# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

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

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

A F	or th	e 201	3 calendar year, or tax year begin	ning 0	7/01, <b>201</b> 3	B, and en	ding	_	06/3	30, 20	14	
_			C Name of organization					D Employer id	entification	on num	ber	
Bc	heck if ap	oplicable:	UBF CORPORATION					51-016	4454			
	Addre		Doing Business As					1				
	7	change	Number and street (or P.O. box if mail is	not delivered to street add	ress)	Room/su	ite	E Telephone n	umber			
	+	return	BOX 900					(716) 64	5 – 301	1		
	Termi		City or town, state or province, country, a	nd ZIP or foreign postal c	ode			(120)				
	Amen		BUFFALO, NY 14226-0900					<b>G</b> Gross receip	nts \$		355	,171.
	returr Applio	n cation	F Name and address of principal officer:	EDWARD P. S	CHNELDED			H(a) Is this a gro		or	Yes	X No
	pendi	ng	BOX 900 BUFFALO, NY 14		CHNEIDER			subordinates	s?	$\vdash$	Yes	No
_	Toy ov	omnt ot	` , , , , , , , , , , , , , , , , , , ,		4047(-)(4)		507	H(b) Are all subore			,	NO
_		empt st		2 ) ◀ (insert no.)	4947(a)(1)	or	527	1			,tions)	
			WWW.UBFOUNDATION.BUFFALO			1. 1/		H(c) Group exem				
$\overline{}$				Association Other		L Ye	ar of forma	tion: 1978 <b>M</b>	State of I	egai do	micile:	NY
P	art I		mmary				T D	A COLLEGE				
	1		y describe the organization's mission or	-					SELL	, LE	iase.	<u>'</u>
Governance			IMPROVE AND DEVELOP LAN									
rna			ROVEMENTS FOR THE BENEFI									
Š			k this box 🕨 🔛 if the organization di	•	•				1 1			
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			9.
S S			per of independent voting members of the						4			9.
Activities &			number of individuals employed in cale						5			0
cţì	6	Total	number of volunteers (estimate if necess	sary)					6			9.
⋖	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a			531.
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34			<del></del>		7b		-27 <u>,</u>	981.
								Prior Year		Curi	rent Ye	ear
٥	8	Contri	ibutions and grants (Part VIII, line 1h)						0			0
eun	9	Progra	am service revenue (Part VIII, line 2g) .						0		338	,416.
Revenue	10	Invest	tment income (Part VIII, column (A), line	s 3, 4, and 7d)					0		-25	,245.
II.	11		revenue (Part VIII, column (A), lines 5,					266,06	50.			0
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column	n (A), line 12)			266,06	50.		313	<u>,171.</u>
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				264,84	18.		232	,564.
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)			L		0			0
Š	15		es, other compensation, employee bene						0			0
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0			0
xbe			fundraising expenses (Part IX, column (I									
Ш			expenses (Part IX, column (A), lines 11					4,83	32.		126	,227.
			expenses. Add lines 13-17 (must equal					269,68	30.		358	,791.
			nue less expenses. Subtract line 18 from					-3,62	20.		-45	,620.
or								nning of Current	Year	End	of Yea	ır
sets	20	Total	assets (Part X, line 16)					2,841,77	70.	2,	752	,819.
Ass	21	Total	liabilities (Part X, line 26)				•	350,61	4.		307	,283.
Net Assets or Fund Balances	22	Net as	ssets or fund balances. Subtract line 21	from line 20				2,491,15	6.	2,	445	,536.
	rt II		gnature Block				'					
Und	der per	nalties o	of perjury, I declare that I have examined thi	s return, including accor	mpanying sched	ules and s	tatements,	and to the best o	f my kno	wledge	and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all in	iformation of wh	ich prepare	er has any k	nowledge.				
Sig			Signature of officer					Date				
He	re		EDWARD P. SCHNEIDER		EXECUT	IVE DI	RECTOR	ર				
			Type or print name and title									
_		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN	1		
Paic								self-employ	-	P012	4548	32
	parer	Firm's	s name ▶KPMG LLP					Firm's EIN ▶ 1				
Use	Only		s address >60 SOUTH STREET B	OSTON, MA 021	11				517-98			
Mav	the I		scuss this return with the preparer shown	•				17.110.110.110.		X Y		No
<u> </u>			Reduction Act Notice, see the separate	•								(2013)

JSA 3E1010 1.000

# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2013, or fiscal year beginning 0.7/01\_\_\_\_, 2013, and ending 0.6/3.0\_\_\_\_, 20\_14

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8	P7000	2013
Name of exempt organization		Employer identif	fication number
UBF CORPORATI	TON	51-0164	
Name and title of officer		1 21-0104	[434
EDWARD P. SCH	NEIDER, EXECUTIVE DIRECTOR		
	eturn and Return Information (Whole Dollars Only)	<del></del>	***************************************
check the box on line 1 leave line 1b, 2b, 3b,	k here b b Total revenue, if any (Form 990-EZ, line 9)  b Total tax (Form 1120-POL, line 22)  k here b b Tax based on investment income (Form 990-PF, Part VI, line 12)	led with this for d -0- on the ret  1b 2b 3b ine 5). 4b	rm was blank, ther
**********			
	n and Signature Authorization of Officer ury, I declare that I am an officer of the above organization and that I have exam		
are true, correct, and corganization's electronic to send the organization the transmission, (b) the authorize the U.S. Trea financial institution accoreturn, and the financial Agent at 1-888-353-453 involved in the processi resolve issues related to	ctronic return and accompanying schedules and statements and to the best of complete. I further declare that the amount in Part I above is the amount shown coreturn. I consent to allow my intermediate service provider, transmitter, or elective from the IRS and to receive from the IRS (a) an acknowledgement of receive reason for any delay in processing the return or refund, and (c) the date of any sury and its designated Financial Agent to initiate an electronic funds withdraw and its designated Financial Agent to initiate an electronic funds withdraw in indicated in the tax preparation software for payment of the organization's institution to debit the entry to this account. To revoke a payment, I must contain the contained of the electronic payment of taxes to receive confidential information necess of the payment. I have selected a personal identification number (PIN) as my signapplicable, the organization's consent to electronic funds withdrawal.	on the copy of the ctronic return or eipt or reason for refund. If applical (direct debit) of federal taxes or act the U.S. Treasuthorize the finesary to answer in sary to answer in the comment.	ne riginator (ERO) or rejection of cable, I entry to the wed on this asury Financial nancial institutions
Officer's PIN: check on X I authorize KP	MG LLP to enter my PIN Enter	five numbers, but	as my signature
being filed with ERO to enter m  As an officer of	tion's tax year 2013 electronically filed return. If I have indicated within this retu a state agency(ies) regulating charities as part of the IRS Fed/State program, I y PIN on the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax v	rn that a copy o also authorize th year 2013 electr	he aforementioned
the IRS Fed/Sta	ed within this return that a copy of the return is being filed with a state agency(in the program, I will enter my PIN on the return's disclosure consent screen.	es) regulating cl	
	on and Authentication	<u> </u>	.~~
ERO's EFIN/PIN. Enter y	our six-digit electronic filing identification	0 2 7 6 7	17/7/8/
	-, j-m m viga our outoud i ii.	do not enter all :	zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

UBF CORPORATION

Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO HOLD TITLE TO, ACQUIRE, SELL, LEASE, AND IMPROVE AND DEVELOP LAND, BUILDINGS, AND OTHER REAL PROPERTY IMPROVEMENTS FOR THE BENEFIT OF UNIVERSITY AT BUFFALO AND UNIVERSITY AT BUFFALO FOUNDATION, INC. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 350,869\_ including grants of \$ \_\_\_\_\_32,564. ) (Revenue \$ \_\_\_\_ 338,416. OWN AND OPERATE REAL ESTATE FOR THE BENEFIT OF THE UNIVERSITY AT BUFFALO TO SUPPORT ITS EDUCATIONAL PURPOSE. THE ORGANIZATION LEASES PROPERTY TO FOLLETT, WHO OPERATES A BOOK STORE ON THE UNIVERSITY'S AMHERST CAMPUS. THE STORE PROVIDES TEXTBOOKS, SUPPLIES, TECH ACCESSORIES, AND OTHER NECESSARY EDUCATIONAL PRODUCTS TO UNIVERSITY STUDENTS. THE ORGANIZATION ALSO LEASES PROPERTY TO A REAL ESTATE DEVELOPER THAT OPERATES AN ON-CAMPUS RETAIL COMPLEX PROVIDING NECESSARY SERVICES AND PRODUCTS TO UNIVERSITY STUDENTS. ) (Revenue \$ **4b** (Code: ) (Expenses \$ including grants of \$ **4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 350,869.

JSA 3E1020 2.000 Form **990** (2013) 0322GG 1592 2490701 PAGE 2 Form 990 (2013)
Page 3

Part	Checklist of Required Schedules		v	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,			3.5
_	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			37
_	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			v
40	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	40		v
	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,"	110		Х
	complete Schedule D, Part VI	11a		Λ
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
	Did the organization report an amount for other habilities in rarry, line 23: If res, complete schedule b, rarry	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12 4	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
<b>L</b>	·	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0.5		
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
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		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,			37
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Χ	

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#### Part V Statements Regarding Other IRS Filings and Tax Compliance 1 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2013)

Form 990 (2013) UBF CORPORATION 51-0164454 Page **6** 

Part VI Governance, Management, and Di

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa	<i>9.)</i> Yes	No
		40.	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
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	Х	
12	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written whisheblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	2.3		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	າ 501(ຕ	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X    Own website    X    Upon request    Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	he		
	organization: ▶ EDWARD P. SCHNEIDER BOX 900 BUFFALO, NY 14226-0900 716-645-3011			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	1						(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)RAVINDAR_BANSAL	1.00	X						C	0	0
(2)SHELDON BERLOW DIRECTOR	1.00	Х						0	0	0
(3)GARY BICHLER DIRECTOR	$\frac{1.00}{4.00}$	X						C	0	
(4)THOMAS BLACK DIRECTOR	$\frac{1.00}{4.00}$	Х						C	0	0
(5)BEVERLY FOIT-ALBERT CHAIR/DIRECTOR	1.00	Х		Х				0	0	0
(6)JUDITH ITTIG DIRECTOR	1.00	X							0	
	1.00	X						C	-	
(8)JEAN POWERS DIRECTOR	1.00	Х						C	0	0
(9)RONALD SCHREIBER DIRECTOR	1.00	Х						C	0	0
(10)EDWARD SCHNEIDER EXECUTIVE DIRECTOR	2.00	-		Х				C	192,449.	47,744.
(11)										
(12)										
(13)	ļ									
(14)	<del> </del>									

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	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and H	lig	hest Compensat	ed Employ	yees (c	ontinue		Page <b>o</b>
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		other		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d related inization	b
										100				
	Sub-total								C		,449.		47,7	
	Total from continuation sheets to Part VII, S	•						<b>•</b>	C		0		40.0	0
	Total (add lines 1b and 1c)							<u> </u>	Cooking the cookin		,449.		47,7	44.
2	reportable compensation from the organization		nose (		u a	DOVE	e) WIIC	) IE	ceived more than	\$ 100,000	Oi			
													Yes	No
3	Did the organization list any former offic	er directo	or or	trı	ıste	<u> </u>	kev e	mn	Novee or highes	t compens	ated			
Ū	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?							4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Se	ction B. Independent Contractors							•				-	·I	
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation	

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

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#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues С Fundraising events d Related organizations 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f Program Service Revenue **Business Code** 532000 364,947. -26,531 RENTAL REVENUE 338,416 b All other program service revenue 338,416 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds . . . > 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of 16,755. assets other than inventory **b** Less: cost or other basis 42,000. and sales expenses -25,245 c Gain or (loss) -25,245 -25,245. Other Revenue Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses **10a** Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** NONE 11a b **d** All other revenue e Total. Add lines 11a-11d Total revenue. See instructions -25,245. 364,947 -26,531

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## Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a resp	onse of note to any iii	le III II IIS Pait IA		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	232,564.	232,564.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	Management	0			
	Legal	3,750.		3,750.	
	Accounting	3,672.		3,672.	
	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
1	f Investment management fees	U			
9	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	0			
	Advertising and promotion	0			
	Office expenses	0			
	Information technology	0			
	Royalties	118,305.	118,305.		
	Occupancy	0	110,303.		
	Payments of travel or entertainment expenses	9			
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	0			
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TAXES AND FEES	500.		500.	
b	)				
c	;				
	·				
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	358,791.	350,869.	7,922.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

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#### Form 990 (2013) Part X **Balance Sheet**

Ι С	IILA	Datatice Officet	137		
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	311,313.	1	609,869.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	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			
s		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	42,000.		0
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11		12	0
	13			13	0
	14	Intangible assets		14	0 140 050
	15	Other assets. See Part IV, line 11	2,488,457. 2,841,770.		2,142,950.
-	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	82,712.	16 17	2,752,819. 85,907.
	18	Accounts payable and accrued expenses		18	05,907.
	19	Grants payable		19	0
	20	Deferred revenue Tax-exempt bond liabilities		20	0
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
lig		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	267,902.	25	221,376.
	26	Total liabilities. Add lines 17 through 25	350,614.	26	307,283.
es		Organizations that follow SFAS 117 (ASC 958), check here   X  and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	2,491,156.	27	2,445,536.
Fund Balances	28	Temporarily restricted net assets	0	28	0
<u>_</u>	29	Permanently restricted net assets	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
N E	33	Total net assets or fund balances	2,491,156.	33	2,445,536.
_	34	Total liabilities and net assets/fund balances	2,841,770.	34	2,752,819.
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Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			13,1	L71.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	58,7	791.			
3	Revenue less expenses. Subtract line 2 from line 1	3		520.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 56.</u>					
5	Net unrealized gains (losses) on investments	5							
6				0					
7	6 Donated services and use of facilities								
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
5 1	33, column (B))	10		2,4	45,5	36.			
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII								
	Check if Schedule O contains a response of note to any line in this Part XII								
4	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No			
1	· · · · · · · · · · · · · · · · · · ·	voloin							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compared or reviewed by an independent accountant?			Za					
	reviewed on a separate basis, consolidated basis, or both:	iplicu	OI						
	Separate basis Consolidated basis Both consolidated and separate basis								
<b>L</b>	Were the organization's financial statements audited by an independent accountant?			2b	Х				
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi								
	separate basis, consolidated basis, or both:	ica o	ı u						
	Separate basis X Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht							
·	of the audit, review, or compilation of its financial statements and selection of an independent account	•		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	ı in						
	the Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b					

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#### **SCHEDULE D** (Form 990)

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number

UBF	F CORPORATION		51-0164454
Par	Organizations Maintaining Donor Advise Complete if the organization answered "Y	ed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 61.01 22.11.02	(a) a mee and a meeting
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 a	advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes No
Pai	rt    Conservation Easements. Complete if the		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		vation of an historically important land area
	Protection of natural habitat	Preserv	vation of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in (c)		
-	historic structure listed in the National Register		
3	Number of conservation easements modified, trans		
	tax year ▶	, , ,	, ,
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy regardi	ng the periodic monitoring, inspect	tion, handling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes 🗀 No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservati	ion easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ting, and enforcing conservation ea	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		
_	(i) and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text or organization's accounting for conservation easemer		illiancial statements that describes the
Pai	rt III Organizations Maintaining Collections		r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report	in its revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibitio	n, education, or research in furtherance of hat describes these items
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila public service, provide the following amounts relating	r assets held for public exhibitiong to these items:	n, education, 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 ar		
	following amounts required to be reported under SF		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>/</b> 5

Schedule D (Form 990) 2013

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UBF CORPORATION

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Par	t III Organizations Maintaining Co	ollections of	Art, His	torical T	reasur	es,	or Oth	ner Similar	Asse	ts (conti	nue	<u>d)</u>
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and o	other reco	ords, checl	k any c	of the	follow	ring that are	a sigr	nificant us	e of	its
а	Public exhibition		d		or exch							
b	Scholarly research		e	Other								
С	Preservation for future generations	3		<del></del>								
4	Provide a description of the organization	n's collections	s and expl	lain how t	they fu	rther	the org	ganization's e	exemp	t purpose	in F	2art
	XIII.											
5	During the year, did the organization soli	cit or receive of	donations	of art, histo	orical tr	easu	res, or	other similar				
	assets to be sold to raise funds rather tha	in to be maint	ained as p	art of the	organiz	ation'	s collec	ction?	[	Yes		No
Par	t IV Escrow and Custodial Arrange									0, Part IV	/, line	e 9,
	or reported an amount on Form	n 990, Part እ	K, line 21.									
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?			-					Г	Yes		No
b	If "Yes," explain the arrangement in Part	XIII and compl	lete the fol	llowing tab	ole:				L		ш	
~	roo, explain the arrangement in rails							Amo	ount			
С	Beginning balance					10		7				
	Additions during the year											
e	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount of									Yes	Х	No
b	If "Yes," explain the arrangement in Part	XIII. Check he	re if the ex	olanation	has be	en pr	ovided	in Part XIII	L			
	t V Endowment Funds. Complete											
. «.	·	Current year	<b>(b)</b> Pri				s back	(d) Three years		(e) Four y	ears b	ack
1a	Beginning of year balance		(-7		(-)	, ,		(1)		(1)		
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											—
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the	current vear e	nd halanc	e (line 1a	column	n (a))	held as	•				
- а	Board designated or quasi-endowment		%	c (iiiic 1g,	oolann	ι (α))	noia ao	<u>-</u>				
b	Permanent endowment ▶	<del>~</del>										
	Temporarily restricted endowment ▶	%										
_	The percentages in lines 2a, 2b, and $\bar{2c}$	hould equal 1	00%.									
3a	Are there endowment funds not in the po	•		ation that	are hel	d and	d admir	istered for the	3			
	organization by:		J							Y	es	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizate									3b		
4	Describe in Part XIII the intended uses of		•		_							
Par	t VI Land, Buildings, and Equipmen	nt.					14 - 0			( )		
	Complete if the organization a									t X, IINE 1 d) Book value		
	2000 iption of property		other basis stment)	<b>(b)</b> Cost o	ther)	2010		cumulated eciation		DOOK VAIU	-	
1a	Land	•										
b	Buildings											
С	Leasehold improvements	-										
d	Equipment	-										
е	Other	-										
Tota	I. Add lines 1a through 1e. (Column (d) m	nust equal Forr	n 990, Par	t X, columi	n (B), lir	ne 10	(c).)	▶				

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UBF CORPORATION

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

Schedule D (F	-orm 990) 2013				Page
Part VII	Investments - Other Securities. Complete if the organization answer	ered "Yes" to Form 990	, Part IV, line 1	11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuatio Cost or end-of-year market	n:
(1) Financia	al derivatives				
	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answer	ered "Yes" to Form 990	, Part IV, line	11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuatio	
(4)				Cost or end-of-year market	value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets.				
	Complete if the organization answer		, Part IV, line 1	11d. See Form 990, F	
		(a) Description			(b) Book value
	ESTATE DEVELOPMENT COSTS				138,048
	IVABLES FROM AFFILIATE				2,004,902
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Cold	umn (b) must equal Form 990, Part X, col.	(B) line 15.)			2,142,950
Part X	Other Liabilities. Complete if the organization answering 25.	ered "Yes" to Form 990	, Part IV, line	11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book val	ıe		
	ral income taxes				
(2) PAYA	BLE TO AFFILIATE	221,	376.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
	nn (b) must equal Form 990, Part X, col. (B) line	<b>25.)</b> ▶ 221,	376.		
	or uncertain tax positions. In Part XIII, provide			nancial statements that ren	orts the

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

JSA 3E1270 1.000

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UBF CORPORATION 51-0164454 Schedule 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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	313,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	313,171.
a			
b			
C C	Recoveries of prior year grants  Other (Departing in Port VIII )		
d	Other (Describe in Part XIII.) Add lines 2a through 2d	0-	
e	Add lines 2a through 2d Subtract line 2e from line 1	2e	212 171
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	313,171.
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b  4a		
b	Other (Describe in Part XIII.)  Add Face 4 and 41		
	Add lines 4a and 4b	4c	212 171
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	313,171.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	358,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·
а	Developed any state and the office William		
b	Prior year adjustments		
С	Other leads		
d	01 (0 11 19 14 11)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	358,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	330,731.
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	0.1 (D. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
C	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	358,791.
	XIII Supplemental Information.	<u> </u>	330,771.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V lir	ne 4· Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		10 1, 1 01171, 1110
SEF	PAGE 5		

JSA 3E1271 1.000 Schedule D (Form 990) 2013

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#### Part XIII Supplemental Information (continued)

FIN 48 (ASC FOOTNOTE)

PART X, LINE 2

UBF CORPORATION IS QUALIFIED UNDER SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE, AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS. UBF CORPORATION FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY THEY RECOGNIZE 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. UBF CORPORATION HAS GENERATED UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2014, BUT IT IS NOT MATERIAL TO THE AUDITED FINANCIAL STATEMENTS.

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S:

PART XI, LINE 4B

RENTAL EXPENSE.....(\$118,305)

PART XII, LINE 2D

OTHER EXPENSE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990:

RENTAL EXPENSE.....\$118,305

Schedule D (Form 990) 2013

JSA 3E1226 1.000

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## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

UBF CORPORATION						51-0164454	1
Part I General Information on Grants and	Assistance	)				•	
1 Does the organization maintain records to sub	ostantiate the	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistance	e?					X Yes No
2 Describe in Part IV the organization's procedu	ires for mon	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to Go Part IV, line 21, for any recipient that	overnments	s and Organiz	ations in the Unit	ed States. Come duplicated if a	plete if the organiz	ation answered "Y	es" to Form 990,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FNUB, INC.							
BOX 900 BUFFALO, NY 14226	16-1537468	501(C)(3)	215,809.				UNIVERSITY SUPPORT
(2) UB FOUNDATION ACTIVITIES, INC.							
BOX 900 BUFFALO, NY 14226	16-1372561	501(C)(3)	16,755.				UNIVERSITY SUPPORT
_(3)	_						
	_						
(10)							
(11)							
(12)	_						
2 Enter total number of section 501(c)(3) and g	│ overnment o	  rganizations list	l ted in the line 1 tabl	  e		·	2.
3 Enter total number of other organizations liste	d in the line	1 table	<u> </u>		<u> </u>	<u></u>	

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

UBF CORPORATION 51-0164454

Schedule I (Form 990) (2013)

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
1					
_2					
3					
4					
_ 5					
6					
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 U.S.

PART I, LINE 2

UBF CORPORATION'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.

Schedule I (Form 990) (2013)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Open to Public Inspection

51-0164454

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UBF CORPORATION

Employer identification number

Part	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.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)							
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?	2						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a							
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:			37				
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				
С	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X				
	if fes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3) 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:							
а	The organization?	5a						
b	Any related organization?	5b						
~	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
•	compensation contingent on the net earnings of:							
а	The organization?	6a						
	Any related organization?	6b						
	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7						
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2013

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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.

	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD SCHNEIDER (	i) (	)	) (	C	0	C	0
	i) 192,449.	[	j (	28,444.	19,300.	240,193.	0
	i)						
	ii)		T				
	ii)		T				
	i)		I				
4	ii)						
	i)		I				
5	ii)						
	i)		<u> </u>				
6	ii)						
	i)		<u> </u>				
	ii)						
	i)		<u> </u>				
8 (	ii)						
	i)						
	ii)						
	i)	L	<b> </b>				
	ii)						
	i)	L	<b> </b>				
	ii)						
	i)		<u> </u>				
	ii)						
	i)		<u> </u>				
	ii)						
	i)	<u> </u>	<b></b>				
	ii)						
	i)	<u> </u>	<b></b>				
	ii)						
	i)	<u> </u>	<b></b>				
16	ii)						

UBF CORPORATION 51-0164454

Schedule J (Form 990) 2013

#### Part | Supplemental Information

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

COMPENSATION

PART I AND PART II

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

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
UBF CORPORATION

Employer identification number 51-0164454

FORM REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

Name of the organization

UBF CORPORATION

Employer identification number

51-0164454

CONFLICT.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG.

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#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **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.

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
UBF CORPORATION
51-0164454

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

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

(a) Name, address, and EIN of rela	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	· · ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?		
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC	16-0865182							
BOX 900	BUFFALO, NY 14226	EDU SERVICES	NY	501(C)(3)	7	N/A		Х
(2) FNUB, INC.	16-1537468							
BOX 901	BUFFALO, NY 14226	EDU SERVICES	NY	501(C)(3)	9	N/A		Х
(3) UNIV AT BUFFALO FOUND INCUBATOR, INC	. 16-1301210							
BOX 902	BUFFALO, NY 14226	EDU SERVICES	NY	501(C)(3)	11C III-FI	N/A		Х
(4) UBF FACULTY - STUDENT HOUSING CORP.	16-1372560							
	BUFFALO, NY 14226	EDU SERVICES	NY	501(C)(3)	9	N/A		Х
(5)								
_(6)								
_(7)								

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part III Identification of Relate because it had one or n	ed Organizations nore related orga	Taxable nizations	as a Partnersh treated as a pa	<b>ip</b> Complete if the cartnership during the	organization an tax year.	swered "Yes"	on F	orm	990, Part IV, I	ne 3	84	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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	(h) Disproportionate allocations?		proportionate Code V-UBI		j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
							Yes No
<u>(1)</u>	_						
(2)							
<u>(3)</u>	-						
<u>(4)</u>	_						
<u>(5)</u>	-						
<u>(6)</u>	-						
<u>(7)</u>	_						

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Schedule R (Form 990) 2013

UBF CORPORATION 51-0164454

Schedule R (Form 990) 2013

Pa	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е					1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k					1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m					1m	37	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10	Λ	
	Poimburgoment haid to related organization(s) for expenses				10	Х	
p	Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses				1p 1q		Х
q	Reimbursement paid by related organization(s) for expenses				14		2:
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the					 S.	
	(a)  Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	Method	(d)	erminin	ıg
(1)							
(2)							
(2)							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							
		I					

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(6)

Schedule R (Form 990) 2013

Page 3

Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) (c) (d) Primary activity Legal domicile (state or foreign country) 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	(1 01111 1003)	Yes	No	
(1)													
(2)													
(3)													
<u>(4)</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).

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