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)

► 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.

OMB No. 1545-0047
2018
Open to Public Inspection

AF	or th	ie 201	8 calendar year, or tax year begin	ining 077	U1, 2018,	, and ending			Uŧ	5/30 ,20 19			
B c	heck if ap	oplicable:	C Name of organization					D Employer ide	entifi	ication number			
	Addre		FNUB, INC.					16 1525	710	0			
	chang		Doing Business As			Daniel Indian		16-1537					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Telephone n (716) 64					
	Initial	return	BOX 900		4.7ID facing greated and					3011			
	Term	inated	City or town, state or province, country, a	and ZIP or loreign postal code									
	returr	n	BUFFALO, NY 14226					G Gross receip					
	pendi	cation ing	F Name and address of principal officer:		INETDER			H(a) Is this a grown subordinates					
			BOX 900, BUFFALO, NY	L4226		1 1		H(b) Are all subord					
		empt st	1 1 (1)(1)) (insert no.)	4947(a)(1)	or 527		If "No," attac	ch a li	st. (see instructions)			
			WWW.UBFOUNDATION.BUFFALO					H(c) Group exem					
				Association Other		L Year of f	ormati	on: 1997 M	State	e of legal domicile: NY			
Pa	art I		mmary										
	1		y describe the organization's mission or							O OTHER			
Se			IVITIES FOR THE UNIVERSI				ORG	ANIZATION	S				
Governance		IN	SUPPORT OF THE CHARITABL	E PURPOSES OF T	THE UNIV	/ERSITY.							
Ver	2		k this box 🕨 🔛 if the organization di						S.	1			
	3		per of voting members of the governing						3	7.			
ος O	4		per of independent voting members of t						4	7.			
Activities &	5	Total	number of individuals employed in cale	endar year 2018 (Part V, lir	ne 2a)				5	0.			
댦	6		number of volunteers (estimate if necess	· · · · · · · · · · · · · · ·					6	7.			
⋖	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a	0			
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34					7b	0			
								Prior Year		Current Year			
ø	8	Contri	ibutions and grants (Part VIII, line 1h)		000	Y FOR		389,49		674,110			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			ISPECTION		408,60		705,602			
ě	10		tment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		-474,72	22.	827,728			
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		L			0.	0			
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12) .			323,37		2,207,440			
	13	Grant	s and similar amounts paid (Part IX, colu	umn (A), lines 1-3)		L		2,186,29	95.	146,294			
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)		L			0.	0			
S	15		ies, other compensation, employee bene						0.	0			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)		L			0.	0			
×	b	Total	fundraising expenses (Part IX, column (I	O), line 25) ▶	0								
Ш	17		expenses (Part IX, column (A), lines 11					1,216,32	21.	1,335,626			
	18		expenses. Add lines 13-17 (must equal					3,402,61	6.	1,481,920			
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-3,079,23	39.	725,520			
or							Beginr	ning of Current \	Year	End of Year			
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					13,925,76	8.	14,579,257			
AS	21		liabilities (Part X, line 26)			[6,736,61	2.	6,664,581			
Fee	22	Net as	ssets or fund balances. Subtract line 21	from line 20				7,189,15	66.	7,914,676			
Pa	rt II	Sig	gnature Block										
Und	der pei	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	nying schedu	les and stateme	ents, ar	nd to the best of	f my	knowledge and belief, it is			
true	e, corre	tt, and	complete. Declaration of preparer (other than	onicer) is based on all inform	nation of white	cn preparer has	any kn	owiedge.					
٠.													
Sig			Signature of officer					Date					
He	re		EDWARD P. SCHNEIDER		EXECUT	TIVE DIRE	CTOF	?					
			Type or print name and title										
		Print/	Type preparer's name	Preparer's signature		Date		Check	if	PTIN			
Paid		TOD	D P TERESCO			6/15/2	020	self-employ	ed	P00247720			
	oarer	Firm's	s name ▶ KPMG LLP	•				Firm's EIN	13-	-5565207			
use	Only		s address > 515 BROADWAY, 4T	H FLOOR ALBANY,	NY 122	07-2974			518	3-427-4600			
May	the I		scuss this return with the preparer show	n above? (see instructions)					X Yes No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 990 (2018)			

Form 8868

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

filing of this	form, visit www.irs.gov/e-file-providers/e-file-	for-charitie	es-and-non-profits.			
Automatic	6-Month Extension of Time. Only subr	nit origina	l (no copies need	ed).		
All corporat must use Fo	tions required to file an income tax return othe orm 7004 to request an extension of time to fil	er than Form le income t	m 990-T (including 1 ax returns.	1120-C filers), partner	-	
Type or print	Name of exempt organization or other filer, see in FNUB, Inc.	nstructions.	-	Employer identification		ber (EIN) or
File by the due date for iling your	Number, street, and room or suite no. If a P.O. bo				r (SSN	1)
return. See nstructions.	City, town or post office, state, and ZIP code. For Buffalo, NY 14226-0900					
Enter the Re	eturn Code for the return that this application	is for (file a	separate applicatio	n for each return) .		0 1
Application Is For	n	Return Code	Application Is For			Return Code
Form 990 d	or Form 990-EZ	01	Form 990-T (corpo	oration)		07
Form 990-	BĻ	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other t	than individual)		09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
If the orga If this is fo for the whol	e No. ► 716-645-3013 Inization does not have an office or place of bor a Group Return, enter the organization's foule group, check this box ► If it is names and EINs of all members the extension	usiness in Ir digit Gro It is for par	up Exemption Numb	heck this box per (GEN)		. If this is
the c ▶ □ ▶ ☑	uest an automatic 6-month extension of time organization named above. The extension is for calendar year 20 or tax year beginning July 1	or the organ	nization's return for: 18, and ending	June 30		
C	hange in accounting period					
any r	s application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions.				За	\$
estim	is application is for Forms 990-PF, 990-T, 4 nated tax payments made. Include any prior y	ear overpa	yment allowed as a	credit.	3b	\$
using	nce due. Subtract line 3b from line 3a. Incl g EFTPS (Electronic Federal Tax Payment Sys	tem). See i	nstructions.			\$
Caution: If your structions	ou are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868	s, see Form 8453-EO and	d Form	8879-EO for payment

FNUB, INC. 16-1537468 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO PERFORM ADMINISTRATIVE AND OTHER ACTIVITIES FOR THE UNIVERSITY AT BUFFALO AND ITS RELATED ORGANIZATIONS IN SUPPORT OF THE CHARITABLE AND EDUCATIONAL PURPOSES OF THE UNIVERSITY. 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,335,626. including grants of \$ o.)(Revenue\$ THE ORGANIZATION OWNS AND OPERATES OTHER REAL ESTATE FOR THE BENEFIT OF THE UNIVERSITY AT BUFFALO. THIS REAL ESTATE INCLUDES THE RESIDENCE OF THE UNIVERSITY PRESIDENT, OFFICE SPACE UTILIZED BY THE UNIVERSITY, AND OTHER TENANTS, A BUILDING THAT HOUSED THE UNIVERSITY AT BUFFALO EDUCATIONAL OPPORTUNITY CENTER, TENANT IN COMMON TO A PARKING GARAGE THAT ACCOMMODATES UNIVERSITY PERSONNEL, AN ART GALLERY, AND VACANT LAND.) (Expenses \$ 4b (Code: 146,294. including grants of \$ 146,294.) (Revenue \$ SUPPORT FOR THE EDUCATIONAL INITIATIVES OF THE UNIVERSITY AT BUFFALO. **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$

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

JSA 8E1020 1.000

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

4e Total program service expenses ▶ 1,481,920.

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FNUB, INC.

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

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Part IV Checklist of Required Schedules (continued)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	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			ĺ
		22	х	ĺ
0.4	employees? If "Yes," complete Schedule J	23	21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$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			Х
	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			ĺ
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
		20		Х
07	disqualified persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.5
	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		Х
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			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32		22		Х
••	complete Schedule N, Part II.	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ĺ
	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		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		-		
	Check if Schedule O contains a response or note to any line in this Part V			
	225 25		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		1.	Х	
	reportable gaming (gambling) winnings to prize winners?		000	(0040

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) FNUB, INC. 16-1537468

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		Х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
	stockholders, or persons other than the governing body?	7.0		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a b	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			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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		X
	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.			
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		3.5	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	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		
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? The organization's CEO, Executive Director, or top management official	15a		Х
a b	Other officers or key employees of the organization	15b		Х
D	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			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{NY}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
				_
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	. •		
20	State the name, address, and telephone number of the person who possesses the organization's books and record EDWARD P. SCHNEIDER BOX 900 BUFFALD, NY 14226	S >		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	rson	e than of is both tor/trust	an tee)	(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
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(W 2/1000 IIII00)		and related organizations
(1)BEVERLY FOIT ALBERT-COX	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(2)JEAN POWERS	1.00									
CHAIR/DIRECTOR	4.00	Х		Х				0.	0.	0.
(3)SHELDON BERLOW	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(4)DANIEL HAMISTER	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(5)STEVEN H SHEPSMAN	1.00									
DIRECTOR	4.00	X						0.	0.	0.
(6)RONALD SCHREIBER	1.00									
DIRECTOR	3.00	X						0.	0.	0.
(7)CLAUDIA D. FOSKET	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(8)EDWARD SCHNEIDER	5.00									
EXECUTIVE DIRECTOR	51.00			Х				0.	239,251.	53,176.
(9)										
(10)										
(11)										
<u>(12)</u>										
(13)										
(14)										

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	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (cc	ontinued)	<u>.go </u>
	(A)	(B)	ĺ	-		C)			(D)	(E)				
	Name and title	Average hours per week (list any hours for	(do not check more than o box, unless person is both			an	Reportable compensation from the	Reportable compensation from related organizations		Estin	nated unt of ner	n		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	, ,			the ization elated zations	ı
								<u> </u>	0.	239	,251.	5	3,1	76.
d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	<u> </u>					e) who	o re	0.		,251.	5	3,1	
	reportable compensation from the organization	n 🕨	0.											
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3	'es	No X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	ole (com 00?	pen If	satior "Yes	ո a s,"	nd other compens	sation from	the		х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You											5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) ompensat	tion	

Name and business address

Description of services

NONE

Compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to an	y line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Gran	b	Membership dues 1b					
ts, (Am	С	Fundraising events 1c					
를 랿	d	Related organizations 1d	137,329.				
Sir.	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	536,781.				
in S	g	Noncash contributions included in lines 1a-1f: \$ _					
	h	Total. Add lines 1a-1f		674,110.			
Program Service Revenue			Business Code				
eve	2a	ALL OTHER PROGRAM SERVICE REVENUE	611710	83,632.	83,632.		
ě	b	LEBRUN	611710	151,562.	151,562.		
ξ	С	JEDC	611710	470,408.	470,408.		
Se	d						
ä	е						
lgo.	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	705,602.			
	3	Investment income (including divide	nds, interest,				
		and other similar amounts)	▶ ↓	13,290.			13,290.
	4	Income from investment of tax-exempt bond	d proceeds . 🕨 📗	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	1,045,450.				
	b	Less: cost or other basis					
		and sales expenses	231,012.				
	С	Gain or (loss)	814,438.				
	d	Net gain or (loss)	. <u></u>	814,438.			814,438.
ø	8a	Gross income from fundraising					
Revenue		events (not including \$					
ě		of contributions reported on line 1c).					
F		See Part IV, line 18	0.				
Other	b	*	0.				
Ü	С	Net income or (loss) from fundraising events	s <u></u>	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0.				
	b		0.				
	С	Net income or (loss) from gaming activities	. <u></u> .▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b		0.				
	С	Net income or (loss) from sales of inventory.	<u> ▶ </u>	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶ [0.			
	12	Total revenue. See instructions.		2,207,440.	705,602.		827,728.

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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										
	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 domestic organizations										
	and domestic governments. See Part IV, line 21	146,294.	146,294.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	_									
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	0									
	trustees, and key employees	0.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	0.									
_	persons described in section 4958(c)(3)(B)	0.									
	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include	0.									
_	section 401(k) and 403(b) employer contributions)	0.									
10	Other employee benefits	0.									
10	Payroll taxes										
	Management	0.									
	Legal	6,134.	6,134.								
	Accounting	0.									
	Lobbying	63,000.	63,000.								
	Professional fundraising services. See Part IV, line 17	0.									
f	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	0.									
12	Advertising and promotion	0.									
13	Office expenses	0.									
14	Information technology	0.									
15	Royalties	604,595.	604,595.								
16	Occupancy	0.4,393.	004,393.								
	Travel	0.									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.									
10	Conferences, conventions, and meetings	0.									
	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	661,897.	661,897.								
	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	NONE										
b											
C											
d											
	All other expenses	1,481,920.	1,481,920.								
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,401,940.	1,401,920.								
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
	following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			297,135.	1	489,651.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			178,131.	4	669,436.
	5	Loans and other receivables from current and f	orme	r officers, directors,			
		trustees, key employees, and highest co		, ,			
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	0.		0.		
ts	_	organizations (see instructions). Complete Part II of Sche	0.	6	0.		
Assets	7	Notes and loans receivable, net				7	0.
Ř	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or		10 000 570			
	١.		10a		0 017 014		0 000 677
		Less: accumulated depreciation			9,817,214.		8,998,677.
	11				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		3,633,288.	15	4,421,493.	
	16	Total assets. Add lines 1 through 15 (must equal			13,925,768.	16	14,579,257.
	17	Accounts payable and accrued expenses			2,128.	17	-2,235.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	0.	19	0.		
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-					
ia de		disqualified persons. Complete Part II of Schedule			0.		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, p	-				
		parties, and other liabilities not included on lines					6 666 015
		of Schedule D			6,734,484.		6,666,816.
	26	Total liabilities. Add lines 17 through 25			6,736,612.	26	6,664,581.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.				
<u>a</u>	27	Unrestricted net assets			7,189,156.	27	7,914,676.
Ва	28	Temporarily restricted net assets			0.	28	0.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
Net	33	Total net assets or fund balances			7,189,156.	33	7,914,676.
	34	Total liabilities and net assets/fund balances			13,925,768.	34	14,579,257.
_							Form 990 (2018)

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			07,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2			81,9			
3	Revenue less expenses. Subtract line 2 from line 1	3		25,520.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,1	89,1	.56.		
5	Net unrealized gains (losses) on investments	5		0.				
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		7,9	14,6	76.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	nt?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?		• • -	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo 1	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

FΝU	JB,	INC.					16-15374	68
Pai	rt I	Reason for Public Cha	rity Status (All c	rganizations must o	omplet	e this pa	rt.) See instructions	
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the r	name, city, and state o	f the college or
		university:						
0		An organization that norma receipts from activities rela support from gross investm	ted to its exempt frent income and un	unctions - subject to on the control of the control	certain e able inco	xception me (less	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
14		acquired by the organization				•	•	
1 2	\vdash	An organization organized		•	•			orry out the nurneed
2		An organization organized a of one or more publicly su	•					
		Check the box in lines 12a t						
_		\neg	•	* *		•	•	
а	L		•	•	•		. ,	
		the supported organization	• •	• • • •		ajonty or	the directors of truste	es or the
h		supporting organization. \ \textstyle Type II. A supporting org	-			with ito	cupported organization	on(c) by baying
b		control or management o	•					
		organization(s). You must		-	lile Saili	e person	is that control of man	age the supported
_		Type III functionally integ	•		tod in o	onnoctio	n with and functional	lly intograted with
С		_ its supported organization						ny integrated with,
d		Type III non-functionally		•				tod organization(s)
u		that is not functionally into			-			- ' '
		_ requirement (see instruction	-	- · · · · · · · · · · · · · · · · · · ·	-		•	an attentiveness
е		Check this box if the orga		-				I Type III
·		functionally integrated, or						i, type iii
f	Fnt	ter the number of supported				n gariizat		
g		ovide the following information	•	orted organization(s).				
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	,	ur governing	support (see	other support (see
				above (see instructions))	Yes	Mo No	instructions)	instructions)
•								
A)								
B)								
C)								
D)								
E)								
Γota	al							

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	406,145.	424,196.	530,033.	389,496.	784,500.	2,534,370.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	406,145.	424,196.	530,033.	389,496.	784,500.	2,534,370.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						1,152,060.	
6	Public support. Subtract line 5 from line 4						1,382,310.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	406,145.	424,196.	530,033.	389,496.	784,500.	2,534,370.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					13,290.	13,290.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						2,547,660.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,230,457.	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup						F4 2C	
14	Public support percentage for 2018 (lin		-			14	54.26 % 63.83 %	
15	Public support percentage from 2017					15		
16a	331/3% support test - 2018. If the org							
	box and stop here. The organization qu	•		•				
D	331/3% support test - 2017. If the org							
47-	this box and stop here . The organization	•		_				
11a	10%-facts-and-circumstances test - 2 10% or more, and if the organization							
	Part VI how the organization meets t							
	organization			_				
h	10%-facts-and-circumstances test - 2							
b	15 is 10% or more, and if the organic	•						
	Explain in Part VI how the organization						-	
	supported organization				-	=		
18	Private foundation. If the organization							
. 0	instructions							
							<u> </u>	

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

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

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and stop here .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

9b

9c

10a

10b

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Page 5 Schedule A (Form 990 or 990-EZ) 2018

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the last day of the fifth month of the		Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Scriedule A (Form 990 or 990-EZ) 2

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number Name of the organization FNUB, INC. 16-1537468 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

 $\frac{\text{Schedule B (Form 990, 990-EZ, or 990-PF) (2018)}}{\text{Name of organization}} \quad \frac{\text{FNUB, INC.}}{\text{NUB, INC.}}$

Employer identification number 16-1537468

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$137,329.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$118,414.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$18,367.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FNUB, INC.

Employer identification number 16-1537468

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

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

Name of organization FNUB, INC. Employer identification number 16-1537468 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

th	he following line entry. For organizati contributions of \$1,000 or less for the	ons completing Part III, ente e year. (Enter this information	ntributor. Complete columns (a) through (e) and er the total of exclusively religious, charitable, end once. See instructions.) ►\$		
	Jse duplicate copies of Part III if additi	ional space is needed.			
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, ar		Relationship of transferor to transferee		
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	I		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.	
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c	(Prox
•	Section 501(c)(4), (5), or (6) orga					
Nam	e of organization			Employer ide	ntification number	
FNU	JB, INC.			16-153	7468	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.	
1	Provide a description of the	organization's direct and indirect p	olitical campaign a	ctivities in Part IV. (see ir	structions for	
	definition of "political campa	ign activities")		`		
2	Political campaign activity e	xpenditures (see instructions)		▶ \$		
3		campaign activities (see instruction				
Par		organization is exempt under s				
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 ▶ \$		
2	Enter the amount of any exc	ise tax incurred by organization m	anagers under secti	on 4955 . ▶ \$		
3		a section 4955 tax, did it file Form				No
4a	Was a correction made?				Yes	No
	If "Yes," describe in Part IV.					
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).	
1		xpended by the filing organization				
2	Enter the amount of the filir	ng organization's funds contributed	I to other organizat	ions for section		
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL, ▶\$		
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom d or a political action committee (f	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza d from the filing organiza divered to a separate po	ations to which the ation's funds. Also ditical organization	ente , suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of policontributions received promptly and directly delivered to a separabilitical organization none, enter -0-	ed and ctly arate on. If
(1)						
(2)						
(3)						
(4)						
(5)						
<u></u>						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2018

16-1537468 ENTIR THO

Sch	edule C (Form 990 or 990-EZ) 2018	INOD,	INC.			10-1	.55/400 Page Z
Pa	cart II-A Complete if the org	anizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	iber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
			ying Expend		· i	(a) Filing	(b) Affiliated
	(The term "expendit)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	ion (grass roots lobb	oying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng) [
C	: Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ures (add	d lines 1c an	nd 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.		ı				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,5			us 10% of the excess			
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount	•			_		
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
	(Como overninotiono the			aging Period Under	• •	ata all af tha five calum	one below
	(Some organizations that				-		ins below.
		See	tne separa	te instructions for I	ines za through	21.)	
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

16-1537468 FNUB, INC.

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
_		(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
e	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?	X					000
j	Total. Add lines 1c through 1i					63,	000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 $$						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectior	1		
	501(c)(6).					V	NI -
	N/					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures.				3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				-		
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					, is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	-	ng	4			
5	and political expenditure next year?			5			
Par							
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aroi	ın list)· Part	II-A lin	es 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u g	.po.	,,			۵
`							
DES	CRIPTION OF LOBBYING ACTIVITY						
PAR	T II-B						
FNU	B HAS ENGAGED A GOVERNMENT RELATIONS FIRM IN AN EFFORT TO HELP TH	E					
IINIT	VERSITY AT BUFFALO GOVERNMENT RELATIONS TEAM HONE ITS STATE ADVOC	ACV					
2141	,						

STRATEGY AND MESSAGING.

Schedule C (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

FNU	JB, INC.	16-1537468
$\overline{}$	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he 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	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted 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, inspectio	on, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Lyes Lyes No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and or	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia organization's accounting for conservation easements.	il statements that describes the
D۵	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai Assets.
10		avenue statement and halance sheet
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the con	ation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(i) Revenue included on 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 as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	.
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2018 Page 2

Pa	rt Organizations Maintaini	ng Colle	ctions of	Art, Histo	orical Tre	asures	s, or	Other	Similar A	ssets (c	ontinu	ed)	
3	Using the organization's acquisition	n, acces	sion, and o	other reco	rds, checl	k any o	f the	follow	ing that ar	e a sign	ificant	use c	of its
	collection items (check all that apply	y):		_	_								
а	Public exhibition			d _		or excha	-	-					
b	Scholarly research			e _	Other								
С													
4	Provide a description of the organ	ization's	collections	and exp	lain how t	hey fur	ther	the org	ganization's	exempt	purpo	se in	Part
_	XIII.												
5	During the year, did the organizatio									_	٦,,		٦
De	assets to be sold to raise funds rath			ained as p	art of the o	organiza	ation	s collec	tion?		Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, truste	e, custod	dian or othe	er interme	diary for c	ontribut	ions	or other	assets not				
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement in	Part XII	I and comp	olete the fo	ollowing tak	ole:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f	- (l' - l		:::: O			
	Did the organization include an amo										Yes		No
	If "Yes," explain the arrangement in t V Endowment Funds.	i Part XII	i. Check n	ere ii the e	explanation	nas bee	en pr	ovided	on Part XIII				
га	Complete if the organiza	tion ans	wered "Ye	es" on Fo	rm 990 F	Part IV	line	10					
	Complete ii the organiza		rent year		or year	(c) Two			(d) Three ye	ars back	(e) Fou	r vears	back
4.	Designing of year belones	(4) 04.	10111 7001	(-)	o. you.	(-)	, , , , ,		(4)55)5	4.0 540.1	(0) . 0	. , , , , ,	
	Beginning of year balance												
b													
С	Net investment earnings, gains, and losses												
Ч	Grants or scholarships												
	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the cu	rrent year	end baland	ce (line 1g,	column	(a))	held as:					
а	Board designated or quasi-endowm	ent ▶_		_%									
	Permanent endowment	%											
С	Temporarily restricted endowment		%										
_	The percentages on lines 2a, 2b, a												
3a	Are there endowment funds not in t	he posse	ession of th	ne organiz	ation that	are held	d and	d admin	istered for t	he		Vaa	No
	organization by:										2-(:)	Yes	No
	(i) unrelated organizations										3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the relate										3a(ii) 3b		
4	Describe in Part XIII the intended u	•									35		
	rt VI Land, Buildings, and Equ			tion's end	JWITTETIL TUI	ius.							
	Complete if the organiza	ition ans	swered "Y	es" on Fo				11a. S	See Form				<u>. </u>
	Description of property		(a) Cost or (inves	other basis tment)	(b) Cost (or other ba ther)	asis	(c) Acc	cumulated eciation	(d) Book v	alue	
1a	Land		(,	<u> </u>	87,00	0.0				1,0	87,0	000.
b	Buildings				_	300,46	_	8,6	88,470.				95.
С	Leasehold improvements				1,9	67,92	21.	1,2	06,678.		7	61,2	243.
d	Equipment	i			1	37,18	86.		98,747.			38,4	139.
	Other												
	I. Add lines 1a through 1e. (Column		equal Forr	n 990. Par	t X. columi	n (B). lin	ne 10	c.)			8,9	98,6	577.

FNUB, INC. Schedule D (Form 990) 2018

Schedule D (F	iorm 990) 2018 Investments - Other Securities.			Page 3
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year m	
(1)			Cost of end-of-year m	iai net value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11d. See Form 9	90, Part X, line 15.
		cription		(b) Book value
	FROM AFFILIATE			4,421,493.
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) liı	ne 15.)		4,421,493
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See F	form 990, Part X,
1.	(a) Description of liability	(b) Book val	lue	
	al income taxes			
	BLE TO UB FOUNDATION ACTIVITIES	6,666,	816.	
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(0)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 6,666,	816.	

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,207,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities		
b	Donated Services and use of lacinities 111111111111111111111111111111111111		
	Recovering of prior your granter FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF		
		20	
	Add lines 2a through 2d	2e	2,207,440.
3	Subtract line 2e from line 1	3	2,207,440.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)	-	
С	Add lines 4a and 4b	4c	0 007 440
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,207,440.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,481,920.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,481,920.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,481,920.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b and 2b; Part IV, lines 1b and 2b and 2b; Part IV, lines 1b and 2b a	art V. li	ne 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

JSA 8E1271 1.000 Schedule D (Form 990) 2018 FNUB, INC. 16-1537468 Page **5**

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT FNUB, INC. IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE,

GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL

INCOME TAX LAWS, AND IS ALSO NOT A PRIVATE FOUNDATION WITHIN THE MEANING

OF SECTION 509(A)(1), (A)(2), OR (A)(3) OF THE INTERNAL REVENUE CODE.

FNUB, INC. FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES, WHEREBY IT RECOGNIZES INCOME TAX POSITIONS WHEN IT IS

MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE

MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AT JUNE 30,

2019 OR 2018.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
FNUB, INC.						16-153746	58
Part I General Information on Grants a	and Assistanc	е					
FINUE, INC. Part II General Information on Grants and Assistance							
		_					es" on Form 990,
	(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		
(1) UB FOUNDATION ACTIVITIES, INC.							
BOX 900 BUFFALO, NY 14226	16-1537468	501(C)(3)	137,329.				EDUCATIONAL SUPPORT
(2) UNIVERSITY AT BUFFALO FOUNDATION, INC.							
BOX 900 BUFFALO, NY 14226	16-0865182	501(C)(3)	8,965.				EDUCATIONAL SUPPORT
(3)	_						
(4)							
(5)							
(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
		<u> </u>		<u> </u>			
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							2.

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE US

PART I, LINE 2

FNUB, INC.'S ASSISTANCE TO ORGANIZATIONS IN THE U.S. CONSISTS OF SUPPORT TO CHARITABLE ORGANIZATIONS. WHILE THE ORGANIZATION DOES NOT MONITOR THE USE OF THESE FUNDS, THE ORGANIZATION ONLY CONTRIBUTES TO OTHER CHARITABLE ORGANIZATIONS WHOSE MISSION AND WORK ARE WELL KNOWN BY THE ORGANIZATION AND ARE TRUE TO THEIR CHARITABLE PURPOSES. FNUB, INC. ONLY GIVES GRANTS TO AFFILIATED ORGANIZATIONS WHO ARE WORKING TO SUPPORT THE UNIVERSITY AT BUFFALO.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 16-1537468 FNUB, INC. Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		X
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental hondulamed retirement plant.	40 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The to any of miles at 6, not the persons and provide the applicable amounts for each term in rate in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI			(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
EDWARD SCHNEIDER	(i)	0.	0.	0.		0.	0.	0.	
1EXECUTIVE DIRECTOR	(ii)	239,251.	0.	0.	31,865.	21,311.	292,427.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
_ 5	(ii)								
	(i)								
6	(ii)								
	(i)								
_ 7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

Schedule J (Form 990) 2018 Page 3

Part III Supplemental Information

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

COMPENSATION

PART I AND PART II

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

CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A RELATED ORGANIZATION AND

THE PROCESS OF DETERMINING COMPENSATION IS CONDUCTED AT THE RELATED

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

16-1537468

Department of the Treasury Internal Revenue Service

Name of the organization

FNUB, INC.

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

Inspection

Employer identification number

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS FORM 990, PART VI, LINE 12C

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

Name of the organization Employer identification number FNUB, INC. Employer identification number 16-1537468

CONFLICT.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

THE FINANICAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS

ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE FORM 990 IS AVAILABLE

AT WWW.GUIDESTAR.COM.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization FNUB , INC . Employer identification number 16-1537468

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

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

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

(a) Name, address, and EIN of 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	12(b)(13) olled
						Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC. 16-0865182 BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UBF CORPORATION 51-0164454 BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		Х
(3) UNIV. AT BUFFALO FOUND INCUBATOR, INC. 16-1301210 BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	12C III-FI	N/A		Х
(4) UBF FACULTY - STUDENT HOUSING CORP. 16-1372560 BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	10	N/A		X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (j) (d) (e) Predominant (g) (h) (k) Share of end-of-Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total General or Percentage Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6)

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

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

(7)

Yes No

Schedule R (Form 990) 2018

Schedule R ((Form 990) 2018	P
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990 Part IV line 34, 35h, or 36	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	Gift, grant, or capital contribution to related organization(s)				10	_^	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	X	
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s).				1h		X
ï	Exchange of assets with related organization(s).				1i		X
÷	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
J	Lease of facilities, equipment, of other assets to related organization(s).						
l,	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
					1m		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1n	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	X	
0	Sharing of paid employees with related organization(s)				10	- 21	
					4	Х	
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		
							37
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s).				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	·		action thres		S	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminin	a
	Traine of folding anguing and	type (a-s)	, in our inverse		nt invo		9
(1)	NONE						
(2)							
(3)							
(4)							
(5)							
(6)							
			0-1	edule R (F	orm (990) 1	2018
SA			Scr	ieaule K (F	OI III 3	330) 2	-0.0

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

Schedule R (Form 990) 2018

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

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

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

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Schedule R (Form 990) 2018 Page 5

Part VII **Supplemental Information**

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

TRANSACTIONS WITH RELATED ORGANIZATIONS

PART V, LINE 1C

FNUB, INC. RECEIVES GRANTS FROM UB FOUNDATION ACTIVITIES, INC. TO SUPPORT THE MAINTENANCE AND OPERATION OF CERTAIN PROPERTIES THROUGH FUNDS THAT ARE SPECIFICALLY DESIGNATED FOR THAT PURPOSE. FNUB, INC. RECEIVES GRANTS FROM UBF CORP. THAT REPRESENT UNRESTRICTED FUNDS THAT ARE NOT REQUIRED TO BE RETAINED BY UBF CORP. THESE FUNDS ARE THEN INCLUDED IN THE DETERMINATION OF THE TOTAL GRANTS TO BE MADE TO UB FOUNDATION ACTIVITIES, INC. TO SUPPORT THE GENERAL NEEDS OF THE UNIVERSITY AT BUFFALO.