS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CONTRIBUTION REFUND DUE FROM THE STATE UNIVERSITY OF NEW YORK AT BUFFALO 642,505.

DURING THE YEAR ENDED MAY 31, 2020 THE FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. (THE "ASSOCIATION"), THROUGH A WRITTEN AGREEMENT, CONTRIBUTED A TOTAL OF \$17,118,821 TO THE STATE UNIVERSITY OF NEW YORK AT BUFFALO (THE "UNIVERSITY") TOWARD CONSTRUCTION OF, AND PURCHASES OF FURNITURE AND FIXTURES FOR USE TOWARD, THE ONE WORLD CAFE ON THE UNIVERSITY CAMPUS. PURSUANT TO THE WRITTEN AGREEMENT BETWEEN

OF ALL, AND CONDUCTING ALL PHASES OF BUSINESS WITH INTEGRITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ID CARD OFFICE: A STUDENT'S UB CARD IS THE TICKET TO A VARIETY OF SERVICES THROUGHOUT THE CAMPUS. DINING PLANS, DINING DOLLARS, AND CAMPUS CASH ARE ALL ACCESSED USING A UB CARD. OTHER USES OF THE UB CARD ARE DOOR ACCESS, UB IT ACCESS, LIBRARY ACCESS, ACCESS TO ATHLETIC FACILITIES AND SPORTING EVENTS AS WELL AS STUDENT IDENTIFICATION. EXPENSES \$ 363,388. INCLUDING GRANTS OF \$ 0. REVENUE \$ 417,968.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PRESENTED IN DRAFT FORM TO THE MEMBERS OF THE GOVERNING BODY AFTER IT HAS BEEN REVIEWED BY THE ORGANIZATION'S FISCAL PERSONNEL. EACH MEMBER HAS THE OPPORTUNITY TO REVIEW THE RETURN AND SUGGEST ANY CHANGES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, OFFICER AND AT THE REQUEST OF THE BOARD OF DIRECTORS, EACH KEY EMPLOYEE, UPON THEIR INITIAL ELECTION AND ANNUALLY THEREAFTER WILL COMPLETE, SIGN AND SUBMIT TO THE SECRETARY OF THE CORPORATION A WRITTEN STATEMENT IDENTIFYING, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY ENTITY OF WHICH SUCH DIRECTOR IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH THE CORPORATION HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A CONFLICT OF INTEREST. THE SECRETARY OF THE CORPORATION SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CHAIR OF THE DECIDING BODY.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DECIDING BODY. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE WILL LEAVE THE DECIDING BODY'S MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE DECIDING BODY MEMBERS WILL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE DECIDING BODY WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR, REASONABLE AND IN THE CORPORATION'S BEST INTEREST. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT WILL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. WITH RESPECT TO ANY RELATED PARTY TRANSACTION IN WHICH A RELATED PARTY HAS A SUBSTANTIAL FINANCIAL INTEREST, THE DECIDING BODY SHALL: (I) PRIOR TO ENTERING INTO THE TRANSACTION, CONSIDER

ALTERNATIVE TRANSACTIONS TO THE EXTENT AVAILABLE; (II) APPROVE THE TRANSACTION BY NOT LESS THAN A MAJORITY VOTE OF THE DIRECTORS OR COMMITTEE MEMBERS PRESENT AT THE MEETING; AND (III) CONTEMPORANEOUSLY DOCUMENT IN WRITING THE BASIS FOR THE DECIDING BODY'S APPROVAL, INCLUDING ITS CONSIDERATION OF ANY ALTERNATIVE TRANSACTIONS. THE INTERESTED PERSON WITH THE CONFLICT OF INTEREST IS PROHIBITED FROM MAKING ANY ATTEMPT TO INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:
 ON AN ANNUAL BASIS, THE UNIVERSITY PRESIDENT OR HIS OR HER DESIGNEE, IN CONSULTATION WITH THE BOARD, WILL EVALUATE THE PERFORMANCE OF THE EXECUTIVE

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,939,048.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-568,999.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	642,505.
e	Add lines 2a through 2d	2e	73,506.
3	Subtract line 2e from line 1	3	42,865,542.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,507.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	44,507.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	42,910,049.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	41,526,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	41,526,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,507.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	44,507.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	41,570,614.

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

PART IV, LINE 1B:
 THE STATE UNIVERSITY OF NEW YORK AT BUFFALO (THE "UNIVERSITY") HAS DESIGNATED THE FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. (THE "ASSOCIATION") AS THE FISCAL AGENT FOR THE MANDATORY STUDENT ACTIVITY FEES. THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCEDURES GOVERNING THE COLLECTION AND USE OF STUDENT ACTIVITY FEES WHICH THE STUDENT GOVERNMENTS ARE REQUIRED TO FOLLOW. THE ASSOCIATION, AS FISCAL AGENT, AND THE UNIVERSITY ALSO HAVE STATE UNIVERSITY OF NEW YORK POLICIES AND PROCEDURES TO FOLLOW. THESE POLICIES AND PROCEDURES ARE INTENDED TO PROTECT STUDENT FEES FROM POTENTIAL ABUSE AND TO ENSURE THAT ACCOUNTING RECORDS ARE ADEQUATELY MAINTAINED. THE ASSOCIATION HAS ALSO CONTRACTED WITH THE SPECTRUM STUDENT PERIODICAL, INC., A STUDENT ORGANIZATION, TO

DIRECTOR AND WILL DETERMINE ANY CHANGES IN THE COMPENSATION OR OTHER TERMS AND CONDITIONS OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT.

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

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST OVER THE PHONE, IN WRITING, AND VIA EMAIL. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION REFUND DUE FROM STATE UNIVERSITY OF NEW YORK AT BUFFALO 642,505.

DURING THE YEAR ENDED MAY 31, 2020, THE FACULTY-STUDENT ASSOCIATION OF

STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. (THE "ASSOCIATION"),

THROUGH A WRITTEN AGREEMENT, CONTRIBUTED A TOTAL OF \$17,118,821 TO THE

STATE UNIVERSITY OF NEW YORK AT BUFFALO (THE "UNIVERSITY") TOWARD

CONSTRUCTION OF, AND PURCHASES OF FURNITURE AND FIXTURES FOR USE

TOWARD, THE ONE WORLD CAFE ON THE UNIVERSITY CAMPUS. PURSUANT TO THE

WRITTEN AGREEMENT BETWEEN THE ASSOCIATION AND THE UNIVERSITY, IF THE

ASSOCIATION'S SHARE OF THE TOTAL DESIGN AND CONSTRUCTION COST OF THE

PROJECT IS LESS THAN THE ASSOCIATION'S SHARE OF THE TOTAL APPROVED

BUDGET, ANY UNEXPENDED OR UNENCUMBERED CONSTRUCTION FUNDS SHALL BE

RETURNED TO THE ASSOCIATION. THE ASSOCIATION HAS ACCRUED A RECEIVABLE

OF \$642,505 AS OF MAY 31, 2023 FOR UNEXPENDED SHARED DESIGN AND

CONSTRUCTION FUNDS EXPECTED TO BE RETURNED BY THE UNIVERSITY TO THE

ASSOCIATION DURING THE YEAR ENDING MAY 31, 2024. THIS AMOUNT HAS BEEN

RECORDED AS OTHER CHANGES IN NET ASSETS SINCE IT IS NOT PART OF THE

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - OPERATING LEASE	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1) OPERATING LEASE OBLIGATION	10,887,624.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Name of the organization FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

ASSOCIATION'S NORMAL ACTIVITIES AND REVENUES.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

Part IV Escrow and Custodial Arrangements

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table.

Table with 5 columns: Amount, 1c, 1d, 1e, 1f. Rows for Beginning balance, Additions during the year, Distributions during the year, Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Part V Endowment Funds

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows for 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	
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 responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-V?
a Receipt of (i) interest, (ii) royalties, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (e.g.)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
01					
02					
03					
04					
05					
06					

Part I, IDENTIFICATION OF DISREGARDED ENTITIES:
 NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:
 UB FSA SERVICES, LLC
 EIN: 03-0401763
 146 FARGO QUAD - BUILDING 4
 BUFFALO, NY 14261-0050
 PRIMARY ACTIVITY: OPERATION OF CONCESSIONS AND CATERING
 DIRECT CONTROLLING ENTITY: FACULTY STUDENT ASSOCIATION OF STATE UNIVERSITY
 OF NEW YORK AT BUFFALO

	Yes	No
11		
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations
 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations
 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations
 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?
 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).
 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		X
2		X
3		X

Section E. Type III Functionally Integrated Supporting Organizations
 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. (see instructions).
 a The organization satisfied the Activities Test. Complete line 2 below.
 b The organization is the parent of each of its supported organizations. Complete line 3 below.
 c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

	Yes	No
2a		
2b		
3a		
3b		

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

	Yes	No
2a		
2b		
3a		
3b		

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

May 31, 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Prepared For:

Faculty-Student Association of State University of New York At Buffalo, Inc.
146 Fargo Quad - Building 4
Buffalo, NY 14261-0050

Prepared By:

Tronconi Segarra & Associates LLP
8321 Main Street
Williamsville, NY 14221

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

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.

Do not send to the IRS. Keep for your records.

Section A. Public Support

Go to www.irs.gov/Form8879 for the latest information.

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 rented 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 7a for the year						
c Add lines 7a and 7b						

Section B. Total Support

Section C. Computation of Public Support Percentage

Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))

Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))

Section D. Computation of Investment Income Percentage

Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))

Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))

Section E. Support Tests

33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 15a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 15a, or 19b, check this box and see instructions.

Department of the Treasury Internal Revenue Service

Name of filer: FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

Name and title of officer or person subject to tax: ERIC BLACKLEDGE EXECUTIVE DIRECTOR

EIN or SSN: 16-6018833

2022

For calendar year 2022, or fiscal year beginning JUN 1, 2022, and ending MAY 31, 2023

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Department of the Treasury Internal Revenue Service

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/09	7,125.	0.	7,125.	7,125.
05/31/10	17,079.	0.	17,079.	17,079.
05/31/11	1,915.	0.	1,915.	1,915.
05/31/12	2,480.	0.	2,480.	2,480.
05/31/13	21,551.	0.	21,551.	21,551.
05/31/14	6,947.	0.	6,947.	6,947.
05/31/15	45,271.	0.	45,271.	45,271.
05/31/16	35,455.	0.	35,455.	35,455.
05/31/17	30,971.	0.	30,971.	30,971.
05/31/18	46,640.	0.	46,640.	46,640.
NOL CARRYOVER AVAILABLE THIS YEAR				215,434.

Section A. Public Support
Calendar year (or fiscal year beginning in)

	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support
Calendar year (or fiscal year beginning in)

	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

	2021	2022
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))		15
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2021. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test - 2022. 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 organization		
b 10%-facts-and-circumstances test - 2021. 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 supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box, and see instructions		

SCHEDULE A (Form 990-T) Unrelated Business Taxable Income From an Unrelated Trade or Business

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990-T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

C. Unrelated business activity code (see instructions) 722320 THE ORGANIZATION PROVIDES CATERING SERVICES T D Sequence: 1 of 1

Part I Unrelated Trade or Business Income

Table with 13 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 109,155; 1b Less returns and allowances 109,155; 2 Cost of goods sold 31,525; 3 Gross profit 77,630; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from a partnership or an S corporation; 6 Rpt income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Total income: 77,630.

Part II Deductions Not Taken Elsewhere

Table with 18 rows for deductions: 1 Compensation of officers, directors, and trustees; 2 Salaries and wages 56,440; 3 Repairs and maintenance 873; 4 Bad debts; 5 Interest; 6 Taxes and licenses; 7 Depreciation; 8 Less depreciation claimed; 9 Depletion; 10 Contributions to deferred compensation plans; 11 Employee benefit programs; 12 Excess exempt expenses; 13 Excess leadership costs; 14 Other deductions; 15 Total deductions; 16 Unrelated business income before net operating loss deduction; 17 Deduction for net operating loss; 18 Unrelated business taxable income. Total deductions: 2,139. Unrelated business taxable income: 37,637.

LHA For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2022

SCHEDULE A (Form 990) Public Charity Status and Public Support

2022

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization FACULTY - STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC. Employer identification number 16-6018833

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public, described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 1
g Provide the following information about the supported organization(s).
(i) EIN (ii) Type of organization described on lines 11-12 (iii) Is the organization that is not functionally integrated? (iv) Amount of monetary support (see instructions)

Table with 4 columns: (i) EIN, (ii) Type of organization, (iii) Is the organization that is not functionally integrated?, (iv) Amount of monetary support. Row 1: STATE UNIVERSITY OF NEW YORK AT BUFFALO, 14-6013200, 7, X, 811,600.

Total 811,600. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

Part XII 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)	42,910,049.
2	Total expenses (must equal Part IX, column (A), line 25)	41,570,614.
3	Revenue less expenses. Subtract line 2 from line 1	1,339,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	34,967,990.
5	Net unrealized gains (losses) on investments	-568,999.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	642,505.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	36,380,931.

Part XIII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII

	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or completion of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b

Part III Cost of Goods Sold
Enter method of inventory valuation N/A

1	Inventory at beginning of year	0.
2	Purchases	31,525.
3	Cost of labor	0.
4	Additional section 263A costs (attach statement)	0.
5	Other costs (attach statement)	0.
6	Total. Add lines 1 through 5	31,525.
7	Inventory at end of year	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	31,525.

9. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Part IV Rent Income From Real Property and Personal Property Leased with Real Property

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A		
B		
C		
D		
2	Rent received or accrued	
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.

Part V Unrelated Debt-Financed Income
(see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A		
B		
C		
D		

2	Gross income from or allocable to debt-financed property	
3	Deductions directly connected with or allocable to debt-financed property	
a	Straight line depreciation (attach statement)	
b	Other deductions (attach statement)	
c	Total deductions (add lines 3a and 3b, columns A through D)	
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	
6	Divide line 4 by line 5	%
7	Gross income reportable. Multiply line 2 by line 6	%
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.

9	Allocable deductions. Multiply line 3c by line 6	
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.
11	Total dividends-received deductions included in line 10	0.

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)					
(2)					
(3)					
(4)					
Totals 0.					

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	None exempt Controlled Organizations			11. Deductions directly connected with income in column 10
		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals 0.					

1. Description of income	2. Amount of income	Part VIII Exploited Exempt Activity Income, Other Than Advertising Income		
		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals 0.				

1. Description of exploited activity:
 2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)
 3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)
 4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7
 5. Gross income from activity that is not unrelated business income
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 7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12

Check if Schedule O contains a response or note to any line in this Part X		(A) Beginning of year	(B) End of year
1		8,949,727.	6,777,977.
2		8,093,664.	10,528,541.
3			
4		3,060,810.	4,352,087.
5			
6			
7			
8		1,164,424.	1,096,987.
9		866,983.	1,000,635.
10a			
10b		7,998,742.	7,718,424.
11		13,578,362.	13,160,415.
12			
13			
14			
15		0.	10,887,624.
16		43,712,712.	55,522,690.
17		4,259,243.	4,462,222.
18			
19		320,219.	377,680.
20			
21		25,824.	26,780.
22			
23		4,139,436.	3,387,453.
24			
25		0.	10,887,624.
26		8,744,722.	19,141,759.
27			
28		34,967,990.	36,380,931.
29			
30			
31			
32		34,967,990.	36,380,931.
33		43,712,712.	55,522,690.

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Check if Schedule O contains a response or note to any line in this Part X		(A) Beginning of year	(B) End of year
1		8,949,727.	6,777,977.
2		8,093,664.	10,528,541.
3			
4		3,060,810.	4,352,087.
5			
6			
7			
8		1,164,424.	1,096,987.
9		866,983.	1,000,635.
10a			

Part VIII Statement of Revenue

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

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 a Federated campaigns			
1 b Membership dues			
1 c Fundraising events			
1 d Related organizations			
1 e Government grants (contributions)			
1 f All other contributions, gifts, grants, and similar amounts not included above			
1 g Noncash contributions included in lines 1a-1f			
1 h Total, Add lines 1a-1f			
2 a FOOD SERVICES	37690523.	109,155.	
2 b CONVENIENCE STORES	2,210,001.		
2 c VENDING SERVICES	1,227,285.		
2 d ID CARD OFFICES	417,968.		
2 e All other program service revenue			
2 f Total, Add lines 2a-2f	41,654,932.		
3 Investment income (including dividends, interest, and other similar amounts)	784,160.		784,160.
4 Income from investment of tax-exempt bond proceeds			
5 Royalties			

(i) Real	(ii) Personal
6 a Gross rents	
6 b Less: rental expenses	
6 c Rental income or (loss)	
6 d Net rental income or (loss)	
7 a Gross amount from sales of assets other than inventory	
7 b Less: cost or other basis and sales expenses	
7 c Gain or (loss)	
7 d Net gain or (loss)	
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 16	
8 b Less: direct expenses	
8 c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See Part IV, line 19	
9 b Less: direct expenses	
9 c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns and allowances	
10 b Less: cost of goods sold	
10 c Net income or (loss) from sales of inventory	

Business Code	Total revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
900099	325,371.		
11 a MISCELLANEOUS REVENUE	325,371.		
11 b All other revenue			
11 c Total, Add lines 11a-11d	325,371.		
12 Total revenue. See instructions	42,910,049.	418,711.48.	929,746.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/19	79,183.	0.	79,183.	79,183.
05/31/20	150,490.	0.	150,490.	150,490.
05/31/21	38,901.	0.	38,901.	38,901.
05/31/22	32,229.	0.	32,229.	32,229.
NOL CARRYOVER AVAILABLE THIS YEAR			300,803.	300,803.

FORM 990-T (A) OTHER DEDUCTIONS

DESCRIPTION AMOUNT

CLEANING AND LAUNDRY 1,018.

VEHICLE MAINTENANCE 935.

RENTALS 14,334.

ALLOCATED HUMAN RESOURCES 7,861.

INSURANCE 3,800.

ALLOCATED MARKETING 669.

ALLOCATED INFORMATION TECHNOLOGY 3,136.

LEGAL & PROFESSIONAL UNIFORM 394.

OFFICE SUPPLIES 250.

COMMUNICATIONS 220.

BANK CHARGES 114.

GARBAGE/RECYCLING 2,672.

OTHER MISCELLANEOUS COSTS 183.

COMMISSIONS 127.

1,145.

TOTAL TO SCHEDULE A, PART II, LINE 14 36,858.

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT 3

THE ORGANIZATION PROVIDES CATERING SERVICES TO OUTSIDE, UNRELATED PARTIES.

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 4

Part I Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2,700,000.
3	Threshold cost of section 179 property before reduction in limitation	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(b) Cost (business use only)	
	(c) Elected cost	

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(b)(1) election	
16	Other depreciation (including ACRS)	

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	2,139.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check line	

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
19i Nonresidential real property			27.5 yrs.		S/L	
			39 yrs.		S/L	
					S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life						
20b 12-year			12 yrs.		S/L	
20c 30-year			30 yrs.		S/L	
20d 40-year			40 yrs.		S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr.	2,139.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	2,139.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check line	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
19i Nonresidential real property			27.5 yrs.		S/L	
			39 yrs.		S/L	
					S/L	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
19i Nonresidential real property			27.5 yrs.		S/L	
			39 yrs.		S/L	
					S/L	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
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Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
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19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
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			39 yrs.		S/L	
					S/L	

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

Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
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19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
19i Nonresidential real property			27.5 yrs.		S/L	
			39 yrs.		S/L	
					S/L	

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

Section B

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19a 3-year property						
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			39 yrs.		S/L	
					S/L	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Section B

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property						
19g 25-year property			25 yrs.		S/L	
19h Residential rental property			27.5 yrs.		S/L	
19i Nonresidential real property			27.5 yrs.		S/L	
			39 yrs.		S/L	
					S/L	

Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List all of the organization's **former** officers, directors, trustees, or key employees who received more than \$100,000 of compensation from the organization in the calendar year.
 - List all of the organization's **former** directors, trustees, or key employees who received more than \$100,000 of compensation from the organization in the calendar year.
 - List all of the organization's **former** directors, trustees, or key employees who received more than \$100,000 of compensation from the organization, in the capacity as a former director or trustee of the organization, and more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Key employee	Former			
(1) ERIC BLACKLEDGE EXECUTIVE DIRECTOR	40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	170,232.	0.	25,314.
(2) STEPHEN NOWACZYK CFO	40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	164,983.	0.	15,582.
(3) LAUREN BRANTLEY DIRECTOR OF HR	40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114,604.	0.	11,285.
(4) JENNIFER PESANY CHAIR	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(5) BRIAN HAGGERTY VICE-CHAIR	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) CARRIE WOODROW TREASURER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(7) CHRIS FUTRLINO SECRETARY	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(8) ANN BISANTZ BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(9) BOB DENNING BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(10) COLLIN GAYLORD BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(11) KRISTIN GNIAZDOWSKI BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(12) BENNAN GORMAN BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(13) DR. BRIAN HAMLUK BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(14) DAVID WACK BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(15) DANIEL ZIMMER BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(16) WILL EATON BOARD MEMBER (STUDENT)	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(17) SHANTAM GOYAL BOARD MEMBER (STUDENT)	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.

Part V **Limited Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Enter -0- in columns (a) through (f) if no property is reported. See the instructions for limits for passenger automobiles, if applicable.

24a Do you have evidence to support the business/investment use claimed?	Yes		No		24b If "Yes," is the evidence written?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis				(e) Basis for depreciation (business/investment use only)
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use					S/L-			
					S/L-			
					S/L-		28	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								29
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								28

Section B - Information on Use of Vehicles
 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year						
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees
 Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	39 Do you treat all use of vehicles by employees as personal use?	40 Do you provide more than five vehicles to your employees. Obtain information from your employees about the use of the vehicles, and retain the information received?	41 Do you meet the requirements concerning qualified automobile demonstration use?

Part VI Amortization

(a) Description of costs	(b) This section begins	(c) Amortizable amount	(d) Section 179 election	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Section A: Governing Body and Management

Section A: Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **17**
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.
 b Enter the number of voting members included on line 1a, above, who are independent **17**
 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? Yes No
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Yes No
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Yes No
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Yes No
 6 Did the organization have members or stockholders? Yes No
 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Yes No
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Yes No
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body? Yes No
 b Each committee with authority to act on behalf of the governing body? Yes No
 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? Yes No

Section B: Policies (This Section B requests information about policies not required by the Internal Revenue Code.)
 10a Did the organization have local chapters, branches, or affiliates? Yes No
 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Yes No
 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes No
 b Describe on Schedule O the process, if any, used by the organization to review this Form 990.
 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes No
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes No
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.
 13 Did the organization have a written whistleblower policy? Yes No
 14 Did the organization have a written document retention and destruction policy? Yes No
 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?
 a The organization's CEO, Executive Director, or top management official Yes No
 b Other officers or key employees of the organization Yes No
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Yes No
 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Yes No

Section C: Disclosure

Section C: Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(6)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records
STEPHEN NOWACZYK - 716-645-2521
FARGO QUAD, ROOM 146, BUFFALO, NY 14261-0050

17 List the states with which a copy of this Form 990 is required to be filed **NY**
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(6)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records
STEPHEN NOWACZYK - 716-645-2521
FARGO QUAD, ROOM 146, BUFFALO, NY 14261-0050

Part I Signature Block

Part I Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
ERIC BLACKLEDGE, EXECUTIVE DIRECTOR

Signature of officer
ERIC BLACKLEDGE, EXECUTIVE DIRECTOR

Date
10/06/23

Date
10/06/23

Print/Type preparer's name
ADAM P. OHAR, CPA

Print/Type preparer's name
ADAM P. OHAR, CPA

Preparer's signature
ADAM P. OHAR, CPA

Preparer's signature
ADAM P. OHAR, CPA

Firm's name
TRONCONI SEGARRA & ASSOCIATES LLP

Firm's name
TRONCONI SEGARRA & ASSOCIATES LLP

Firm's EIN
04-3728817

Firm's EIN
04-3728817

Phone no. (716) 633-1373

Phone no. (716) 633-1373

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Form 990 (2022)

Part V 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		1968
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		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?	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
5c If "Yes" to line 5a or 5b, did the organization file Form 8868-1?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(b)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
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	13a	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III
1 Briefly describe the organization's mission: FSA OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.'S PRIMARY PURPOSE IS TO OFFER A VARIETY OF HIGH QUALITY, HIGH VALUE, AND INNOVATIVE DINING OPTIONS DESIGNED TO FIT THE VARIED LIFESTYLES AND NUTRITIONAL NEEDS OF THE UNIVERSITY COMMUNITY. SERVING FOODS FROM LOCAL GROWERS,	<input checked="" type="checkbox"/>
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 \$ 31,785,701. Including grants of \$) (Revenue \$ 37,690,523.) DINING SERVICES - THE ORGANIZATION PROVIDES OVER 7,000 MEAL PLANS FOR STUDENTS OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO.	
4b (Code:) (Expenses \$ 996,741. Including grants of \$) (Revenue \$ 1,227,285.) VENDING - THE ORGANIZATION PROVIDES VENDING SERVICES TO MORE THAN 40,000 STUDENTS, FACULTY, AND STAFF OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO.	
4c (Code:) (Expenses \$ 1,907,610. Including grants of \$) (Revenue \$ 2,210,001.) CONVENIENCE STORES - THE ORGANIZATION OPERATES CONVENIENCE STORES FOR MORE THAN 40,000 STUDENTS, FACULTY AND STAFF OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO. THE CONVENIENCE STORES FEATURE EVERYTHING YOU WOULD EXPECT FROM YOUR LOCAL CORNER STORE. THEY HAVE LATE HOURS, GOOD PRICES, SNACKS, BEVERAGES, MICROWAVE DINNERS, HEALTH AND BEAUTY PRODUCTS, OFFICE AND SCHOOL SUPPLIES, AND MUCH MORE. ALL STORES ARE LOCATED WITHIN THE RESIDENCE HALLS.	
4d Other program services (Describe on Schedule O.) (Expenses \$ 363,388. Including grants of \$) (Revenue \$ 417,968.)	
4e Total program service expenses 35,053,440.	

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Description of requirement, and Yes/No response. Questions range from 22 to 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 3 columns: Question number, Description of requirement, and Yes/No response. Questions range from 1a to 1c.

FACULTY-STUDENT ASSOCIATION OF STATE UNIVERSITY OF NEW YORK AT BUFFALO, INC.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Description of requirement, and Yes/No response. Questions range from 1 to 21.