Return of Organization Exempt From Income Tax

Form **990**

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

OMB No. 1545-0047
2013

Open to Public Inspection

Form **990** (2013)

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 For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14 D Employer identification number C Name of organization **B** Check if applicable: UB FOUNDATION SERVICES, INC. 16-1331699 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change BOX 900 (716) 645 - 3011Initial return City or town, state or province, country, and ZIP or foreign postal code Amended BUFFALO, NY 14226 G Gross receipts \$ 177.138. return Application F Name and address of principal officer: EDWARD P. SCHNEIDER H(a) Is this a group return for Nο Yes X subordinates' BOX 900 BUFFALO, NY 14226 Yes No H(b) Are all subordinates included? X | 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions)) < Website: ► WWW.UBFOUNDATION.BUFFALO.EDU H(c) Group exemption number Form of organization: X | Corporation Other > L Year of formation: 1988 M State of legal domicile: NY Summary 1 Briefly describe the organization's mission or most significant activities: TO CARRY OUT THE PURPOSES OF THE UNIV AT BUFFALO FOUNDATION AND THE UNIV AT BUFFALO BY ADMINISTERING RESEARCH Governance GRANTS, PROVIDING FINANCIAL SERVICES, AND ACQUIRING *SEE SCHEDULE O* if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 8. 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 8. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 0 Program service revenue (Part VIII, line 2g) 192,627. 176,644. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,041. 494. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 193,668. 177,138. 12 37,472. 19,506. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ______ 152,387. 154,424. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 189,859. 173,930. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,208. 3,809. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** ā 8,127,055. 8,372,121. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 7,617,972 7,859,830. 22 509,083. 512,291. Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here EDWARD P. SCHNEIDER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed P01245482 Preparer Firm's name ►KPMG LLP Firm's EIN ▶ 13-5565207 Use Only Firm's address ▶60 SOUTH STREET BOSTON, MA 02111 617-988-1000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

JSA 3E1010 1.000

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-18	7
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	IOI all Exell	ipi Organization		
	For calendar year 2013, or fiscal year beginning $\underline{0}\overline{2}$		<u> </u>	00.4
Department of the Treasury	▶ Do not send to the	e IRS. Keep for your records.		201 3
Internal Revenue Service	► Information about Form 8879-EO and	its instructions is at www.irs.gov/	form8879eo.	
Name of exempt organization			Employer ident	ification number
UB FOUNDATION	N SERVICES, INC.		16-133	1699
Name and title of officer				
EDWARD P. SCI	HNEIDER, EXECUTIVE DIREC	TOR		
	eturn and Return Information (Whole E			
check the box on line 'leave line 1b, 2b, 3b,	eturn for which you are using this Form 88 (a, 2a, 3a, 4a, or 5a, below, and the amou 4b, or 5b, whichever is applicable, blank (elow. Do not complete more than 1 line in	nt on that line for the return be do not enter -0-). But, if you e	eing filed with this fo	orm was blank, then
1a Form 990 check h 2a Form 990-EZ chec	ere X b Total revenue, if any (For k here b b Total revenue, if any	m 990, Part VIII, column (A), lir (Form 990-EZ, line 9)	ne 12) 1b	177,138.
3a Form 1120-POL cf	eck here b b Total tax (Form	1120-POL, line 22)	3b	
4a Form 990-PF chec	k here b h Tax hased on investm	nent income (Form 990-PF, Par	rt VI, line 5). 4b	
5a Form 8868 check		8, Part I, line 3c or Part II, line 8		
Ou TOTH GOOD CHECK	Datalice Due (1 01111 0000	o, Faiti, line oc or Faitii, line o	^{3c)} 5b	
Part II Declaratio	n and Signature Authorization of Offic	or		
,	ury, I declare that I am an officer of the ab	***************************************		
to send the organizatio the transmission, (b) the authorize the U.S. Trea financial institution according and the financia Agent at 1-888-353-45: involved in the processinesolve issues related t	c return. I consent to allow my intermediate of the IRS and to receive from the reason for any delay in processing the resury and its designated Financial Agent to bunt indicated in the tax preparation softwal institution to debit the entry to this account 37 no later than 2 business days prior to the nog of the electronic payment of taxes to result to the payment. I have selected a personal applicable, the organization's consent to entry to the return to the design and the selected approach to entry the selected applicable, the organization's consent to entry the return to the selected applicable, the organization's consent to entry the selected applicable, the organization's consent to entry the selected applicable, the organization's consent to the selected applicable of the interval and the selected applicable of the selected applinterests applicable of the selected applicable of the selected ap	IRS (a) an acknowledgement of turn or refund, and (c) the date of initiate an electronic funds with re for payment of the organizal t. To revoke a payment, I must e payment (settlement) date. I ceive confidential information in identification number (PIN) as in	of receipt or reason of any refund. If appl idrawal (direct debit) tion's federal taxes of t contact the U.S. Tre also authorize the finecessary to answer	for rejection of icable, I entry to the owed on this easury Financial inantitutions inquiries and
Officer's PIN: check or		40 00400 000 1710		
I authorize	ERO firm name	to enter my PIN	Enter five numbers, but	as my signature
			do not enter all zeros	
being filed with ERO to enter m	tion's tax year 2013 electronically filed retu a state agency(ies) regulating charities as y PIN on the return's disclosure consent scr	part of the IRS Fed/State prog een.	ram, I also authorize	the aforementioned
If I have indicate	the organization, I will enter my PIN as my ed within this return that a copy of the return the program, I will enter my PIN on the return to the program, I will enter my PIN on the return to the program of the progr	n is being filed with a state age	s tax year 2013 elec ency(les) regulating	tronically filed return. charities as part of
Officer's signature	I'll they	Date 1	>05-10 - 21	15
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	your six-digit electronic filing identification			
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iumber (EFIN) followed	by your five-digit self-selected PIN.	<u> </u>	do not enter al	Trans
ndicated above. I confir	numeric entry is my PIN, which is my signat m that I am submitting this return in accord ed IRS <i>e-file</i> Providers for Business Returns.	lance with the requirements of	filed return for the o	ganization
ERO's signature ▶	12m	Date >	osloilir	
*****	ERO Must Retain This	Form - See Instructions		· · · · · · · · · · · · · · · · · · ·
	Do Not Submit This Form To th		Do So	
or Paperwork Reducti	on Act Notice, see back of form.			m 8879-EO (2013)
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UB FOUNDATION SERVICES, INC. 16-1331699 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: THE ORGANIZATION'S MISSION IS TO CARRY OUT THE PURPOSES OF THE UNIV. AT BUFFALO FOUNDATION, INC. AND THE UNIV. AT BUFFALO BY ADMINISTERING RESEARCH GRANTS; PROVIDING FINANCIAL AND ADMINISTRATIVE SERVICES; AND ACQUIRING REAL ESTATE FOR CRITICAL UNIVERSITY INITIATIVES. 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. 173,930 including grants of \$ ______ (Revenue \$ _____ 4a (Code:) (Expenses \$ ____176,644.__**)** ADMINISTERING RESEARCH GRANTS AND PROVIDING FINANCIAL, ACCOUNTING, AND ADMINISTRATIVE SERVICES FOR VARIOUS UNIVERSITY AT BUFFALO PROGRAMS. **4b** (Code: including grants of \$ **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)

including grants of \$ 173,930. **4e** Total program service expenses ▶

(Expenses \$

JSA 3E1020 2.000 Form **990** (2013) 0314GG 1592 V 13-7.15 2490704 PAGE 2

) (Revenue \$

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Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	_		- 21
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	21	
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
_	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		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1	37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	42-		v
	complete Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	426	v	
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	14b		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		27
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
4 7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		Λ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Λ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		Х
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
p	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 I	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
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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?			
		25b		Х
20	If "Yes," complete Schedule L, Part L	230		- 21
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			3.7
	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		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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-00		
31		31		Х
22	Part I	J1		- 22
32		22		Х
	complete Schedule N, Part II	32		- 21
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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	ļ .		-
30	19? Note . All Form 990 filers are required to complete Schedule O	38	х	
	13: Note. All 1 of th 330 file is a required to complete of leading O	J-0	21	

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Par	·			
	Check if Schedule O contains a response or note to any line in this Part V			<u>- </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		v
L	account)?	4a		X
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		
	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	711		
Ü	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.			
а	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		
0	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 10a 10b			
່ ນ ∣1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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	X	
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? 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	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.	v	
	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	Λ	
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?	45-		X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?	Toa		21
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	100		
17	List the states with which a copy of this Form 990 is required to be filed \triangleright NY_{i}			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/6	.)(3)c	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.	301(0	,)(3)3	Offig)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nolicy	/ and
	financial statements available to the public during the tax year.	51031	Poncy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ▶ Edward P. Schneider Box 900 Buffalo, NY 14226 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	orga	niza	tion	со	mpen	sate	ed any current offic	er, director, or trus	stee.																																															
(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) Highest compensated Officer Individual trustee			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position do not check more than one ox, unless person is both an ficer and a director/trustee)		Position t check more than one lless person is both an and a director/trustee)		Position ot check more than one unless person is both an r and a director/trustee)		Position not check more than one unless person is both an ar and a director/trustee)		Position not check more than one t, unless person is both an over and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one pox, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)GREGORY BAUER	1.00																																																								
DIRECTOR	1.00	Х						C	0	0																																															
(2)DIANNE BENNETT	1.00																																																								
DIRECTOR	2.00	Х						C	0	0																																															
(3)RANDALL CLARK	1.00																																																								
DIRECTOR	2.00	Х						C	0	0																																															
(4)ROBERT DENNING	1.00																																																								
CHAIR	2.00	Х		Х				C	0	0																																															
(5)ROSS KENZIE	1.00																																																								
DIRECTOR	1.00	Х						C	0	0																																															
(6)ANTHONY MARTINO	1.00																																																								
DIRECTOR	2.00	Х						C	0	0																																															
(7)GERALD MAZURKIEWICZ	1.00																																																								
DIRECTOR	1.00	Х						C	0	0																																															
(8)EILEEN SILVERS	1.00																																																								
DIRECTOR	2.00	Х						C	0	0																																															
(9)LAWRENCE ZIELINSKI	1.00																																																								
DIRECTOR	2.00	Х						C	0	0																																															
(10)EDWARD SCHNEIDER	2.00																																																								
EXECUTIVE DIRECTOR	58.00			Х				C	192,449.	47,744.																																															
(11)																																																									
(12)																																																									
<u>(13)</u>																																																									
(14)																																																									

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JSA

	990 (2013)			1 .				12	l (O					age 8
Рa	t VII Section A. Officers, Directors, Tr		y Em	plo			and H	Higi	1		yees (c			
	(A) Name and title	Average hours per week (list any hours for	Average Position hours per (do not check more than o box, unless person is both					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esi am	(F) timated ount of other pensatio	
		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 anization I related nization	I
			_											
			_											
			_											
1b	Sub-total							\blacktriangleright	0	192	,449.		47,7	44.
С	Total from continuation sheets to Part VII, \$	Section A						>	0		0			0
	Total (add lines 1b and 1c)							<u> </u>	0		,449.		47,7	<u>44.</u>
2	Total number of individuals (including but not reportable compensation from the organization)		hose I		d al	bove	e) who	o re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo											3		X
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	l If	"Yes					4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "	accrue co	mpen	sati	on 1	fron	n any					5		X
Se	tion B. Independent Contractors	•											•	
1	Complete this table for your five highest con compensation from the organization. Report year.													
	(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) ompens	ation	
								+						
								+						

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

Page **9**

Part VIII	Statement	of Revenue
------------------	-----------	------------

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u> </u>	0			
Jue			Business Code				
Program Service Revenue	2a b c d	SPONSORED PROGRAMS	611710	176,644.	176,644.		
gra	e	All other property and in a second					
õ	f	All other program service revenue		176,644.			
<u> </u>	3	Investment income (including dividends, inter other similar amounts).	est, and	176,644.			494.
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties		0			
	6a b	Gross rents	(ii) Personal				
	d	Net rental income or (loss) (i) Securities	(ii) Other	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	С	Gain or (loss)					
	d	Net gain or (loss)	>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
th	b c	Net income or (loss) from fundraising events		0			
O		Gross income from gaming activities. See Part IV, line 19		· ·			
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0			
		Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory . Miscellaneous Revenue	Business Code	0			
	44						
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	<u> </u>	177,138.	176,644.		494.

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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	IE III II IIS PAIL IA		
	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 .	19,506.	19,506.		
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):				
а	Management	0			
	Legal	0			
	Accounting	0			
	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
f	f Investment management fees	U			
g	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	2,214.	2,214.		
	Office expenses	2,214.	2,214.		
	Information technology	0			
	Royalties	499.	499.		
	Occupancy	0	100.		
	Travel	0			
10	Payments of travel or entertainment expenses 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	SALARY EXPENSES NON-EMPLOYEE	151,711.	151,711.		
b) [
c	: [
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	173,930.	173,930.		
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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Part X **Balance Sheet**

		Check if Schedule O contains a response or	note to any line in this Pa	rt X		
		oneen ir conecute o containe a response or	Those to any mile in time i a	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		970,767.	2	1,334,471.
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		39,758.	4	169,738.
	5	Loans and other receivables from current and t	former officers, directors,			
		trustees, key employees, and highest co				
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person		0	5	0
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	ntary employees' beneficiary	0	6	0
ets	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use		0	8	0
٩	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	10a 1,264,378.			
	b	Less: accumulated depreciation	10b	1,264,378.	10c	1,264,378.
	11	Investments - publicly traded securities		0	11	0
	12	Investments - other securities. See Part IV, line 11		0	12	0
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		5,852,152.	15	5,603,534.
	16	Total assets. Add lines 1 through 15 (must equal		8,127,055.	16	8,372,121.
	17	Accounts payable and accrued expenses		672,476.	17	588,237.
	18	Grants payable	0		0	
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		5,813,626.	20	5,960,731.
Liabilities	21 22	Escrow or custodial account liability. Complete Pa		5,613,626.	21	5,960,731.
ij	22	Loans and other payables to current and for trustees, key employees, highest compens				
L:a		disqualified persons. Complete Part II of Schedule		0	22	0
	23	Secured mortgages and notes payable to unrelate		0	23	0
	24	Unsecured notes and loans payable to unrelated to		0	24	0
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines	-			
		of Schedule D		1,131,870.	25	1,310,862.
	26	Total liabilities. Add lines 17 through 25		7,617,972.	26	7,859,830.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and				
auc	27	Unrestricted net assets		509,083.	27	512,291.
Bala	28	Temporarily restricted net assets		0	28	0
둳	29	Permanently restricted net assets		0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check here and			
ţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		31	
Ä	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	
Z	33	Total net assets or fund balances		509,083.	33	512,291.
	34	Total liabilities and net assets/fund balances	<u> </u>	8,127,055.	34	8,372,121.

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Part X	Reconciliation of Net Assets				`	
	Check if Schedule O contains a response or note to any line in this Part XI					
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1			77,1	L38.
	otal expenses (must equal Part IX, column (A), line 25)	2		1	73,9	930.
	Revenue less expenses. Subtract line 2 from line 1	3			3,2	208.
	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	09,0	083.
	let unrealized gains (losses) on investments	5				0
6 D	onated services and use of facilities	6				0
7 Ir	nvestment expenses	7				0
	rior period adjustments	8				0
9 C	Other changes in net assets or fund balances (explain in Schedule O)	9				0
	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_		
	3, column (B))	10		5	12,2	291.
Part XI						
	Check if Schedule O contains a response or note to any line in this Part XII					
1 A	accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
	accounting method used to prepare the Form 990: \square Cash $\square X$ Accrual \square Other the organization changed its method of accounting from a prior year or checked "Other," e	vnlain				
	chedule O.	λριαιι				
	Vere the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	"Yes," check a box below to indicate whether the financial statements for the year were con	nniled	or	Zu		
	eviewed on a separate basis, consolidated basis, or both:	.p.iou	O1			
	Separate basis Consolidated basis Both consolidated and separate basis					
h V	Vere the organization's financial statements audited by an independent accountant?			2b	Х	
	"Yes," check a box below to indicate whether the financial statements for the year were audi					
	eparate basis, consolidated basis, or both:		•			
[Separate basis					
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight				
	f 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	xplair	n in			
S	chedule O.					
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	ne Single Audit Act and OMB Circular A-133?			3a		X
	"Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
re	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		(00.40)

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UB FOUNDATION SERVICES, INC.

Employer identification number

16-1331699

02		Peacon for Bubl	lic Charity Statu	s (All organizations mu	ct con	anloto	thic no	ort \ So	o inetr	uctions						
	art I			· •						uctions	· <u>·</u>					
_	orga			cause it is: (For lines 1 th	_		-									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).														
2	Н	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).														
3	Н	·		•			•		• •							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the														
		hospital's name, city, and state:														
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in														
		section 170(b)(1)(<i>A</i>		·												
6			-	or governmental unit des												
7		-	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	it or fro	om the	e gene	ral p	ublic		
		described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)												
8		A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	iplete F	Part II.)										
9	X	An organization that	at normally receive	es: (1) more than 331/3 %	of its	suppo	rt from	contrib	outions,	memb	ership	fees,	and g	ross		
		receipts from activ	ities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re tha	n 331	/3 % (of its		
		support from gros	s investment inco	ome and unrelated busi	ness ta	axable	incom	e (less	sectio	n 511	tax) f	rom b	usine	sses		
		acquired by the org	anization after Jur	ne 30, 1975. See section	509(a))(2). (C	Complet	e Part I	II.)							
10		An organization org	ganized and opera	ted exclusively to test for	public :	safety.	See se	ction 5	09(a)(4).						
11		An organization or	rganized and ope	rated exclusively for the	benet	fit of,	to perf	orm the	e funct	ions of	, or t	o carr	y out	the		
		purposes of one or	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)	(2). Se	e se c	tion		
		509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e throu	ugh 11	1h.				
		a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	I-Non-fι	unctio	nally in	tegra	ted		
•	•	By checking this bo	ox, I certify that the	e organization is not con	trolled	direct	y or inc	directly	by one	or mor	e disc	ualifie	d per	sons		
		other than foundati	ion managers and	other than one or more	publicly	y supp	orted o	rganiza	tions d	escribe	d in s	ection	509(a)(1)		
		or section 509(a)(2).													
f	:			n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III s	uppor	ing			
		_					•			,,		• •	Ū			
	9	Since August 17, 2	006, has the orga	nization accepted any gift	t or cor	ntributi	on from	any of	the							
Ì		following persons?	, 0	, , , ,				,								
			directly or indirec	tly controls, either alone	or toge	ether v	vith per	sons d	escribe	d in (ii)	and		Yes	No		
				the supported organization						()		11g(i)				
		(ii) A family memb										11g(ii)				
				son described in (i) or (ii) a	bove?							11g(iii)	_			
ı	า		-	ut the supported organiza).										
		ame of supported	(ii) EIN	(iii) Type of organization	1	ls the	(v) Did v	ou notify	(vi)	s the	(vii) A	Amount o	of mon	etarv		
	• • •	organization		(described on lines 1-9	organiz	organization in		the organization		nization organization		zation in	` ′	supp		,
				above or IRC section (see instructions))	col. (i) listed in		verning III col. (i) of your			rganized U.S.?						
				(6666 466))	Yes	Ment?	Yes	No	Yes	No						
							100		1.00							
(A)																
(B)																
<i>(</i> C)																
(C)																
(D)																
(E)																
Tot	al															

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2010 (f) Total (a) 2009 (c) 2011 (d) 2012 (e) 2013 grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on

12	Gross receipts from related activities, etc. (see instructions)
12	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here

Section C. Computation of Public Support Percentage

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . . .

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<u>%</u>
15	Public support percentage from 2012 Schedule A, Part II, line 14	%
16a	331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check	
	this box and stop here . The organization qualifies as a publicly supported organization	
b	331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,	
	check this box and stop here . The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	
	organization	

	organization
b	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and lin
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public
	supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 Page **3**

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						
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.")	49,745.	61,703.	32,318.	0	0	143,766.
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	167,545.	167,325.	181,362.	192,627.	176,644.	885,503.
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						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	217,290.	229,028.	213,680.	192,627.	176,644.	1,029,269.
7 a	Amounts included on lines 1, 2, and 3				·		<u> </u>
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	40,362.	60,054.	57,282.	76,461.	78,370.	312,529.
c	Add lines 7a and 7b	40,362.	60,054.	57,282.	76,461.	78,370.	312,529.
8	Public support (Subtract line 7c from	,		3.7232	, ====	,	,
	line 6.)						716,740.
Sec	tion B. Total Support	'					,
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	217,290.	229,028.	213,680.	192,627.	176,644.	1,029,269.
10 a	Gross income from interest, dividends,	,		,	,	.,.	, ,
	payments received on securities loans,						
	rents, royalties and income from similar sources	1,291.	536.	879.	1,041.	494.	4,241.
b	Unrelated business taxable income (less	,			,		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	1,291.	536.	879.	1,041.	494.	4,241.
11	Net income from unrelated business	,			,		
	activities not included in line 10b,						
	whether or not the business is regularly						0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	218,581.	229,564.	214,559.	193,668.	177,138.	1,033,510.
14	First five years. If the Form 990 is for			·			
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8		<u> </u>	mn (f))		15	69.35%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen					·	
17	Investment income percentage for 2013 (li			13, column (f))		17	.41%
18	Investment income percentage from 2012					18	%
	331/3% support tests - 2013. If the org						
u	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga	-	-	-		•	
J	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization		•	•			

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Schedule A (Form 990 or 990-EZ) 2013

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 A (Form 990 or 990-EZ) 2013

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SCHEDULE D (Form 990)

Department of the Treasury

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

► 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.

2013
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service ► Information about Schedule I

Name of the organization

Employer identification number

UB	FOUNDATION SERVICES, INC.	16-1331699
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts.
	(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	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held 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 historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	
Ü	b	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
-	\\$	sine dailing and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	
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 the footnote to the organization's finance	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that de	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, edipublic service, provide the following amounts relating 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 art, historical treasures, or other similar	<u> </u>
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	
_b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2013

 Schedule D (Form 990) 2013
 Page 2

Par	t Organizations Maintaining	Collections of	Art, Hi	storical T	reasur	es, c	or Oth	er Similar Ass	ets (co.	ntinue	ed)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	other rec	ords, checl	k any o	of the	follow	ing that are a sig	ınificant	use o	of its
а	Public exhibition		d	Loan	or excha	ange	progran	ns			
b	Scholarly research		e								
С	Preservation for future generation	ons									
4	Provide a description of the organiza		and exi	plain how t	hev fur	ther	the ord	anization's exem	ot purpo	se in	Part
	XIII.							,			
5	During the year, did the organization s	solicit or receive d	lonations	of art. hist	orical tr	easur	es. or o	other similar			
	assets to be sold to raise funds rather								Yes	, [No
Par	t IV Escrow and Custodial Arrar										
	or reported an amount on F								,	,	,
	•		,								
1a	Is the organization an agent, trustee, of	custodian or other	r interme	diary for co	ntributi	ons o	r other	assets not			
	included on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing tab	ole:						
	3			.				Amount			
С	Beginning balance					10					
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount								X Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	re if the	explanation	has be	en pr	ovided i	n Part XIII		X	=
	t V Endowment Funds. Comple										
		(a) Current year		rior year	(c) Tw		i	(d) Three years back		ır years	back
1a	Beginning of year balance	,,			. ,			., .			
	Contributions										
	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 t	he current vear e	nd balan	ce (line 1a	column	ı (a)) l	held as				
a	Board designated or quasi-endowmen		%		00.0	. (۵)) .					
b	Permanent endowment	<u>~</u>	_								
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.								
3a	Are there endowment funds not in the	possession of th	ne organi	zation that	are hel	d and	l admin	istered 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 organi								3b		
4	Describe in Part XIII the intended uses	of the organizati	ion's end	owment fur	nds.						
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization	<u>n answered "Ye</u>									
	Description of property	(a) Cost or (invest			or other ba ther)	asis		umulated eciation	(d) Book v	alue	
1a	Land	,	,		264,37	78.	20010		1,2	64,3	378.
	Buildings			, ·							
	Leasehold improvements										
	Equipment										
	Other										
	II. Add lines 1a through 1e. (Column (d		n 990, Pa	nt X, columi	n (B), lin	ne 10((c).)		1,2	64,3	378.

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 11b. See	e Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
(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.)	<u> </u>		
Part VIII	Investments - Program Related. Complete if the organization answer	ered "Yes" to Form 990	, Part IV, line 11c. See	e Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cost or el	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets.	I		
	Complete if the organization answer	ered "Yes" to Form 990	, Part IV, line 11d. See	e Form 990, Part X, line 15.
		(a) Description		(b) Book value
(1) RECE	IVABLE FROM AFFILIATE			5,603,534
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Cal	ware (b) reveal a revel Forms 2000 Port V and	(D) line (E)		5 602 524
	umn (b) must equal Form 990, Part X, col. Other Liabilities.	(B) line 15.)		 ▶ 5,603,534
Part X	Complete if the organization answers line 25.	ered "Yes" to Form 990	, Part IV, line 11e or 1	1f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	ral income taxes			
(2) PAYA	BLE TO AFFILIATE	1,310,	862.	
_(3)				
_(4)				
(5)				
(6)				
(8)				
(9)	(h) must say of 5 200 P (V / / / / / / / / / / / / / / / / / /	25) 1 210	262	
	nn (b) must equal Form 990, Part X, col. (B) line			stamenta that remarks the
I I I I A D I I I I I I I I I I I I I I	ILLUCEITAIN TAX DOSITIONS IN PART XIII DROVIDE	THE TEXT OF THE TOOTHOTE TO TR	e organization's financial sta	HEIHENTS TOST FENORIS TOE

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

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Part	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.							
1	Total revenue, gains, and other support per audited financial statements	1	177,138.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•						
a	Net unrealized gains on investments 2a							
b	Donated services and use of facilities 2b	-						
	Recoveries of prior year grants 2c	-						
c d	· · · · · · · · · · · · · · · · · · ·	-						
	Other (Describe in Part XIII.) Add lines 2a through 2d	1						
e		2e	177 120					
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	177,138.					
4								
a	Investment expenses not included on Form 990, Part VIII, line 7b	-						
b	Other (Describe in Part XIII.) Add lines 45 and 41							
c	Add lines 4a and 4b	4c	155 120					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		177,138.					
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.						
1	Total expenses and losses per audited financial statements	1	173,930.					
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.) Add lines 2a through 2d							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3	173,930.					
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							
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		173,930.					
Part	XIII Supplemental Information.							
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, lin mation.	e 4; Part X, line					

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Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

PART IV, LINE 2B

UB FOUNDATION SERVICES, INC. MAINTAINS AND ADMINISTERS RESEARCH GRANTS AS

PART OF AN ARRANGEMENT THAT IT HAS WITH THE RESEARCH FOUNDATION FOR THE

STATE UNIVERSITY OF NEW YORK.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT UB FOUNDATION SERVICES, 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. UB FOUNDATION SERVICES, 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 POSITIONS THAT NEED TO BE RECORDED AT JUNE 30, 2014.

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SCHEDULE I (Form 990)

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ 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

UB FOUNDATION SERVICES, INC.						16-1331699)
Part I General Information on Grants and	l Assistance)					
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistance	e?					X Yes No
Part II Grants and Other Assistance to G					plete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	oo to 1 on 11 ooo,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UB FOUNDATION ACTIVITIES, INC.					Suiding		
BOX 900 BUFFALO, NY 14226	16-1372561	501(C)(3)	19,506.				EDUCATION SUPPORT
_(2)							
_(3)	_						
	_						
	_						
	_						
	_						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and c	jovernment o	rganizations list	ted in the line 1 tab	le		· · · · · · · · · · · · · · · · · · ·	1.
3 Enter total number of other organizations liste	structions fo	r Form 990					ule I (Form 990) (2013)

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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

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

UB FOUNDATION SERVICES, 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 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.

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

UB FOUNDATION SERVICES, INC.

Employer identification number 16-1331699

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 Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b 2	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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
2	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 Independent compensation consultant 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			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
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?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) 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		X
b	Any related organization?	5b		X
6	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		Х
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		Х
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

UB FOUNDATION SERVICES, INC. 16-1331699

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)	0	() () d	0	C	
1 EXECUTIVE DIRECTOR	(ii)	192,449.	()	28,444.	19,300.	240,193.	
	(i) _							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i) _			ļ				
5	(ii)							
	(i)			ļ				
6	(ii)							
	(i)			ļ				
7	(ii)							
	(i)							
8	(ii)							
	(i) _			ļ				
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i) _							
13	(ii)							
	(i) _							
14	(ii)							
	(i)			<u> </u>				
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2013

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UB FOUNDATION SERVICES, INC. 16-1331699

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

UB FOUNDATION SERVICES, INC. DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS,

OR KEY EMPLOYEES. CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A

RELATED ORGANIZATION AND THE PROCESS OF DETERMINING COMPENSATION IS

CONDUCTED AT THE RELATED ORGANIZATION'S LEVEL, USING A COMPENSATION

COMMITTEE, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

16-1331699

UB FOUNDATION SERVICES, INC.

MISSION STATEMENT

FORM 990, PART I, LINE 1

REAL ESTATE FOR CRITICAL UNIVERSITY INITIATIVES.

EMPLOYEES

FORM 990, PART I, LINE 5

UB FOUNDATION SERVICES, INC. (UBFS) IS DISCLOSING 0 ON FORM 990 PART I, LINE 5, SINCE THERE ARE NO INDIVIDUALS OVER WHOM UBFS MAINTAINS DIRECTION AND CONTROL AND WHO, UNDER THE USUAL COMMON LAW RULES APPLICABLE IN DETERMINING THE EMPLOYER-EMPLOYEE RELATIONSHIP, HAVE THE STATUS OF EMPLOYEE. UBFS ACTS AS A PAYROLL ADMINISTRATOR FOR THE UNIVERSITY AT BUFFALO (UB). UNDER THIS ARRANGEMENT UBFS PAYS COMPENSATION AND BENEFITS TO INDIVIDUALS WHO ARE CONSIDERED EMPLOYEES OF UB SINCE DIRECTION AND CONTROL OVER SUCH EMPLOYEES IS MAINTAINED BY UB. UBFS SUPPLIES THESE INDIVIDUALS WITH A W-2.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

AFTER THE FORM 990 HAS BEEN PREPARED AND COMPLETED INTERNALLY IT IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT. AN EXTERNAL REVIEW OF THE FORM 990 IS THEN PERFORMED BY THE ORGANIZATION'S OUTSIDE ACCOUNTANTS (KPMG). THE ORGANIZATIONS 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

Name of the organization

UB FOUNDATION SERVICES, INC.

Employer identification number

16-1331699

COMMITTEE PRIOR TO FILING THE RETURN. UPON COMPLETION OF THE AUDIT

COMMITTEE'S REVIEW, THE FORM 990 IS PROVIDED TO THE FULL BOARD OF

DIRECTORS PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

COMPENSATION POLICY

FORM 990, PART VI, LINE 15A

THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS, OR KEY
EMPLOYEES. CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A RELATED
ORGANIZATION AND THE PROCESS OF DETERMINING COMPENSATION ARE CONDUCTED AT
THE RELATED ORGANIZATION'S LEVEL.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

Name of the organization

UB FOUNDATION SERVICES, INC.

Employer identification number

16-1331699

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

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

UB FOUNDATION SERVICES, INC.

Employer identification number

16-1331699

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income or foreign country) entity (1) ECLIPSE CAMPUS, LLC 27-0563422 11630 WATSON ROAD SPRINGVILLE, NY 14141 0 UBFS UB PROJECTS NY _(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 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	Section 5 contr	g) 512(b)(13) rolled tity?
						Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC. 16-0865182							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UB FOUNDATION ACTIVITIES, INC. 16-1372561							
BOX 901 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		Х
(3)							
(4)							
(5)							
<u>(6)</u>							
_(7)							

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

Part I	Identification of Relate because it had one or r	ed Organizations more related orga	Taxable nizations	e as a Partnersh es treated as a pa	n ip Complete it the cartnership during the	organization an etax year.	swered "Yes" (on Fo	orm	990, Part IV, I	ne 3	4	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
			ocurrity)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(1: controlle entity?
<u>(1)</u>							Yes No
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Scried	30le K (1 01ll 990) 2013					г	aye ·
Pa	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	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		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m					1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the				sholds	i.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete unt invo		g
		3F - (# -)					
<u>(1)</u>							
<u>(2)</u>							
(0)							
<u>(3)</u>							
(4)							
17)							
(5)							

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(6)

Schedule R (Form 990) 2013

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) Primary activity	(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?		amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)				section 512-514)	Yes	No			Yes	No	,	Yes	No	
7.7														
(2)														
(3)														
(4)														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 Page **5**

Part VII Supplemental Information

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

Schedule R (Form 990) 2013