Form	9	9	0
Depertm		ftha	Tracour

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Information about For	m 990 and its instructio	ons is at www.irs.gov/forms
· ····································		

		► Informat	ion about Form 990 a	and its	instructions	s is at www	.irs.gov/	/form990.		Ir	spectio	on
or th	e 2018 cale	ndar year, or tax year b	eginning	07/	/01 ,201 8	, and end	ing		06	5/30 ,2 0) 19	
		e of organization						D Employer i	dentifi	cation num	ıber	
	. OB	F CORPORATION										
Addre: chang	ess Doin	g Business As						51-016	445	4		
Name	_{change} Nun	ber and street (or P.O. box if ma	ail is not delivered to stree	t address	s)	Room/suite		E Telephone	numbe	er		
Initial	return BO	X 900						(716) 64	45-3	3011		
Termi	nated City	or town, state or province, cour	ntry, and ZIP or foreign pos	stal code)							
	^{ded} BU	FFALO, NY 14226-0	900					G Gross recei	ipts \$		243,	,88
Applic	ation F Nam	e and address of principal office	r: EDWARD P	. SCH	INEIDER					urn for	Yes	X
ponun		X 900, BUFFALO, N	IY 14226-0900							included?	Yes	
ax-exe	empt status:	501(c)(3) X 501(c	c) (2) (insert no	.)	4947(a)(1)	or 5	27	lf "No," att	ach a lis	st. (see instru	ctions)	
/ebsit	te: 🕨 WWW.			<u>~</u>				H(c) Group exe	mption r	number 🕨		
orm c	of organization:	X Corporation Trust	Association C	Other 🕨		L Year	of format				micile:	N
	-											
			on or most significant a	activities	• TO HOI	LD TITL	E TO,	ACOUIRE	, SE	LL, LF	EASE .	
•												
2		<u></u>										
									1 1	l		7
												7
72		ad husiness revenue from P	ort VIII. column (C) line	. 12		• • • • •					-30	
D	Net unrelate			4			· · · ·		110	Cur		
0	Contribution	and grants (Dart)/III line 1k					_	The real	0	U		-ui
0		and grants (Part VIII, line Tr	1)	• • •	COP	Y FOR		250 5			243	88
9	Program ser	vice revenue (Part VIII, line 20	J)	• • •	PUBLIC IN	SPECTION	u	250,5				,00
10	investment	ncome (Part VIII, column (A)	1, lines 5, 4, and 70				┛┝────					
								250 5			243	88
								191,0		<u> </u>		, 52
										<u> </u>		
										<u> </u>		
									0.			
								00 7	10		106	EE
							-					
	•		•				•	250,5			245	,00
19	Revenue les	s expenses. Subtract line 18	from line 12	<u> </u>					••	<u> </u>		
								-				
							-				•	
							•					
			e 21 from line 20	<u> </u>	<u></u>			2,434,6	/6.	2	,434	, 67
						alaa di k	*		- 4			1.4.4
									ot my	knowledge	and bel	net, it
			,				,	ĭ				
		an of officer										
					_							
•					EXECU	TIVE DI	RECTO)R				
		print name and title										
	Drint/Tune pr							1. 1	1.1	PTIN		
	Plillo Type pi	eparer's name	Preparer's signature	е		Date	(a a -	Check	if			
arer	TODD P		Preparer's signatur	e			/2020	Check		P0024	7720	
	I Reve or th Address Addres	Address change C Name UB Address change Doin Name change Doin Initial return BOI Terminated City Application pending F Name BOI ax-exempt status: WWW. orm of organization: F Name BOI rt I Summary 1 Briefly descr AND IMPE IMPROVER 2 Check this bo 3 Number of vir 5 Total number 6 Total number 7a Total unrelated 8 Contributions 9 Program servent 10 Investment in 11 Other revenut 13 Grants and s 14 Benefits paic 15 Salaries, oth 16a Professional b Total fundrai 17 Other expens 18 Total assets o 21 Total assets o 22 Net assets o 23 Total assets o 24	It Revenue Service ► Information or the 2018 calendar year, or tax year b or the 2018 calendar year, or tax year b ck if applicable: Address Doing Business As Name change Initial return Terminated Amended return Application perding F Name and address of principal office BOX 900, BUFFALO, NY 14226-00 F Name and address of principal office BOX 900, BUFFALO, NY 14226-00 Application perding F Name and address of principal office BOX 900, BUFFALO, NY 14226-00 F Name and address of principal office BOX 900, BUFFALO, NY 14226-00 Application: X Corporation Turst Total companization: Summary 1 Briefly describe the organization's missis AND AND IMPROVE AND DEVELOP IMPROVEMENTS FOR THE BEN 2 Check this box ▶ 3 Number of volunteers (estimate if ne organization's missis 4 Number of individuals employed in 6 5 Total number of volunteers (estimate if ne organization is not set to powern 4 Number of volunteers (estimate if ne organization is not set to powern 5 Total number of volunteers (estimate if ne organization is not set to powern	It Revenue Service ▶ Information about Form 990 a or the 2018 calendar year, or tax year beginning ck if applicative charge C Name of organization Address charge Ding Business As Number and street (or P.O. box if mail is not delivered to street BOX 900 Terminated Amendid Number and street (or P.O. box if mail is not delivered to street BOX 900 Terminated Amendid Forme and address of principal officer: EDWARD P BOX 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(3) X §01(c) (2) (insert no. Forbitation F Name and address of principal officer: EDWARD P Box 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(3) X §01(c) (2) (insert no. retringt Box 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(3) X §01(c) (2) (insert no. retringt Box 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(3) X §01(c) (2) (insert no. retringt Box 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(2) X §01(c) (2) (insert no. retringt Box 900, BUFFALO, NY 14226-0900 ax-exempt status: §01(c)(2) X §01(c) (2) (insert no. Total status: Sofficer <td>It Revenue Service ▶ Information about Form 990 and its or the 2018 calendar year, or tax year beginning 07, ck if application UBF CORPORATION Address Oning Business As Number and street (or P.O. box if mail is not delivered to street address BOX 900 Terminated City or town, state or province, country, and ZIP or foreign postal code Barnended BOX 900 City or town, state or province, country, and ZIP or foreign postal code Barnended BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE Box 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE Box 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: Interneuto.) 1</td> <td>Information about Form 990 and its instruction: or the 2018 calendar year, or tax year beginning 07/01, 2018 ckt argetatte: ckt argetatte: chame of organization UBF CORPORATION dorses dorses dorses lattication: mane addresses As Number and street (or P.O. box if mail is not delivered to street address) BOX 900 City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCHNEIDER BOX 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 14947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 cotal addresses of principal of the organization iscontinued isporetitions or disporetions or disporetitions or dispo</td> <td>Information about Form 990 and its instructions is at www pr the 2018 calendar year, or tax year beginning 07/01,2018, and end etil rightetter C Name of organization UBF CORPORATION 07/01,2018, and end diverse reference Doing Business As Room/suite Number and steel (or P.O. box if mail is not delivered to street address) BOX 900 Room/suite BUFFALO, NY 14226-0900 BUFFALO, NY 14226-0900 axexempt status: Sol(c) (2) (3) X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E BUFFALO, NY 14226-0900 EVENTLO, NY 14226-0900 Available Common difference BOX 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Box 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Box 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Burbert of solutors Sol(c)(3) X (50(c) (2) (4) (inset no.) 4947(a)(1) or E Burbert of solutors Sol(c)(3) X (50(c) (2) (4) (inset no.) 10111 AND OTHER REAL AND OTHER REAL AND OTHER REAL AND VIMPOVE AND</td> <td>If thermation about Form 990 and its instructions is at www.irs.gov or the 2018 calendar year, or tax year beginning 07/01,2018, and ending 016 016</td> <td>IP Revenue Service Important Point P 00 and its instructions is at www.lr.s.gov/lrmm902. of the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot tax year, or tax year beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 00 0 rot tax year, beginning 00 0 rot tax year, beginning 01 <!--</td--><td>Information about Form 990 and its instructions is at www.frs.gov/Fm900. Constructions is at www.frs.gov/Fm900. of a restaute C Name of organization ULF CORPORATION Employer identifie (1 greatesting) Em</td><td>Instructions is at www.irs.gov/Tormayson Definition 0.7701,2018, and ending 0.7701,2018, and ending</td><td>Description ► Information about Form 990 and its instructions is at www.s.gov/form990. Display its instructions is instructions instructions its instructions is instructions in the province, country, and 21P or foreign postal code Display its instructions its instructions in with a seasonation Display its instructions is instructions in the province, country, and 21P or foreign postal code Country its instructions its instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province, country, and 21P or foreign postal code is instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province is instruction instructing its instructions instructing its instructions instr</td></td>	It Revenue Service ▶ Information about Form 990 and its or the 2018 calendar year, or tax year beginning 07, ck if application UBF CORPORATION Address Oning Business As Number and street (or P.O. box if mail is not delivered to street address BOX 900 Terminated City or town, state or province, country, and ZIP or foreign postal code Barnended BOX 900 City or town, state or province, country, and ZIP or foreign postal code Barnended BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE Box 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE Box 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCE BOX 900, BUFFALO, NY 14226-0900 F Name and address of principal officer: Interneuto.) 1	Information about Form 990 and its instruction: or the 2018 calendar year, or tax year beginning 07/01, 2018 ckt argetatte: ckt argetatte: chame of organization UBF CORPORATION dorses dorses dorses lattication: mane addresses As Number and street (or P.O. box if mail is not delivered to street address) BOX 900 City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14226-0900 F Name and address of principal officer: EDWARD P. SCHNEIDER BOX 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 4947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 ax-exempt status: 501(c)(3) X 501(c) (2) (insert no.) 14947(a)(1) Verbit: box 900, BUFFALO, NY 14226-0900 cotal addresses of principal of the organization iscontinued isporetitions or disporetions or disporetitions or dispo	Information about Form 990 and its instructions is at www pr the 2018 calendar year, or tax year beginning 07/01,2018, and end etil rightetter C Name of organization UBF CORPORATION 07/01,2018, and end diverse reference Doing Business As Room/suite Number and steel (or P.O. box if mail is not delivered to street address) BOX 900 Room/suite BUFFALO, NY 14226-0900 BUFFALO, NY 14226-0900 axexempt status: Sol(c) (2) (3) X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E BUFFALO, NY 14226-0900 EVENTLO, NY 14226-0900 Available Common difference BOX 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Box 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Box 900, BUFFALO, NY 14226-0900 Bufferation: X Sol(c) (2) (4) (inset no.) 4947(a)(1) or E Burbert of solutors Sol(c)(3) X (50(c) (2) (4) (inset no.) 4947(a)(1) or E Burbert of solutors Sol(c)(3) X (50(c) (2) (4) (inset no.) 10111 AND OTHER REAL AND OTHER REAL AND OTHER REAL AND VIMPOVE AND	If thermation about Form 990 and its instructions is at www.irs.gov or the 2018 calendar year, or tax year beginning 07/01,2018, and ending 016 016	IP Revenue Service Important Point P 00 and its instructions is at www.lr.s.gov/lrmm902. of the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 0 rot tax year, or tax year beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 07/01, 2018, and ending 0 rot tax year, beginning 00 0 rot tax year, beginning 00 0 rot tax year, beginning 01 </td <td>Information about Form 990 and its instructions is at www.frs.gov/Fm900. Constructions is at www.frs.gov/Fm900. of a restaute C Name of organization ULF CORPORATION Employer identifie (1 greatesting) Em</td> <td>Instructions is at www.irs.gov/Tormayson Definition 0.7701,2018, and ending 0.7701,2018, and ending</td> <td>Description ► Information about Form 990 and its instructions is at www.s.gov/form990. Display its instructions is instructions instructions its instructions is instructions in the province, country, and 21P or foreign postal code Display its instructions its instructions in with a seasonation Display its instructions is instructions in the province, country, and 21P or foreign postal code Country its instructions its instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province, country, and 21P or foreign postal code is instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province is instruction instructing its instructions instructing its instructions instr</td>	Information about Form 990 and its instructions is at www.frs.gov/Fm900. Constructions is at www.frs.gov/Fm900. of a restaute C Name of organization ULF CORPORATION Employer identifie (1 greatesting) Em	Instructions is at www.irs.gov/Tormayson Definition 0.7701,2018, and ending 0.7701,2018, and ending	Description ► Information about Form 990 and its instructions is at www.s.gov/form990. Display its instructions is instructions instructions its instructions is instructions in the province, country, and 21P or foreign postal code Display its instructions its instructions in with a seasonation Display its instructions is instructions in the province, country, and 21P or foreign postal code Country its instructions its instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province, country, and 21P or foreign postal code is instructions in the province, country, and 21P or foreign postal code is instructions in display its instructions in the province is instruction instructing its instructions instructing its instructions instr

I of I aper work Reduction	Act Notice, see the separate instru	aouono.

No

518-427-4600

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 515 BROADWAY, 4TH FLOOR ALBANY, NY 12207-2974

Phone no.



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

OMB No. 1545-1709

(Rev. January 2019) Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

£1		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	UBF Corp.	51-0164454
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	Box 900	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see inst	ructions.
instructions.	Buffalo, NY 14226-0900	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other 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

• The books are in the care of Edward P. Schneider

Telephone No. 716-645-3013

Fax No. ► 716-645-3475

• If the organization does not have an office or place of business in the United States, check this I	. xoc					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				lf th	nis i	is

for the whole group, check this box	🕨 🛛	🗍 . If it is for part o	of the group,	check this box	 and attach
a list with the names and EINs of all n	nembers the e	extension is for.			
10 C					

I request an automatic 6-month extension of time until ______May 15 _____, 20 20, to file the exempt organization return for 1 the organization named above. The extension is for the organization's return for:

► 🗌 calendar year 20 or

►	tax year beginning	July 1	, 20	18	, and ending	June 30	, 20	19	
			- 1		-				-

2 If the tax year entered in line 1 is for less than 12 months, check reason: 🗌 Initial return Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
Ċ	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IBF	CORPORATION	
-----	-------------	--

	UBF COF	RPORATION	51-0164454
Form 990 (2018)			Page
Part III Statem	ent of Program Service	Accomplishments	
Check i	f Schedule O contains a r	response or note to any line in this Pa	art III
1 Briefly describe t	he organization's mission:	:	
		ELL, LEASE, AND IMPROVE A	
		PERTY IMPROVEMENTS FOR I	
UNIVERSITY A	AT BUFFALO AND UNI	VERSITY AT BUFFALO FOUND	ATION, INC.
		icant program services during the y	
prior Form 990 c	r 990-EZ?		
	these new services on So		
		or make significant changes in	
			Yes X N
	these changes on Sched		its three largest program services, as measured
			port the amount of grants and allocations to othe
		each program service reported.	
·			
4a (Code:) (Expenses \$ 2	43,882, including grants of \$	137,329.) (Revenue \$ 274,053.)
		REAL ESTATE FROM THE STA	
		PROPERTY FOR THE BENEFIT	
SUPPORT OF 7	THE UNIVERSITY AT	BUFFALO. THE PARCEL IS L	OCATED WITHIN
THE BOUNDAR	ES OF THE UNIVERS	SITY'S AMHERST CAMPUS. TH	E PARCEL IS
CURRENTLY SU	JBLEASED TO TWO LE	ESSEES. 1- FOLLETT OPERAT	'ES A
BOOKSTORE TH	AT PROVIDES TEXTE	BOOKS, SUPPLIES, TECH SUP	PLIES, AND
OTHER NECESS	SARY EDUCATIONAL F	RODUCTS TO UNIVERSITY ST	UDENTS. 2 -
FIRST AMHERS	T DEVELOPMENT CON	ISTRUCTED AND OPERATES AN	I ON-CAMPUS
RETAIL COMPI	JEX PROVIDING NECH	ESSARY SERVICES AND PRODU	ICTS TO
UNIVERSITY S	STUDENTS.		
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	/\(= = = = +		,
			~
4d Other program s	ervices (Describe in Scheo	dule O.)	
(Expenses \$	including gra		ue \$
4e Total program se		243.882.	

Form 990 (2018)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
U	complete Schedule D, Part III	8		x
•		0		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustained for amounts not listed in Part X; or provide gradit equipaling debt management gradit repair or			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
		11f	х	
40.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10		10		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

JSA 8E1021 1.000 0322GG 2214 7/15/2020 3:23:40 PM V 18-8.6F 2490701

Form 9	90 (2018)		F	Page 4
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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	24-		
Ь	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
N N	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Joou		
~	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		
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	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA		Form	990	(2018)

Form	990 (2018)		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 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	Х	
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	Х	
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	-g	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
u	the organization is licensed to issue qualified health plans			
~	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? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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)

JSA 8E1040 1.000 0322GG 2214 7/15/2020 3:23:40 PM V 18-8.6F 2490701

Form 9	990 (2018) UBF CORPORATION 51-016	4454	F	Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion 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	7		
iu	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ũ	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
~	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	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			
0	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{NY}^{NY}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(c)
	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
	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 BUFFALO, NY 14226-0900 716-645-3011	is 🕨		
			990	(2018)
JSA				,)

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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.

	(C) (A) (B) Position					(T)				
(A) Name and Title	(B) Average	(do r	not c			e than c	one	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per	``				is both		compensation	compensation from	amount of
	week (list any	office	er and	d a d	lirect	or/trust	ee)	from	related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)BEVERLY FOIT-ALBERT COX	1.00									
CHAIR/DIRECTOR	3.00	Х						0.	0.	0.
(2)JEAN POWERS	1.00									
CHAIR/DIRECTOR	4.00	Х		Х				0.	0.	0.
(3)STEVEN H. SHEPSMAN	1.00									
VICE CHAIR/DIRECTOR	4.00	X						0.	0.	0.
(4)SHELDON BERLOW	1.00									
DIRECTOR	3.00	X						0.	0.	0.
(5)DANIEL M. HAMISTER	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(6)RONALD SCHREIBER	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(7)CLAUDIA D. FOSKET	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(8) EDWARD SCHNEIDER	6.00									
EXECUTIVE DIRECTOR	50.00			Х				0.	239,251.	53,176.
(9)		-								
(10)										
(11)		-								
(12)										
(13)										
(14)		-								
	1			L	L	I		1		

JSA

8E1041 1.000

Part VI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). (n)	Form 990 (2018)													Page 8
Name and tills Aurougs besides in the space in the share weak litery Control the share the space in the share build be present in the share space in the share the space in the share space in the share the space in the share space in the share the space in the share the space in the share space in the share the space in the share the space in the share space in the share the space in the share the space in the share space in the space in the share the space in		ustees, Ke	ey En	nplo			and F	ligl		ed Employe	es (co	ontinue	d)	
wine year (0) not dick more than one of the participation of the partipation of the parti														
	Name and the	-			heck	more								
and set in the intervence of the in														on
Image: section of the section of t		related										fro	om the	
Image: second secon		-	vidu:	itutio	cer	emp	hest ploye	mer	(W-2/1099-MISC)			•		
Image: section of the section of t		line)	al tru:	nalt		loye	e					orga	nizatior	าร
Image: section of the section of t			stee	ruste			bensa							
c Total from continuation sheets to Part VII, Section A 0.				e			ated							
c Total from continuation sheets to Part VII, Section A 0. 0. 0.			_											
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0. 0. 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0. 0. 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0. 0. 0.														
c Total from continuation sheets to Part VII, Section A 0. 0. 0.														
c Total from continuation sheets to Part VII, Section A 0. 0. 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0. 0. 0.														
c Total from continuation sheets to Part VII, Section A 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0. 0. 0.														
c Total from continuation sheets to Part VII, Section A 0.														
c Total from continuation sheets to Part VII, Section A 0. 0. 0.		+	-											
c Total from continuation sheets to Part VII, Section A 0. 0. 0.	1b Sub total							-	0.	239.2	251		53.1	76.
d Total (add lines 1b and 1c) 0. 239, 251. 53, 176. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0. Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X 4 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) NoNE Image: State Schedule Sched		Section A	• • •	• •	• •	• •		5					,-	
reportable compensation from the organization > 0. Ves No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		=							0.	239,2	251.		53,1	76.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d al	bove	e) who	o re	eceived more than	\$100,000 of				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organizatio	on 🕨	0	•										
employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) None 0 0 0 0 0 NONE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	• Did the second start start second start								Level on Links				Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		х
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. C (A) (B) (C) Name and business address Description of services Compensation NONE														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) NONE 0 0 0 0 0 NONE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td>organization and related organizations gr</td> <td>eater than</td> <td>\$15</td> <td>50,0</td> <td>00?</td> <td>lf</td> <td>"Yes</td> <td>,"</td> <td>complete Schedu</td> <td>le J for su</td> <td>ıch</td> <td></td> <td></td> <td></td>	organization and related organizations gr	eater than	\$15	50,0	00?	lf	"Yes	,"	complete Schedu	le J for su	ıch			
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services <												4	Х	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE Image: Compensation of the calendar year ending with or within the organization's tax year. NONE Image: Compensation of the calendar year ending with or within the organization's tax year.												5		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE				ieut		101	Such	per	30/1			5		
year. year. (A) (B) (C) Name and business address Description of services Compensation NONE		npensated i	ndep	ende	ent	con	tractor	rs t	hat received more	e than \$100,0	000 of			
(A) Name and business address (B) Description of services (C) Compensation NONE		compensati	on fo	r the	e ca	lenc	lar yea	ar e	ending with or with	nin the organi	ization'	's tax		
Name and business address Description of services Compensation NONE	yeai.													
NONE Image: Constraint of the second secon									ation					
2 Total number of independent contractors (including but not limited to those listed above) who received														
2 Total number of independent contractors (including but not limited to those listed above) who received														
2 Total number of independent contractors (including but not limited to those listed above) who received														
2 Total number of independent contractors (including but not limited to those listed above) who received								-						
	2 Total number of independent contractors (i	ncluding b	ut no	t lir~	nitor	d to	thee	ـــــــــــــــــــــــــــــــــــــ	isted above) who	received				

JSA 8E1055 1.000 0322GG 2214 7/15/2020 3:23:40 PM V 18-8.6F

more than 100,000 in compensation from the organization \triangleright 0.

Form	990 (2	2018)	UBF CORPORA	ATION			51-01644	54 Page 9
Par	rt VII	Statement of Rever	nue					
		Check if Schedule O co		se or note to an	v line in this Part VI			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g	Federated campaigns Membership dues Fundraising events	1b 1c 1d 1d grants, d above 1f in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u></u>		0.			
Program Service Revenue	2a b c	RENTAL REVENUE		Business Code 532000	243,882.	274,053.	-30,171.	
ε	e							
gra	f	All other program service rev						
Pro	g	Total. Add lines 2a-2f			243,882.			
	3		cluding dividen					
	4	and other similar amounts). Income from investment of		· · · · · · •	0.			
	5	Royalties	•		0.			
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d 7a	Net rental income or (loss) . Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0.			
	b	Less: cost or other basis and sales expenses						
	С С	Gain or (loss)			0.			
venue	d 8a	Net gain or (loss) Gross income from fundra events (not including \$	aising					
Other Revenue		of contributions reported on See Part IV, line 18	a					
Ö	b c	Less: direct expenses Net income or (loss) from fu			0.			
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b c	Less: direct expenses Net income or (loss) from g	b	0.	0.			
	10a	Gross sales of invent returns and allowances						
	b c	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	les of inventory		0.			
			e	DUSITIESS CODE				
	11a	NONE						
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d •		· · · · ►	0.			
	12	Total revenue. See instruction			243,882.	274,053.	-30,171.	
JSA								Form 990 (2018)

JSA

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 137,329 137,329 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0. 10 11 Fees for services (non-employees): 0 a Management 1,472. 1,472. **b** Legal 4,059 4,059. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 Advertising and promotion 12 0 13 Office expenses 0 14 Information technology 0 15 Royalties 100,988. 100,988. Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 0 34 34 Insurance 23 24 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 b С d e All other expenses 243,882 243,882 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

0

Form 990 (2018)

art X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	31,187.	1	28,211
2	Savings and temporary cash investments	0.	2	C
3	Pledges and grants receivable, net	0.	3	C
4	Accounts receivable, net	0.	4	C
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0.	6	(
7	Notes and loans receivable, net	0.	7	(
8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	0.	9	(
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
1	b Less: accumulated depreciation	0.	10c	(
11	Investments - publicly traded securities	0.	11	(
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	(
14	Intangible assets	0.	14	(
15	Other assets. See Part IV, line 11	2,989,814.	15	3,151,881
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,021,001.	16	3,180,092
17	Accounts payable and accrued expenses	72,093.	17	88,658
18	Grants payable	0.	18	(
19	Deferred revenue	0.	19	(
20	Tax-exempt bond liabilities	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
	Loans and other payables to current and former officers, directors,			
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	(
i 23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	514,232.	25	656,758
26	Total liabilities. Add lines 17 through 25.	586,325.	26	745,416
3	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,434,676.	27	2,434,676
28	Temporarily restricted net assets	0.	28	(
29	Permanently restricted net assets	0.	29	(
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,434,676.	33	2,434,676
34	Total liabilities and net assets/fund balances	3,021,001.	34	3,180,092

Form **990** (2018)

Form 9	90 (2018)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	43,8	382.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	43,8	382.
3	Revenue less expenses. Subtract line 2 from line 1	3				0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	34,6	576.
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		2,4	34,6	576.
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 con	piled	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	na			
	separate basis, consolidated basis, or both:					
	Separate basis 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 o		-		х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	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	2		Х
_	the Single Audit Act and OMB Circular A-133?	• • •	.••	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.		3b	000	(2018)
				rorm	330	(2018)

SCHEE	DULE	D
(Form	990)	

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

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

OMB No. 1545-0047

8

20

	artment of the Treasury nal Revenue Service	Attach to Form 990. Form990 for instructions and the latest information.						Open to Public Inspection		
	e of the organization				Em	ployer identifica				
UB	F CORPORATION					51-01644	54			
P:	art I Organizat	tions Maintaining Donor Adv	ised Funds or Other	Similar Funds o	or Acc	ounts.				
		if the organization answered								
			(a) Donor advis			(b) Funds and	other accour	nts		
1	Total number at e	nd of year				()				
2		of contributions to (during year)								
3		f grants from (during year)								
4		it end of year								
5		on inform all donors and donor	advisors in writing the	at the assets held	in do	nor advised				
Ŭ		nization's property, subject to the					Yes	No		
6	-	on inform all grantees, donors, a	-	-						
Ŭ	-	purposes and not for the bene								
	-	issible private benefit?			-		Yes	No		
P;		tion Easements.								
		if the organization answered	"Yes" on Form 990. F	Part IV. line 7.						
1		servation easements held by the								
		n of land for public use (e.g., rec	е , г		n of a h	nistorically im	portant land	larea		
		of natural habitat	,			ertified histo	-			
	Preservatio	n of open space	-							
2		through 2d if the organization he	eld a qualified conserva	tion contribution i	n the f	orm of a con	servation			
		ast day of the tax year.					End of the T	ax Year		
а		onservation easements			2a					
b		tricted by conservation easements			2b					
с	-	vation easements on a certified			2c					
d		vation easements included in (c								
		isted in the National Register			2d					
3		rvation easements modified, trar			inated	by the organ	nization dur	ing the		
	tax year 🕨									
4	Number of states	where property subject to conse	rvation easement is loca	ted ►						
5	Does the organiz	ation have a written policy reg	garding the periodic m	onitoring, inspec	ction, h	nandling of				
	violations, and enfo	orcement of the conservation ea	sements it holds?				Yes	l No		
6	Staff and volunteer I	hours devoted to monitoring, inspec	ting, handling of violations	s, and enforcing co	nservat	tion easements	during the	year		
	▶									
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violatior	ns, and enforcing	conser	vation easem	ents during	the year		
	▶\$									
8		vation easement reported on line 2								
)(4)(B)(ii)?					Yes	l No		
9		be how the organization reports								
		d include, if applicable, the text of		ganization's finan	cial sta	tements that	describes th	ne		
		ounting for conservation easeme			<u></u>					
Pa	Complete	tions Maintaining Collections if the organization answered	"Yes" on Form 990, F	Part IV, line 8.						
1a	If the organization works of art, hist public service, pro	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), no ar assets held for publi potnote to its financial s	ot to report in its ic exhibition, ed tatements that de	reven ucatior scribes	ue statemen n, or researc s these items	t and balar ch in furthe	nce sheet erance of		
b	works of art, histo public service, pro-	n elected, as permitted under so orical treasures, or other simila vide the following amounts relati	ar assets held for publing to these items:	ic exhibition, ed	ucatior	n, or researd	ch in furthe	erance of		
		ded on Form 990, Part VIII, line 1								
	(ii) Assets include	d in Form 990, Part X				▶\$				
2		n received or held works of a								
		required to be reported under S								
а	Revenue included	on Form 990, Part VIII, line 1 Form 990, Part X				▶\$				
b	Assets included in	Form 990, Part X				►\$				

For Pa	perwork Re	auction	Act Notice, see th	he instructions for h	•orm 990.
JSA 8E1268 1.000	1				
		2214	7/15/2020	3:23:40 PM	V 18-8.6F

2490701

Schedule D (Form 990) 2018

Schee	dule D (Form 990) 2018							Page 2
Ра	rt III Organizations Maintaini	ing Collections of	Art, Historic	al Treasure	s, or Othei	· Similar Assets (continue	d)
3	Using the organization's acquisition	on, accession, and	other records,	check any c	of the follow	ving that are a sigr	nificant us	se of its
	collection items (check all that app	ly):						
а	Public exhibition		d	Loan or excha	ange progra	ms		
b	Scholarly research		е 🗌	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	s and explain	how they fur	rther the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization	on solicit or receive	donations of a	rt, historical tr	easures, or	other similar		
	assets to be sold to raise funds rath	her than to be maint	ained as part o	of the organiz	ation's colle	ction?	Yes	No
Ра	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza	ation answered "Ye	es" on Form 9	990, Part IV,	line 9, or I	eported an amou	nt on For	m
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
	included on Form 990, Part X?					[Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the follow	ring table:				
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an am				or custodia	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the expla	nation has be	en provided	on Part XIII		
	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form	990, Part IV,	line 10.			
		(a) Current year	(b) Prior yea	ar (c) Tw	o years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains,							
U	and losses							
d	Grants or scholarships							
u e	Other expenditures for facilities							
e	and programs							
f	Administrative expenses							
g 2	End of year balance Provide the estimated percentage	of the ourrest year	and halanaa (li			·		
∠ a	Board designated or quasi-endown		%	ne ry, colum				
b	Permanent endowment	%						
c	Temporarily restricted endowment							
Ū	The percentages on lines 2a, 2b, a		100%					
3a	Are there endowment funds not in			n that are hel	d and admi	nistered for the		
vu	organization by:		no organizatio				Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended	0						
	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organiz	ation answered "Y	es" on Form	990, Part IV	<u>, line 11a.</u>	<u>See Form 990, Pa</u>	art X, line	10.
	Description of property		r other basis (b stment)	Cost or other ba (other)		cumulated (c	l) Book valu	е
1a	Land	· · · · · · · · · · · · · · · · · · ·		(Unit)	uep			
b	Buildings							
c	Leasehold improvements							
d	Equipment							
u e	Other							
	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990. Part X	column (R) lir	ne 10c.)	•		
		, , , , , , , , , , , , , , , , , , , ,			/-			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018				Page 3
Part VII Investments - Other Securities.			_	
Complete if the organization answere	d "Yes" on Form 99	0, Par		
 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)		<u> </u>		
(C)		<u> </u>		
(D)		<u> </u>		
(E)	_	<u> </u>		
(F)		_		
(G)		<u> </u>		
(H)		+		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answere	d "Voc" on Form 00		t IV line 11c See Form 990 P	art X line 13
(a) Description of investment	(b) Book value		(c) Method of valuatior Cost or end-of-year market	
(1)			· · · ·	
(2)		-		
(3)				
(4)		+		
(5)				
(6)				
(7)		<u> </u>		
(8)		-		
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answere	d "Yes" on Form 99	0, Par	t IV, line 11d. See Form 990, P	art X, line 15.
	escription			(b) Book value
(1) REAL ESTATE DEVELOPMENT COSTS				22,932.
(2) RECEIVABLES FROM AFFILIATE				3,128,949.
(3)				
(4)				
_ (5)				
(6)				
(7)				
(8)				
(9) Tatal (Calumn (h) must arrest Farm 200, Bart V, ast (D)	line (T)			2 1E1 001
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		· · · · · · · · · · · · · · · · · · ·	3,151,881
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 99	0, Par	t IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book val	ue		
(1) Federal income taxes				

(2) PAYABLE TO AFFILIATES	656,758.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	656,758.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000

UBF	CORPORATION
UDI	COLCI OIGHT TOIL

Schedul	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	274,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants.		
d	Other (Describe in Part XIII.)		
e e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	274,053.
3 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		
a L			
b	Other (Describe in Part XIII.)	4c	-30,171.
с 5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	243,882.
Part		•	-,
i ui t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	213,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses.	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	-30,171.
3	Subtract line 2e from line 1	3	243,882.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	1	
b	Add lines 4a and 4b	4c	
с 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	243,882.
	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 IV, l	art V, lin	e 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740 FOOTNOTE)

PART X, LINE 2

UBF CORPORATION IS QUALIFIED UNDER SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE, AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS. UBF CORPORATION FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY THEY RECOGNIZE INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AT JUNE 30, 2019 OR 2018. UBF CORPORATION HAS GENERATED UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2019, BUT IT IS NOT MATERIAL TO THE AUDITED FINANCIAL STATEMENTS.

OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS PART XI, LINE 4B ADJUSTMENT FOR RENT EXPENSE (\$30,171)

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN PART XII, LINE 2D ADJUSTMENT FOR RENTAL EXPENSE

\$30,171

SCHEDULE I		Grants a		OMB No. 1545-0047						
(Form 990) Governments, and Individuals in the United States								2018		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.										
Internal Revenue Service Name of the organization		► Go	to www.irs.gov	Form990 for the l	atest information	1.	Employer identifica	Inspection		
UBF CORPORATION	π						51-01644			
	, nformation on Grants ar	d Assistanc	e				51 01044	51		
	zation maintain records to s			e grants or assista	nce the grantees	' eligibility for the grant	ts or assistance and			
	eria used to award the grar							X Yes No		
	IV the organization's proce									
	nd Other Assistance to I					nlete if the organiz	ration answered "	Yes" on Form 990		
	ne 21, for any recipient		-							
·						(f) Method of valuation				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) FNUB, INC.										
BOX 900 BUFFALO,	NY 14226	16-1537468	501(C)(3)	137,329.				UNIVERSITY SUPPORT		
_(2)		_								
(3)		_								
(4)		_								
(5)		_								
(6)		_								
(7)										
(8)		_								
(9)										
(10)		_								
(11)		_								
(12)		_								
	per of section 501(c)(3) and	•	•					· <u> </u>		
	per of other organizations lis on Act Notice, see the Instruc			<u></u>		<u></u>		.hedule 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					
art IV Supplemental Information. Provide	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther additional

information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN U.S.

PART I, LINE 2

UBF CORPORATION'S ASSISTANCE TO ORGANIZATIONS IN THE U.S. CONSISTS OF

SUPPORT TO CHARITABLE ORGANIZATIONS. WHILE THE ORGANIZATION DOES NOT

MONITOR THE USE OF THESE FUNDS, THE ORGANIZATION ONLY CONTRIBUTES TO

OTHER CHARITABLE ORGANIZATIONS WHOSE MISSION AND WORK ARE WELL KNOWN BY

THE ORGANIZATION AND ARE TRUE TO THEIR CHARITABLE PURPOSES. UBF CORP ONLY

GIVES GRANTS TO AFFILIATED ORGANIZATIONS WHO ARE WORKING TO SUPPORT THE

UNIVERSITY AT BUFFALO.

JSA

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee is no Form 990, Part IV, line 23. 2018 Department of the treative interval of the organization answered "Yes" on Form 990, Part IV, line 23. Employer identification number 51 Name of the organization Employer identification number 51 10164454 Part I Questions Regarding Compensation Employer identification number 51 10164454 Part I Questions Regarding Compensation 51 10164454 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. Image:
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Dypertor of the organization Name of the organization Dispection Name of the organization Dispection Dispection Dispection Dispection Section Dispection Section Part I Questions Regarding Compensation It as Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Dispect of the organization answered "Yes" on form 900, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Dispect of companions I
Description Description Inspection Name of the organization Employer identification number 51-0164454 Part Questions Regarding Compensation 51-0164454 Part Questions Regarding Compensation 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.
Name of the organization Employer identification number 51-0164454 Part I Questions Regarding Compensation 51-0164454 Part I Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provide 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 Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
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. Yes No 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) I Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain
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.
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 Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
First-class or charter travel Housing allowance or residence for personal use Tax indemnification and gross-up payments Payments for business use of personal residence Bit ary of the boxes on line 1a are checked, did the organization follow a written policy regarding payment Ib 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 1b 12 Did the organization to establish compensation of the organization to establish the compensation of the organization to establish compensation of the ceO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 2 One pensition committee Written employment contract 2 3 Independent compensation consultant Approval by the board or compensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X 4 Dariticipate in, or receive payment from, an equity-based compensation arrangement? 4a X 4 Dariticipate in, or r
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Biscretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation consultant Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a Receive a severance payment from, an supplemental nonqualified retirement plan? 4 X 4 X 4 X 4 X 4 X 4 X <t< td=""></t<>
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4a 4 X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a K Writte explain arrangement? 4a
Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the 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 committee Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 X Participate in, or receive payment from, an equity-based compensation arrangement? 4a K 4b K K dc X
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 2 Ompensation committee Written employment contract 2 Compensation committee Written employment contract 3 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d I a X 4b X 4c X
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. 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Independent compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 3 Approval by the board or compensation committee 4 X Uring 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: 4a X B Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X
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: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c
 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? C Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d K d Written employment for each item in Part III.
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
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: 4a x b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b x 4b X y For" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Compensation in the image: C
 Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d b X d c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
 Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d b X d c X d c X
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. a a
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. a a
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Comparison of the person of th
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
Only section 501(c)(3), 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:
a The organization?
b Any related organization?
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:
a The organization?
b Any related organization?
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.
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe
in Part III
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 201

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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	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

JSA

Page 3

Schedule J (Form 990) 2018

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

UBF CORPORATION DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS, OR KEY

EMPLOYEES. CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A RELATED

ORGANIZATION AND THE PROCESS OF DETERMINING COMPENSATION IS CONDUCTED AT

THE RELATED ORGANIZATION'S LEVEL, USING A COMPENSATION COMMITTEE,

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

COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization UBF CORPORATION

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

Employer identification number 51-0164454

CONFLICT.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

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

2490701

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

51-0164454

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Part I

Name of the organization

UBF CORPORATION

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

(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)					
(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	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC. 16-0865182							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		Х
(2) FNUB, INC. 16-1537468							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	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		Х
(5)							
(6)							
(7)							
	1						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 2

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

				aranoromp daring an	lo lax your.	1						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	- UBI General or n box 20 managing lule K-1 partner? 1065)		(k) Percentage ownership
		, , , , , , , , , , , , , , , , , , , ,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(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)(1 controlle entity?
							Yes No
_							
_							
_							
_							
_							
_							
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	Primary activity Legal domicile Direct controlling Type of entity (state or foreign entity (C corp, S corp, or trust)	Primary activity Legal domicile Direct controlling Type of entity Share of total (state or foreign entity (C corp, S corp, or trust) income	(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 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	Primary activity Legal domicile (state or foreign country) Primary activity (state or foreign country) Primary activity (C corp, S corp, or trust) Share of total income end-of-year assets ownership

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

Par	t V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.												
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?												
а		1a		Х									
b		1b	Х										
С	Gift, grant, or capital contribution from related organization(s).	1c 1d		X X									
d	d Loans or loan guarantees to or for related organization(s)												
е	Loans or loan guarantees by related organization(s)	1e		X									
f	Dividends from related organization(s)	1f		Х									
a	Sale of assets to related organization(s)	1g		Х									
h	6 ()	1h		Х									
i	Exchange of assets with related organization(s).	1i		Х									
i		1j		Х									
-													
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х									
I		11		Х									
m	Performance of services or membership or fundraising solicitations by related organization(s).	1 m		Х									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													
		10	Χ										
р	Reimbursement paid to related organization(s) for expenses	1p	Х										
q	Reimbursement paid by related organization(s) for expenses	1q		X									
r		1r		X									
S	5	1s		X									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh		i.										
	(a)(b)(c)(c)Name of related organizationTransactionAmount involvedMethod of	(d) deter	rminin	g									
	type (a-s) amount			0									
(1)													
(2)													
(3)													
(-)													
(4)													
(5)													
(5)													
(6)													
JSA	Schedule R (Fo	rm 9	990) :	2018									

Page 3

Page 4

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partr section 501(c)(3) organization		(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) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)	_												
3)	_												
4)	_												
5)													
6)													
7)													
8)													
9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													<u> </u>

Schedule R (Form 990) 2018

JSA 8E1310 1.000 Schedule R (Form 990) 2018

Page 5

 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2018