Form	9	9	0
D			-

Return of Organization Exempt From Income Tax

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

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

3 6 12 Open to Public

OMB No. 1545-0047

		enue Serv		Informat	ion about Form 990 and	its instructions	is at www.ir	s.gov/form99	0.		Inspection				
A F	or th	e 201	3 caler	ndar year, or tax year	beginning	07/01,2013	, and endir	ng		06/30	, 20 14				
				e of organization					nployer ide	entification					
B c	heck if ap	oplicable:		JB, INC.											
	Addre			Business As				1	6-1537	468					
	chang Name	Room/suite E Telephone nu													
-	-	return	BOX	<u>ζ</u> 900				(71	6) 64	5-3011					
-	Termi		-	or town, state or province, cou	untry, and ZIP or foreign postal	code		(/ 1	0 / 01	5 5011					
	Amen			FFALO, NY 14226				G G	G Gross receipts \$ 21,757,989						
	returr Applic	n		e and address of principal offic	er: EDWARD P.	COUNETDED				ip return for	Yes X No				
	pendi	ing		K 900 BUFFALO, N		SCHNEIDER		s	ubordinates	?					
	Tau au		· · · · · · · · · · · · · · · · · · ·							inates included? h a list. (see ii					
		empt st		X 501(c)(3) 501		4947(a)(1)	or 52				,				
		-		UBFOUNDATION.BUF		•	1. 1			otion number					
_		-		X Corporation Trust	Association Othe	er 🕨	L Year o	of formation: 1	99/M	State of leg	al domicile: NY				
Pa	art I		mmary												
	1	-		be the organization's miss	-						HER 				
JCe				ES FOR THE UNIV					ATION	S					
Governance				ORT OF THE CHARI											
Nel	2			x ► if the organizat						S.					
	3			ting members of the gove						3	9.				
s S	4			dependent voting member						4	9.				
ctivities	5			of individuals employed i						5	0				
Ę	6	Total	number	of volunteers (estimate if r	necessary)					6	9.				
Ā	7a	Total	unrelate	ed business revenue from F	Part VIII, column (C), line 1	2				7a	(
	b	Net ur	nrelated	business taxable income	from Form 990-T, line 34	<u></u>		<u></u>		7b	0				
								Prio	r Year		Current Year				
e	8	Contri	ibutions	and grants (Part VIII, line ?	1h)				280,16	4.	644,660.				
Revenue	9	Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION						2,6	542,03	3.	1,841,985.				
ev.	10	Invest	tment in	come (Part VIII, column (A	A), lines 3, 4, and 7d)	PUBLIC	NSPECTION			0	4,271,750.				
œ	11	Other	revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and	11e)				0	(
	12			e - add lines 8 through 11				4,9	922,19	7.	6,758,395.				
	13	Grant	s and si	imilar amounts paid (Part I)	X, column (A), lines 1-3)				714,67	1.	1,109,508.				
	14			to or for members (Part IX						0	C				
ŝ	15			er compensation, employee						0	(
Expenses	16a			fundraising fees (Part IX, c						0	(
x pe	b			sing expenses (Part IX, colu											
Ш	17			es (Part IX, column (A), lin				2,0)89,23	6.	2,624,426.				
	18			es. Add lines 13-17 (must				2,8	303,90	7.	3,733,934.				
	19		•	expenses. Subtract line 1	•				L18,29		3,024,461.				
Net Assets or Fund Balances				•				Beginning of	Current Y	'ear	End of Year				
lanc	20	Total a	assets (Part X, line 16)				34,2	L98,37	0.	18,439,023.				
Ass I Ba	21			s (Part X, line 26)					L22,63		8,716,228.				
Net	22			fund balances. Subtract l)75,73		9,722,795.				
	rt II			e Block		<u></u>									
				, I declare that I have examined	ned this return, including acc	ompanving sched	ules and state	ments. and to t	he best of	mv knowle	edge and belief. it is				
				e. Declaration of preparer (oth											
Sig	n		Signatur	re of officer					Date						
He			•	RD P. SCHNEIDER		FYFOIT	TIVE DIR	᠙᠃ᡏᢕ᠋ᢆᠮᢕᠥ							
				print name and title		EAECU	TINE DIK	LUCIUK							
				parer's name	Preparer's signature		Date		🗖	if PTIN					
Paic	ł		. 140 410				Duit		heck	"	046400				
Pre	parer								elf-employe	- • -	245482				
Use	Only		s name	► KPMG LLP		0111				13-556					
		Firm's	address	► 60 SOUTH STRE	ET BOSTON, MA 0	2111		Phone	no.	617-98	8-1000				

May the IRS discuss this return with the preparer shown above? (see instructions)	Х	Yes		No
For Paperwork Reduction Act Notice, see the separate instructions.	I	Form 99	0 (2	013)

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2013

Department of the Treasury Internal Revenue Service

4a

5a

For calendar year 2013, or fiscal year beginning 0.7/0.1, 2013, and ending 0.6/3.0, 20, 1.4 ▶ Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name or exempt organization	Employer Ide	entification number
FNUB, INC.	16-15	37468
Name and title of officer		, · · · · · · · · · · · · · · · · ·
EDWARD P. SCHNEIDER, EXECUTIVE DIRECTOR		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amo check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered on the applicable line below. Do not complete more than 1 line in Part I.	ed with this -0- on the	form was blank, then
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,758,395.
2a Form 990-EZ check here 🕨 🛄 b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	. 3b	

b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b

b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II **Declaration and Signature Authorization of Officer**

Form 990-PF check here 🕨

Form 8868 check here 🕨

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer'	s PIN: check one box only		
X	I authorize KPMG LLP	to enter my PIN	as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros
	on the organization's tax year 2013 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	e indicated within thi IRS Fed/State prog	is return that a copy of the return is ram, I also authorize the aforementioned
	As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclos	filed with a state age sure consent screen.	ency(ies) regulating charities as part of
Officer's s		Date	05-10-2015
Part II	Certification and Authentication		
	FIN/PIN. Enter your six-digit electronic filing identification (EFIN) followed by your five-digit self-selected PIN.	0	4027677778
	· · · · ·		do not enter all zeros
indicate	that the above numeric entry is my PIN, which is my signature on the d above. I confirm that I am submitting this return in accordance with tion for Authorized IRS <i>e-file</i> Providers for Business Returns.	2013 electronically the requirements of	filed return for the organization Pub. 4163, Modernized e-File (MeF)
ERO's sign	ature _ 2 //	Date 🕨 .	05101115
	ERO Must Retain This Form - S	ee Instructions	
	Do Not Submit This Form To the IRS Uni		Do So
For Pap	erwork Reduction Act Notice, see back of form.	•	Form 8879-EO (2013)

	FNUB, INC.	16-1537468
Pa	990 (2013)	F
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	THE MISSION OF THE ORGANIZATION IS TO PERFORM ADMINISTRATIVE AND	
	OTHER ACTIVITIES FOR THE UNIVERSITY AT BUFFALO AND ITS RELATED	
	ORGANIZATIONS IN SUPPORT OF THE CHARITABLE AND EDUCATIONAL PURPOSES	
	Did the organization undertake any significant program services during the year which were not lis prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, ar services?	
	services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest prog	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of g the total expenses, and revenue, if any, for each program service reported.	rants and allocations to of
	(Code:) (Expenses \$,398,188. including grants of \$) (Revenue	\$)
	THE ORGANIZATION OWNS AND OPERATES OTHER REAL ESTATE FOR THE	
	BENEFIT OF THE UNIVERSITY AT BUFFALO. THIS REAL ESTATE INCLUDES	
	THE RESIDENCE OF THE UNIVERSITY PRESIDENT, OFFICE SPACE UTILIZED	
	BY THE UNIVERSITY, AND OTHER TENANTS, A BUILDING THAT HOUSED THE	
	UNIVERSITY AT BUFFALO EDUCATIONAL OPPORTUNITY CENTER, TENANT IN	
	COMMON TO A PARKING GARAGE THAT ACCOMMODATES UNIVERSITY PERSONNEL, AN ART GALLERY, AND VACANT LAND.	
1	AN ARI GALLERI, AND VACANI LAND.	
(UB DOWNTOWN GATEWAY - OPERATION OF A BUILDING LOCATED IN THE CITY OF BUFFALO WHICH WILL PLAY AN INTEGRAL ROLE IN THE EXPANSION OF THE UNIVERSITY AT BUFFALO AND A CRITICAL PART OF THE BUFFALO MEDICAL CORRIDOR.	
- - -	(Code:) (Expenses \$including grants of \$) (Revenue SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT BUFFALO.	\$)
	(Code:) (Expenses \$including grants of \$) (Revenue SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT	\$)
	(Code:) (Expenses \$including grants of \$) (Revenue SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT	\$)
	(Code:) (Expenses \$including grants of \$) (Revenue SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT	\$)
c	(Code:) (Expenses \$	\$)
c	(Code:) (Expenses \$including grants of \$) (Revenue SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT BUFFALO.	\$)

Form 9	90 (2013)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	444		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		х
Ь	complete Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

2490702

Form 99	0 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	~ ~ ~		37
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
ا م	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
25 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
N	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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	<i>complete Schedule N, Part II</i>	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
•••	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2013)		F	Page 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 2 0	0 h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2.5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ►	ти		
N N	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

16-1537468

Form 9	90 (2013) FNUB, INC. 16-153	7468		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?			
'a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	. .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		х
a L	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{-\frac{NY}{2}}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	ı 501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	policy	/, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of t	ho		
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization: FEDWARD P. SCHNEIDER BOX 900 BUFFALO. NY 14226 716-645-3011			

JSA

Form 990 (2013)		FNUD,	, INC.					10-13	03/400	Page I
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key Emp	loyees,	Highest	Compensated	Employees	, and
	Independent Cont	ractors								
	Check if Schedule	O contains	s a response	e or note to	any line in t	his Part \	/			
Section A.	Officers, Directors,	Trustees, K	ey Employe	es, and High	est Compens	sated Emp	oloyees			
1a Complete	this table for all p	ersons requ	uired to be	listed. Repo	ort compens	ation for	the caler	ndar year ending	with or wit	hin the
organization's	tax year.	-		-	-					

1 (1 [] 7 4 ()

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

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

TNO

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) officer Institutional trustee (1) (1) (1) (1) (1) (1) (1) (1)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1)RAVINDAR BANSAL	1.00								
DIRECTOR	4.00	x					0	0	0
(2)SHELDON BERLOW	1.00								
DIRECTOR	3.00	х					0	0	0
(3)GARY BICHLER	1.00								
DIRECTOR	4.00	X					0	0	0
(4)THOMAS BLACK	1.00								
DIRECTOR	4.00	Х					0	0	0
_(5)BEVERLY_FOIT-ALBERT	1.00								
CHAIR/DIRECTOR	4.00	Х		Х			0	0	0
_(6)JUDITH_ITTIG	1.00								
DIRECTOR	4.00	Х					0	0	0
(7)JORDAN_LEVY	1.00								
DIRECTOR	3.00	Х					0	0	0
(8)JEAN POWERS	1.00								
DIRECTOR	3.00	Х					0	0	0
_(9)RONALD_SCHREIBER DIRECTOR	1.00	x					0	0	0
(10)EDWARD SCHNEIDER	5.00								
EXECUTIVE DIRECTOR	55.00			Х			0	192,449.	47,744.
(11)									
(12)									
(13)									
(14)									<u> </u>
					L	L	1		L

	990 (2013)													Page 8
Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo			and H	ligl	hest Compensat	ed Employ	yees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than of is both or/truste	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from d	an	(F) stimated nount of other	f
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer			Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fr org and	pensatio om the anizatio d related anizatior	n d
		+												
с	Sub-total Total from continuation sheets to Part VII, S	-		 	•••	•••			0		,449. 0		47,7	0
2	Total (add lines 1b and 1c)	limited to t	hose	liste	d al	bove	e) who	► re	0 eceived more than		,449.		47,7	44.
	reportable compensation from the organizatio	n 🕨	()									Yes	No
	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	163	X
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	oortab \$15	ole c 50,0	com 00?	pen P If	satior <i>"Yes</i>	n ai ;," (nd other compens complete Schedu	sation from	the such		v	
5	individual	accrue co	mpen	sati	on f	from	n any	un	related organization	on or indivi	idual	4	X	V
	for services rendered to the organization? If "Y tion B. Independent Contractors	es, comple	te Sci	neau	lie J	i tor	sucn	per	son			5		Х
1	Complete this table for your five highest com compensation from the organization. Report o year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens		
								1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 0

Form	990 (2	FNUB, INC.				16-15374	68 Page 9
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to an	y 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
nts nts	1a	Federated campaigns					
Grai	b	Membership dues 10 1b					
B, C	c	Fundraising events					
Gifi	d	Related organizations	215,809.				
ini's	e	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	.	and similar amounts not included above . 1f	428,851.				
dut	a	Noncash contributions included in lines 1a-1f: \$					
aŭ	g h	Total. Add lines 1a-1f		644,660.			
ue			Business Code	,			
Program Service Revenue	2a	UB DOWNTOWN GATEWAY	611710	1,471,418.	1,471,418.		
Re	b	WASHINGTON STREET	611710	79,150.	79,150.		
ice		LEBRUN	611710	102,594.	102,594.		
erv.	С м	JEDC	611710	127,030.	102,334.		
ε	d	1031 MAIN STREET	611710	61,793.	61,793.		
gra	e	All other program service revenue	011/10	01,795.	01,755.		
Pro	f g	Total. Add lines 2a-2f	►	1,841,985.			
	3	Investment income (including dividends, inter		1,041,905.			
	3	other similar amounts)		0			
				0			
	4	Income from investment of tax-exempt bond p Royalties		0			
	5	(i) Real	(ii) Personal	0			
	6.0	Cross rente					
	6a						
	b	Less: rental expenses					
	c d	Rental income or (loss)	<u> </u>	0			
	ŭ	(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of	19,271,344.				
		assets other than inventory	19,211,511.				
	b	Less: cost or other basis	14,999,594.				
		and sales expenses					
	c d	Net gain or (loss)		4,271,750.			4,271,750.
a		Gross income from fundraising		4,2/1,/50.			4,2/1,/50.
ň	8a	0					
vel		events (not including \$					
Re		of contributions reported on line 1c). See Part IV, line 18					
er	h	Less: direct expenses b					
Other Revenue	b c	Net income or (loss) from fundraising events		0			
0	9a	Gross income from gaming activities.					
	b	See Part IV, line 19 a Less: direct expenses b					
	c	Net income or (loss) from gaming activities.	▶	0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	<u>с</u>	Net income or (loss) from sales of inventory		0			
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue	L				
	е 12	Total. Add lines 11a-11d		0			4 007
	14	Total revenue. See instructions	<u> </u>	6,758,395.	1,841,985.		4,271,750.

_	Part IX Statement of Functional Expenses									
Sec	ction $501(c)(3)$ and $501(c)(4)$ organizations m									
	Check if Schedule O contains a resp									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	1,109,508.	1,109,508.							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	0								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the	0								
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	0								
	Compensation of current officers, directors,									
5	trustees, and key employees	0								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	0								
8	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11		10.000	10.000							
	Management	18,000. 22,578.	18,000. 22,578.							
		22,578.	22,578.							
	Accounting	0								
	I Lobbying Professional fundraising services. See Part IV, line 17	0								
	Investment management fees	0								
	Other. (If line 11g amount exceeds 10% of line 25, column									
5	(A) amount, list line 11g expenses on Schedule O.).	0								
12	Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	1,555,712.	1,555,712.							
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19		0								
20	Interest	0								
21 22	Payments to affiliates Depreciation, depletion, and amortization	1,028,136.	1,028,136.							
22	Insurance	0	1702071301							
24										
- ·	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а										
b										
c	;									
d	l									
	All other expenses									
	Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the	3,733,934.	3,733,934.							
20	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here									
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0								

Form 990 (2013)

Page **11**

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	424,035.	1	771,409.
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	2,365,197.	4	63,746
5	Loans and other receivables from current and former officers, directors,			
	Complete Part II of Schedule L	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B) and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0	6	
7	Notes and loans receivable, net	0		
8		0	8	
9		38,910.	9	40,791
10 a				
		30,057,379.		17,322,328.
		0		(
		0		(
-		0	-	
	Intangible assets	0		
				240,749
-				18,439,023
		102,232.		165,146
		0		
-	Deferred revenue	0	-	
-	Tax-exempt bond liabilities	0	-	
		U	21	
22				
		0	22	
22		0		
		0	-	
		0	24	
25				
		27.020.403.	25	8,551,082.
26				8,716,228.
	Organizations that follow SFAS 117 (ASC 958), check here X and			
27		7,005,576.	27	9,652,352.
	Temporarily restricted net assets		28	169,950.
29	Permanently restricted net assets	-99,791.	29	-99,507.
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
			-	
32	Retained earnings, endowment, accumulated income, or other funds		32	
32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	7,075,735.	32	9,722,795.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Check if Schedule O contains a response or note to any line in this Pa 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 24,516,965. b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publich traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 14 Intangible and accrued expenses 15 Deferred revenue 16 <td>Check if Schedule O contains a response or note to any line in this Part X</td> <td>Check if Schedule O contains a response or note to any line in this Part X. (A) I Cash - non-interest-bearing 424,035.1 1 Savings and temporary cash investments 0 2 Savings and temporary cash investments 0.3 4 Accounts receivable, net 0.3 4 Accounts receivable, net 2,365,197.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 6 Loans and loans receivable, net 0.5 1 Cash and loans receivable, net 0.5 1 Cash and loans receivable, net 0.5 1 Inventories for sale or use 0.8 9 Prepaid expenses and deferred charges 0.8 1 Investments - publicly traded securities 0.11 1 Investments - publicly traded securities 0.11 1 Investments - publicly traded securities 0.13 1 Investments - publicly traded securities 0.14 1 Investments - publicly traded securities 0.</td>	Check if Schedule O contains a response or note to any line in this Part X	Check if Schedule O contains a response or note to any line in this Part X. (A) I Cash - non-interest-bearing 424,035.1 1 Savings and temporary cash investments 0 2 Savings and temporary cash investments 0.3 4 Accounts receivable, net 0.3 4 Accounts receivable, net 2,365,197.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 6 Loans and loans receivable, net 0.5 1 Cash and loans receivable, net 0.5 1 Cash and loans receivable, net 0.5 1 Inventories for sale or use 0.8 9 Prepaid expenses and deferred charges 0.8 1 Investments - publicly traded securities 0.11 1 Investments - publicly traded securities 0.11 1 Investments - publicly traded securities 0.13 1 Investments - publicly traded securities 0.14 1 Investments - publicly traded securities 0.

Form 99	90 (2013)				Pa	ge 12			
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,7	58,3	395.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				934.			
3	Revenue less expenses. Subtract line 2 from line 1	3				61.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,075,735.					
5	Net unrealized gains (losses) on investments	5				0			
6									
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 3	77,4	101.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		9,7	22,7	95.			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII	• • •							
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· ·	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		🗆	2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na						
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight							
	of the audit, review, or compilation of its financial statements and selection of an independent accou	-		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, e		in						
	Schedule O.	•							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in						
	the Single Audit Act and OMB Circular A-133?			3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	the	Τ		_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

)(3) organization or a s able trust.	2013					
990-EZ. ts instructions is at wv	vw.irs.gov/form990.	Open to Publi Inspection				
	Employer identification	ation number				
16-1537468						
plete this part.) See instructions.						

OMB No. 1545-0047

(1 0111 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Complete if	the organization is a secti 4947(a)(1) nonexemp			-	on or a s	section			20	13	<u> </u>
	t of the Treasury venue Service	► Information	about Sch	► Attach to Form 990 redule A (Form 990 or 990-F	or Fori EZ) and	m 990-l its ins	EZ. tructions	is at wv	vw.irs.ge	ov/form9		Open to Inspec		ic
Name of t	the organization								Emplo	yer iden	tificatio	on numl	ber	
FNUB,	INC.									16	-153'	7468		
Part I	Reason for	Public Cha	rity Statu	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions				
The orga	nization is not	a private four	ndation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1 🗂		-		association of churches	-		-		-					
2				(1)(A)(ii). (Attach Schedul										
3				ervice organization descr	-	sortio	n 170/k		(iii)					
4				erated in conjunction wi			•		• •	n 170/k	<u>)/1)/</u>		Ento	r tha
-	hospital's nan	he city and s	tate.	-						-				
5	An organizati	on operated	for the be	nefit of a college or univ	ersity	owned	l or ope	erated k	ov a go	vernme	ntal u	nit des	scribe	ed in
	section 170(b								, ,					
6	A federal, sta	te, or local go	overnment	or governmental unit des	cribed	in sec t	tion 170)(b)(1)(/	A)(v).					
7		-		es a substantial part of it						nit or fro	om the	e gene	ral p	ublic
	-		-	(Complete Part II.)								•		
8				on 170(b)(1)(A)(vi). (Com	nolete F	Part II.)								
9 X				es: (1) more than 331/3%				contrib	outions.	memb	ership	fees. a	and o	iross
•	-		-	exempt functions - subj									-	-
	-			ome and unrelated busi			-							
		-		ne 30, 1975. See section				-			tary 1			0000
10		•		ted exclusively to test for	•				'	3				
11	-	-		rated exclusively to test to		-				-	or to	o carn		tho
••	-	-	-	apported organizations de			-					-		
				es the type of supporting					-				5 361	5000
			Type II		-						-		oaro	tod
- 	a Type			c Type III-Function	-	-			•••	I-Non-fu		•	•	
e			-	e organization is not con			-	-	-					
			agers and	other than one or more	publici	y supp	oned o	irganiza	mons c	lescribe	ains	ection	209(a)(1)
	or section 509						· -			-				
f	-			n determination from th	e IRS	that it	is a i	ype I, I	ype II,	oriyp	e III s	upport	ing	
	organization,													
g	•		s the orga	nization accepted any gif	t or co	ntribut	ion from	n any of	the					
	following pers													
		-		tly controls, either alone	-	ether v	with pe	rsons d	escribe	d in (ii)	and		Yes	No
	(iii) belov	v, the governi	ng body of	the supported organization	on?							11g(i)		
	(ii) A family	member of a	person des	scribed in (i) above?								11g(ii)		
	(iii) A 35% co	ontrolled entity	y of a pers	son described in (i) or (ii) a	bove?							11g(iii)		
h	Provide the fo	ollowing inform	nation abo	ut the supported organization	ation(s)).								
(i) N	ame of supported	d (ii) EIN	(iii) Type of organization	(iv)	ls the		ou notify	(vi)	ls the	(vii) A	mount o	f mon	etary
	organization			(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		anization		zation in		suppo	ort	
				(see instructions)	your g	overning ment?) of your port?		rganized U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(\mathbf{C})														
(C)		1			1	1	1	1	1	1	1			

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2013

Part II

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

Sec	tion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (12	
$\frac{13}{8}$	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•	-	11		44	
14	Public support percentage for 2013 (li Public support percentage from 2012					14 15	<u>%</u> %
15	33 1/3% support test - 2013. If the c						
Tua	this box and stop here. The organizati	•					
h	331/3% support test - 2012. If the o						
~	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization		-				
	Part IV how the organization meets					•	-
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	s the "facts-an	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part IV how the organizati	on meets the "	facts-and-circur	nstances" test.	The organization	on qualifies as a	a publicly
	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>		<u></u>	<u></u>	<u></u>	<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	830,330.	1,962,226.	552,662.	2,280,164.	644,660.	6,270,042.
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	1,789,973.	1,899,822.	2,079,098.	2,642,033.	1,841,985.	10,252,911.
3	Gross receipts from activities that are not an	· · · ·		· · ·	· · ·		· · · ·
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						0
-	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	2,620,303.	3,862,048.	2,631,760.	4,922,197.	2,486,645.	16,522,953.
	Amounts included on lines 1, 2, and 3	2,020,505.	5,002,040.	2,051,700.	4,522,157.	2,400,045.	10,322,955.
, a	received from disgualified persons						0
b	Amounts included on lines 2 and 3						0
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,711,747.	1,698,199.	1,939,010.	2,273,652.	1,610,050.	9,232,658.
	Add lines 7a and 7b.	1,711,747.	1,698,199.	1,939,010.	2,273,652.	1,610,050.	9,232,658.
8	Public support (Subtract line 7c from	1,/11,/4/.	1,090,199.	1,939,010.	2,2/3,052.	1,010,050.	9,232,030.
U	line 6.)						7 200 205
Sec	tion B. Total Support						7,290,295.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
							.,
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,620,303.	3,862,048.	2,631,760.	4,922,197.	2,486,645.	16,522,953.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,620,303.	3,862,048.	2,631,760.	4,922,197.	2,486,645.	16,522,953.
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here .						<u></u> ▶
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2013 (line 8,	, column (f) divide	ed by line 13, colum	nn (f))		15	44.12%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2013 (lin	ne 10c, column (f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2012					18	%
19 a	331/3% support tests - 2013. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2012. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•				
JSA	1 1 000				S	chedule A (Form 9	90 or 990-EZ) 2013

Page 4

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2013

Name	of	the	organization
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FNUB, INC.

16-1537468

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization FNUB, INC.

Employer identification number 16-1537468

Part I Contrib	utors (see instructions). Use duplicate copie	s of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· - ¹		\$215,809.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$428,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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1254 1.000 0 3	18GG	1592	

V 13-7.15

2490702

PAGE 20

Employer identification number

(c)

FMV (or estimate)

(see instructions)

\$____

(d)

Date received

Page 3

(a) No. (b) from Description of noncash property given Part I _ _ _ _ _

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4
Name of o	rganization FNUB, INC.			Employer identification number
Part III	<i>Exclusively</i> religious, charitable, etc that total more than \$1,000 for the For organizations completing Part III,	year. Complete colu	mns (a) through (e) and the following line entry.
	contributions of \$1,000 or less for th	e year. (Enter this in	formation once. S	ee instructions.) ► \$
	Use duplicate copies of Part III if addit	tional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relation		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

V 13-7.15

2490702

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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

► Attach to Form 990. about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20 13 Open to Public

OMB No. 1545-0047

	e of the organization	D (Form 990) and its instructions is at www.	Employer identification number
	JB, INC.		16-1537468
	t I Organizations Maintaining Donor Advis Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in	a donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		
	rt II Conservation Easements. Complete if the		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recru		of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c) historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, tran		
-	tax year ▶		
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, ir		
	►		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easeme	ents during the year
	▶\$		
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text of	-	cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed potnote to its financial statements that de	revenue statement and balance sheet ucation, or research in furtherance of scribes these items
b	If the organization elected, as permitted under		
5	works of art, historical treasures, or other similar public service, provide the following amounts related	ar assets held for public exhibition, eding to these items:	ucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these iten	ns:
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2013
167			

	FNUB, INC	2.		16	-1537468
Schee	ule D (Form 990) 2013				Page 2
Par		ections of Art, Hist	orical Treasures,	or Other Similar A	
	<u> </u>	,	,		()
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other recor	ds, check any of th	e following that are a	significant use of its
а	Public exhibition	d	Loan or exchange	e programs	
b	Scholarly research	e			
c	Preservation for future generations				
4	Provide a description of the organization's	collections and expla	ain how they further	r the organization's ex	empt purpose in Part
•	XIII.			i illo organization o os	
5	During the year, did the organization solicit	or receive donations o	f art historical treas	ures or other similar	
Ŭ	assets to be sold to raise funds rather than				. Yes No
Par	t IV Escrow and Custodial Arrangem	-	-		
Fai	or reported an amount on Form		le organization and		1 990, Fait IV, III e 9,
1a	Is the organization an agent, trustee, custoo	lian or other intermedi	ary for contributions	or other assets not	
īa			•		Yes No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XII	l and complete the fell	owing table:		
b		and complete the foil		Amou	int
•	Beginning balance		4-		1111
	Additions during the year				
	Distributions during the year				
f	Ending balance		••••• <u>1f</u>		
2a	Did the organization include an amount on	Form 990, Part X, line	21?		. Yes No
	If "Yes," explain the arrangement in Part XII				
Par				i	
4.		urrent year (b) Pric	r year (c) Two yea	ars back (d) Three years b	back (e) Four years back
1a	Beginning of year balance				
	Contributions				
С	Net investment earnings, gains,				
	and losses				
	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, column (a))) held as:	
а	Board designated or quasi-endowment	%			
b	Permanent endowment				
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and $\overline{2c} \overline{shc}$	•			
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held ar	nd administered for the	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required on	Schedule R?		3b
4	Describe in Part XIII the intended uses of the	e organization's endov	vment funds.		
Par	t VI Land, Buildings, and Equipment.				
	Complete if the organization ans				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		5,897,983.		5,897,983.
b	Buildings		16,479,177.	6,158,341.	10,320,836.
с	Leasehold improvements		2,043,081.	945,845.	1,097,236.
	Equipment		96,724.	90,451.	6,273.
	Other				· · ·
	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part	X, column (B). line 10	D(c).)	17,322,328.
	5 - 1 (2)	, ,			. ,

Schedule D (Form 990) 2013			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	ial derivatives			
	/-held equity interests			
(3) Other_				
<u>(A)</u>				
<u>(B)</u>				
(C)				
<u>(D)</u>				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII				
T art viii	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
,	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" to Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	le	
(1) Fede	ral income taxes			
(2) ANNU	VITY AND LIFE INCOME PAYABLE	836,		
	T RETIREMENT OBLIGATION	558,		
	ABLE TO UB FOUNDATION ACTIVITIES			
	JRITY DEPOSITS	31,	778.	
(6)				
(7)				
(8)				
(9)				

8,551,082. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	6,380,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -377,401.		
е	Add lines 2a through 2d	2e	-377,401.
3	Subtract line 2e from line 1	3	6,758,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,758,395.
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,733,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,733,934.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	3,733,934.
Part	XIII Supplemental Information.		-,,
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

JSA

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

PART X

THE INTERNAL REVENUE SERVICE HAS RULED THAT FNUB, INC. IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS, AND IS ALSO NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OR SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE. FNUB, INC. FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY IT RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AT JUNE 30, 2014.

OTHER REVENUE INCLUDED IN F/S BUT NOT ON FORM 990 PART XI, LINE 2D REVERSAL OF PARKING REVENUE NET INCOME (377,685) CHANGE IN ACTUARIAL VALUE 284 TOTAL (377,401)

SCHEDULE I	CHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							2013
			-	tach to Form 990.	onn 550, i art iv,			Open to Public
Department of the Treasury Internal Revenue Service	Informat	ion about S	chedule I (Form	n 990) and its inst	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identificat	ion number
FNUB, INC.							16-153746	3
	formation on Grants and							
the selection crite 2 Describe in Part	ation maintain records to sub eria used to award the grants IV the organization's procedu	or assistance ires for moni	e? itoring the use c	of grant funds in the	United States.			X Yes No
	d Other Assistance to G the 21, for any recipient that							′es" to Form 990,
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UB FOUNDATION ACT	TIVITIES, INC.							
	NY 14226	16-1372561	501(C)(3)	1,109,508.				EDUCATIONAL SUPPORT
		-						
		-						
_(4)		-						
_(5)		-						
_(6)		-						
_(7)		-						
_(8)								
_(9)		-						
(10)		_						
(11)								

(12	2)							
2	Enter total number of section 501(c)(3) and go	overnment o	l rganizations list	ed in the line 1 tabl	le		└	1.
3 Enter total number of other organizations listed in the line 1 table								
For Department Reduction Act Nation, can the Instructions for Form 000								

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
1					
5					
3					
7					

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE US

PART I, LINE 2

FNUB, INC.'S ASSISTANCE TO ORGANIZATIONS IN THE U.S. CONSISTS OF SUPPORT

TO CHARITABLE ORGANIZATIONS. WHILE THE ORGANIZATION DOES NOT MONITOR THE

USE OF THESE FUNDS, THE ORGANIZATION ONLY CONTRIBUTES TO OTHER CHARITABLE

ORGANIZATIONS WHOSE MISSION AND WORK ARE WELL KNOWN BY THE ORGANIZATION

AND ARE TRUE TO THEIR CHARITABLE PURPOSES.

Particle Employer identification number 16-1537468 PARTUR Inc. 16-1537468 Part VIB, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Ves No. 4 Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Ves No. 1 First-class or charter travel Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Ib Ib 5 Discretionary spending account Write explain of the inpurson set on the stabilish th 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 estabilish compensation or the CEO/Executive Director, but explain in Part III. 2 2 Indicate which, if any, of the following the filing organization used to establish the compensation committee Independent compensation consultant Compensation surface payment from, a supplemental nonqualified retirement plan? 4a X 4 During the year, did any brason listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation consultant Approval by the board or compensation committee 4a X	(Forr	EDULE J m 990) nent of the Treasury Revenue Service	0) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.					
Part1 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Name	of the organization		E	mployer identification	Inspe numbe		
Part1 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	FNUE	B, INC.			16-153746	8		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chaufeur, 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 aboxe? If "No," complete Part III to rexplain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization or establish compensation and the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Indicate which, if any, of the following the filing organization used to establish the compensation or mittee Directer organization consultant Compensation committee Independent compensation or the CEO/Executive Director, but explain in Part III. Participate in, or receive paryment from, an equip-based compensation a	Part	Question	s Regarding Compensation					
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 in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant independent compensation consultant independent compensation consultant. Compensation or a related organization: Quiring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 4a x 4 During the search in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a x 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a x 6a x x 5b x 6a x 5b x	1a	990, Part VII, First-cla Travel fo Tax inde	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments	 provide any relevant information regarding Housing allowance or residence for p Payments for business use of persona Health or social club dues or initiation 	these items. personal use al residence n fees		Yes	No
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Compensation committee Ouring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Chart the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? May related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? May related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?<td></td><td>If any of the or reimburse explain</td><td>boxes on line 1a are checked, did th ment or provision of all of the ex</td><td>ne organization follow a written policy reg penses described above? If "No," comp</td><td>garding payment blete Part III to</td><td>1b</td><td></td><td></td>		If any of the or reimburse explain	boxes on line 1a are checked, did th ment or provision of all of the ex	ne organization follow a written policy reg penses described above? If "No," comp	garding payment blete Part III to	1b		
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 Approval by the board or compensation or a related organization: Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4a X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X b Any related organization? 5a X if "Yes" to line 5a or 5b, describe in Part III. 6a X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? 5a X if "Yes" to line 5a or 5b, describe in Part III. 6a X 6a X b Any related organization? 6a X if "Yes" to line 6a or 6b, describe in Part III. 6a X 6b X <		Did the orga directors, trus 1a?	anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	checked in line	2		
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5a X if "Yes" to line 5a or 5b, describe in Part III. 6a X 6a X 6b X b Any related organization? 6a X if "Yes" to line 6a or 6b, describe in Part III. 6a X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 4a X	-	organization's related organ Comper Indepen Form 99	CEO/Executive Director. Check all the ization to establish compensation of th isation committee dent compensation consultant 90 of other organizations	at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study Approval by the board or compensat	ls used by a rt III. ion committee			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 6a or 6b, describe in Part III. 6a X b Any related organization? 6b X f"Yes" to line 6a or 6b, describe in Part III. 7 X 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject X <th>4</th> <th>organization of</th> <th>or a related organization:</th> <th></th> <th>-</th> <th></th> <th></th> <th></th>	4	organization of	or a related organization:		-			
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. III. III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X f"Yes" to line 5a or 5b, describe in Part III. 6a X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: 6a X a The organization? 6a X b Any related organization? 6a X compensation contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X f"Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide an	а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: constraint of the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 7 X 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 7	b							X
 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 	С	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite		4c		X
b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Image: Comparization Part VII, Section A, line 1a, did the organization pay or accrue any companization? Image: Comparization Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Image: Comparization Part VII, Paid or accrued pursuant to a contract that was subject X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject Image: Comparization Part Part Part Part Part Part Part Part	-	For persons li compensation	isted in Form 990, Part VII, Section A, n contingent on the revenues of:	line 1a, did the organization pay or accrue ar	-			
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	a	The organizat						X
compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 4 4		If "Yes" to line	e 5a or 5b, describe in Part III.			5b		X
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 1 1	6	-		line 1a, did the organization pay or accrue ar	ıу			
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject 1 1		The organizat	ion?			6a		X
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	b	Any related of	rganization?			6b		X
payments not described in lines 5 and 6? If "Yes," describe in Part III7X8Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		If "Yes" to line	e 6a or 6b, describe in Part III.					
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7	•			•			
	8	Were any am to the initial	nounts reported in Form 990, Part VII, I contract exception described in I	, paid or accrued pursuant to a contract t Regulations section 53.4958-4(a)(3)? If	hat was subject "Yes," describe			X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	If "Yes" to li	ine 8, did the organization also foll	low the rebuttable presumption procedu	re described in			X
Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. 9 Schedule J (Form 990) 20 ^o	For P	Regulations s	ection 53.4958-6(C)?	orm 990		-	rm 004	0) 2012

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

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Schedule J (Form 990) 2013

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

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

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

	L	(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD SCHNEIDER	(i)	0	C		00	0	C	
1 EXECUTIVE DIRECTOR	(ii)	192,449.	o0		0 28,444.	19,300.	240,193.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)				11			
-	(i)							
16	(ii)		+		+			

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Schedule J (Form 990) 2013

Part III Supplemental Information

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

COMPENSATION

PART I AND PART II

FNUB, INC. DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS, OR KEY EMPLOYEES.

CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A RELATED ORGANIZATION AND

THE PROCESS OF DETERMINING COMPENSATION IS CONDUCTED AT THE RELATED

ORGANIZATION'S LEVEL, USING A COMPENSATION COMMITTEE, COMPENSATION SURVEY

OR STUDY, AND APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization FNUB, INC.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

Page 2 Employer identification number 16-1537468

CONFLICT.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PFORM 990, PART VI, LINE 19

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST. IN ADDITIONS, THE FINANCIAL

STATEMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE AND THE FORM 990 IS

AVAILABLE AT WWW.GUIDESTAR.COM.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

REVERSAL OF PARKING	REVENUE NET INCOME	(377,685)
CHANGE IN ACTUARIAL	VALUE	284
TOTAL		(377,401)

FNUB,	INC.
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16-1537468

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.				
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection			
Name of the organization		Employer identification number			
FNUB, INC.		16-1537468			

FNUB, INC.

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FNUB, LLC	27-2165343					
BOX 900	BUFFALO, NY 14226	MED CAMPUS	NY	0	0	FNUB, INC.
_(2)						
_(3)						
_(4)						
_(5)						
_(6)						

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. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC. 16-0865182							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		Х
(2) UBF CORPORATION 51-0164454							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		Х
(3) UNIV. AT BUFFALO FOUND INCUBATOR, INC. 16-1301210							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11C III-FI	N/A		Х
(4) UBF FACULTY - STUDENT HOUSING CORP. 16-1372560							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	9	N/A		Х
(5)							
<u>(6)</u>							

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

JSA 3E1307 1.000

Schedule R (Form 990) 2013

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

because it had one of r	nore related orga	anizations	s irealed as a pa	armership during the	e lax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(r Dispropi alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
<u>(5)</u>												
<u>(6)</u>												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(b contr ent	(i) ction b)(13) rolled tity?
(1)							Yes	No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

JSA 3E1308 1.000

16-1537468

Par	t V	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	e. Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During	g the tax year, did the organization engage in any of the following transactions with one or more r						
а	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, g	grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, g	grant, or capital contribution from related organization(s)				1c	X	<u> </u>
d	Loans	s or loan guarantees to or for related organization(s)				1d		X
е	Loans	s or loan guarantees by related organization(s)				1e	X	
f	Divide	ends from related organization(s)				1f		X
g	Sale o	of assets to related organization(s)				1g		X
h	Purch	ase of assets from related organization(s)				1h		X
1	Excha	ange of assets with related organization(s)				1i		X
j	Lease	e of facilities, equipment, or other assets to related organization(s)				1j		X
Ŀ		a of facilities, as viewant, as other access from related experimetion (a)				41		x
k	Lease	e of facilities, equipment, or other assets from related organization(s) rmance of services or membership or fundraising solicitations for related organization(s)				1k 11		X
1 m	Perio	rmance of services of membership of fundraising solicitations for related organization(s)				1m		X
n	Charin	ng of facilities, equipment, mailing lists, or other assets with related organization(s)	• • • • • • • • • • • • •			1n	X	<u> </u>
	Sharir	ng of paid employees with related organization(s)	• • • • • • • • • • • • •		• • • • •	10	X	<u> </u>
0	Shahi		• • • • • • • • • • • • •			10		
n	Reim	bursement paid to related organization(s) for expenses				1p	x	
q	Reim	bursement paid by related organization(s) for expenses				1q		x
7						- 4		
r	Other	transfer of cash or property to related organization(s)				1r		X
S	Other	transfer of cash or property from related organization(s)				1s		X
		answer to any of the above is "Yes," see the instructions for information on who must complete t					5.	
		(a)	(b)	(c)		(d)		
		Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete unt inv		ng
(1)								
(2)								
(0)								
(3)								
(4)								
<u>(4)</u>								
(5)								
137								
(6)								
JSA			·		Schedule F	R (Forn	n 990)) 2013
3E1309	1.000							

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

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

(a) Name, address, and EIN o	(a) Name, address, and EIN of entity		(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				section 512-514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
<u>(9)</u>														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														<u> </u>

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