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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

D Employer identification number

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

B Ch	neck if ap	pplicable	Please	C Name of organization			D Employer i	dentification number		
_	dress ch	ange	use IRS	UB FOUNDATION ACTIVITIES INC			16-13725	561		
— _{Na}	ame char		label or print or	Doing Business As			E Telephone	number		
_	ıtıal retur	_	type. See Specific	Non-transfer DO I and Complete			(716) 645	5-3011		
_	eminatio		Instruc-	Number and street (or P O box if mail is no BOX 900	ot delivered to street addr	ess) Room/suite	G Gross rece	ipts \$ 71,811,502		
_			tions.							
_	nended r			City or town, state or country, and ZIP + 4 BUFFALO, NY 14226						
Ap	plication	pending								
				ne and address of Principal Officer		l .	s a group retu			
			BOX 90	RD P SCHNEIDER 00		affiliat	es?	ΓYes Γ Nο		
				LO,NY 14226		H(b) Are all	affiliates inclu	ided?		
[Ta	ax-exem	pt status	▼ 501(c)	(3) ◀ (insert no)	527	(If "N	o," attach a li	st See instructions)		
J W	eb site	e: 🕨 www	ubfounda	ion buffalo edu		H(c) Group	Exemption N	lumber 🟲		
						<u> </u>				
К Тур	oe of org	anızatıon	 ✓ Corporat	on trust association other		L Year of For	mation 1990	M State of legal domicile NY		
Pa	rt I			<u> </u>	_					
		•		e organization's mission or most signif						
ب	1			THE ORGANIZATION IS TO UNDER						
2				URPOSES OF THE STATE UNIVERSI	LIY OF NEW YORK A	I BUFFALO A	NDIISVARI	OUS DEPARTMENTS,		
Ξ		DIVISIC	JN3, OR C	THER ENTITIES						
<u>ē</u>										
Governance			,	if the organization discontinued its ope						
				nembers of the governing body (Part V				7		
<u>න</u>	4	Number	ofindepen	dent voting members of the governing	body (Part VI, line 1	b)	. 4			
<u> </u>	5	Total nu	mber of en	nployees (Part V , line 2a)			5	1,504		
Activities &	6	Total nu	mber of vo	lunteers (estimate if necessary) .			6			
	7a	Total gro	oss unrela	ted business revenue from Part VIII, l	ıne 12, column (C)		7a	80,427		
	Ь	Net unre	lated busi	ness taxable income from Form 990-T	, line 34		7b	-250		
					Prio	r Year	Current Year			
	8	Contrib	utions and	grants (Part VIII, line 1h)	1	24,650,182	27,110,726			
₹	9	Progran	m service	revenue (Part VIII, line 2g)			31,541,131	32,006,803		
Rayenue	10	Investr	ment incor	ne (Part VIII, column (A), lines 3, 4, a	ınd 7d)		14,646	5,593		
ά	11	Otherr	evenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		1,809,459	1,591,117		
	12	Total re	evenue—a	dd lines 8 through 11 (must equal Part	: VIII, column (A), lır	ne				
		12)					58,015,418	60,714,239		
	13			r amounts paid (Part IX, column (A), l			7,804,635	7,035,476		
	14			r for members (Part IX, column (A), lir				0		
sý.	15	Salarie:	s, other co	mpensation, employee benefits (Part :	IX, column (A), lines	5-	27,674,444	28,887,612		
Expenses	16a	•	cional fund	raising fees (Part IX, column (A), line	110)		27,071,111	20,007,012		
<u>ক</u>					11e)					
Д	b	•		penses, Part IX, column (D), line 25 4,674,019)					
	17			Part IX, column (A), lines 11a-11d, 1	•		22,060,698	, ,		
	18	Total e	xpenses—	add lines 13–17 (must equal Part IX,	line 25, column (A))		57,539,777	54,846,979		
02	19	Revenu	ie less exp	enses Subtract line 18 from line 12			475,641	5,867,260		
පීලී සූපු						Beginni	ng of Year	End of Year		
38	20	Total a	ssets (Par	t X, line 16)			72,232,925	79,326,630		
8	21	Total li	abilities (F	art X, line 26)			5,884,911	7,111,356		
Net Assets or Fend Balances	22	Netass	sets or fun	d balances Subtract line 21 from line	20		66,348,014	72,215,274		
	rt II	Siana	ature Blo	ock			· ·			
تعد				пигу, I declare that I have examined this retur	m. including accompanying	schedules and et	atements, and to	o the best of my knowledge		
				correct, and complete Declaration of preparer						
	ase	****				2010-	05-12			
Sig: Her		▼ Signat	ture of office	r		Date				
ıer	E			EIDER Executive Director						
		Туре	or print nam	e and title			_			
		Preparer's		<u> </u>	ate	Check if	Preparer's PTI	N (See Gen Inst)		
Paid		signature	Robert	J Butler Jr		self- empolyed 🕨 🦵				
	arer's									
	Only	if self-employed),						EIN Þ		
	-	audress, a	anu ZIP + 4	99 HIGH SREET	Phone no					
				BOSTON, MA 021102371			Thoric no P	_ _		
4-4	the IDS	Sidicone	c thic ratii	rn with the preparer shown above? (Se	a instructions)			L vas L No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission THE MISSION OF THE ORGANIZATION IS TO UNDERTAKE AND PERFORM ACTIVITIES IN SUPPORT OF THE EDUCATIONAL PURPOSES OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO AND ITS VARIOUS DEPARTMENTS, DIVISIONS, OR OTHER ENTITIES
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 12,769,240 including grants of \$) (Revenue \$ 12,688,380) UB Micro IT Support Services is a division of Computing and Information Technology at the University of Buffalo, State University of New York UB Micro sells computers, computer-related equipment and software and provides computer repair services. UB Micro's policy restricts sales to University at Buffalo students, faculty, staff and researchers as well as other institutions of higher education with which the University at Buffalo has partnership arrangements including other schools within the State University of New York system
4b	(Code) (Expenses \$ 8,629,790 including grants of \$) (Revenue \$ 8,776,292) The faculty practice plan includes more than 450 physicians who are also professors at the State University of New York at Buffalo School of Medicine and Biomedical Sciences. As professors they conduct hands-on research and teach classes at the School of Medicine and play a significant role in accomplishing the University's educational purpose. The organization furthers its exempt purpose by providing administrative support to this activity.
4c	(Code) (Expenses \$ 6,300,811 including grants of \$) (Revenue \$ 6,777,639) Uniform Data System for Medical Rehabilitation offers its subscribers a wide range of services and tools that enable them to document the severity of patient disability and the results of medical rehabilitation in a uniform way Establishing a common language promotes communication about disability across disciplines and provides a basis for comparison of rehabilitation outcomes. The program supports both important education and research and contributes significantly to the exempt purposes of both the organization and the State University of New York at Buffalo
4d	Other program services (Describe in Schedule O) (Expenses \$ 20,174,948 including grants of \$) (Revenue \$ 16,452,872)
40	Total program corvice expanses \$ 47.974.790 Must equal Part IV Line 25 column (P)

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo
	Part VI 📆			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 817			
Ь	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	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country <u>CA</u>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
_	required?	7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		Νο
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		No
ь		9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

Νo

Vec |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes	s" response to lines	2-7 below,	and for a "No	" response to lines	8 or 9b below,	describe the circu	mst

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 7			
Ь	Enter the number of voting members that are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		TOD		Νo

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

EDWARD P SCHNEIDER BOX 900 BUFFALO, NY 14226 (716) 645-3011

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

(C) Position (check all that apply) (F) (E) (D) Estimated Highest compensat (B) Individual Trustee or Director Reportable Institutional Trustee Reportable amount of other <u>중</u> Average compensation (A) compensation compensation hours from related Former Name and Title Q#.IQ@ from the from the employee organizations per organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) organizations Z WILLIAM L McHUGH, Director 50 Х WILLIAM I SHAPIRO, Director 50 Χ ol SCOTT D NOSTAJA, VP HR-UB 40 00 Х 311.602 20,705 ROSS B KENZIE, Director 50 Х 0 Χ 0 ROBERT E DENNING, Director 50 MICHAEL J QUINN , CFO - UBA 40 00 224,205 Х 14.421 40,080 MICHAEL E CAIN, DEAN-MED SCHL-UB 40 00 225,000 332,542 31,625 JOHN B SIMPSON, UNIV PRES-UB 40 00 Х 216,779 254,121 67,424 JEREMY M JACOBS JR, Director 50 Χ 0 EDWARD P SCHNEIDER, Executive Direc 30 00 Х 155,120 ol 37,668 DONALD K BOSWELL, Director Χ 50 DIANNE BENNETT, CHAIR/DIRECTOR 50 Χ Х 0 DAVID L DUNN, VP HLTH SCIENC-UB 40 00 Х 350,000 381,570 31,625

Part VII Continued

		(C) Position (check all that apply)				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							►	1,482,706	982,654	229,127

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►17

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed online 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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUFFALO CODY INC PO BOX 3018 CEDAR RAPIDS, IA 52404	CONSULTING	620,464
HODGSON RUSS LLP ONE M&T PLAZA BUFFALO NY ONE MT PLAZA BUFFALO, NY 14203	LEGAL	302,731
GREATER TALENT NETWORK INC 437 FIFTH AVE NEW YORK, NY 10016	SPEAKER CONTRACT	417,250
COMP SOLUTIONS & SFTWR INTL 4800 LYONS TECHNLGY PKWY COCNUT CR, FL 33073	CONSULTING	436,116
ANDROPOGON ASSOC LTD 10 SHURS LN PHIL PA 10 SHURS LN PHIL, PA 19127	LANDSCAPING DESIGN	230,135
Total number of independent contractors (including those in 1) who refrom the organization	. ,	13

Part VIII

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	10	Fodorated can	mpaigns 1a			Revenue		512, 513, or 514
22								
	В	Membership a	lues					
ಶ್ಮ€	с	Fundraising ev	vents					
its Fa	4	Palatad organ	1c izations 1d	27,110,726				
Other Revenue Contributions, gifts, and other similar and other si			nts (contributions) 1e					
黄萝	Ť	similar amounts i	tions, gifts, grants, and not included above					
温音	_	Noncach cont	1f ributions included in					
<u> </u>	g							
O a	h		es 1a-1f)	,	27,110,726			
				Business Code				
an	2a	UNIFORM DATA S	SYSTEMS	519,100	6,777,639	6,777,639		
E e la		STUDENT ORIENT		611,710	865,453	865,453		
æ		FACULTY PRACTI						
931				621,110	8,776,292	8,776,292		
¥.		CONTINUING EDU		611,710	2,030,856	2,030,856		
3	e	CENTER FOR THE		711,190	1,227,721	1,227,721		
ू इ	'	All other prog	ram service revenue		12,328,842	12,248,415	80,427	
Š	g	Total. Add line	es 2a-2f					
		> \$ 32,006,80)3					
	3		icome (including divid	·	5,593			5,593
			amounts)	▶	·			3,333
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental ince	ome or (loss)		0			
				•				
	72	Gross amount	(ı) Securities	(II) O ther				
	"	from sales of assets other						
		than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (lo	lloss)		0			
	_							
	8a	Gross income events (not in	from fundraising cluding					
άs		\$						
ž		of contributior 1c) See Part	ns reported on line					
υ >.			le G if total exceeds					
άč		\$15,000	a					
je i	ь		xpensesb					
ŏ	С	Net income or	(loss) from fundraisi	ng events	0			
	9a	Gross income						
		Complete Sche	e part IV , line 19 dule G if total					
		exceeds \$15,00	00					
			a					
	b c		xpensesb ⁻ (loss) from gaming a	ectivities	0			
		· · ·	(1033) Holli galling c	•	_			
	10a		f inventory, less					
		returns and al	a	12,688,380				
	ь	Less cost of	goods sold b	11,097,263				
	с		ا c (loss) from sales of (1,591,117	1,591,117		
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	b							
	c							
	d	All other reve	nue					
	e		es 11a-11d					
	12	Tat-I P	_	0	60,714,239	33,517,493	80,427	5,593
	12	8c,	e. Add lines 1h, 2g, 3	, 4, 5, 6a, /d,	00,7 14,239	33,317,793	30,427	3,393

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,687,176	3,687,176		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,348,300	3,348,300		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	5,0.15,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	192,788		192,788	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	22,069,730	18,384,134		2,724,344
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,405,552	1,097,902	78,595	229,055
9	Other employee benefits	3,649,278	2,943,281	212,388	493,609
10	Payroll taxes	1,570,264	1,270,821	69,519	229,924
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	353,344	108,180	245,164	
c	Accounting	155,650		155,650	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	507,953	502,182	1,487	4,284
13	Office expenses	0			
14	Information technology	797,219	797,219		
15	Royalties	0			
16	Occupancy	230,135	230,135		
17	Travel	2,586,004	2,335,787	6,553	243,664
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	3,018,258	2,795,118	22,619	200,521
20	Interest	787	787		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	130,917		130,917	
23	Insurance	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	1,880,020	1,774,336	54,807	50,877
ь	Printing and Publications	951,354	847,219	4,615	99,520
С	FEES AND OTHER	977,432	934,372	3,946	39,114
d	EQUIPMENT/IMPROVEMENTS	747,811	686,368	17,381	44,062
e	CONTRACTUAL SERVICES	3,886,811	3,579,801	89,633	217,377
f	All other expenses	2,700,196	2,551,671	50,857	97,668
25	Total functional expenses. Add lines 1 through 24f	54,846,979	47,874,789	2,298,171	4,674,019
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			Degining of year	1	Lilu oi	0
	2	Savings and temporary cash investments	•		82,158			1,170,920
	3	Pledges and grants receivable, net			02,100	3		0
	4	Accounts receivable, net			70,381,314	4	7	6,186,788
	5	Receivables from current and former officers, directors, trustees	· kov	· · · · ·	70,001,014		<u>'</u>	
	_	other related parties	•	•		5		0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				6		0
	7	Notes and loans receivable, net			118,680	7		166,383
	8	Inventories for sale or use			965,144	8		1,160,269
ts	9	Prepaid expenses and deferred charges			78,326	9		25,124
Assets	10a	Land, buildings, and equipment cost basis	10a	1,925,006				
•	ь	Less accumulated depreciation Complete Part VI of	100	1,020,000				
		Schedule D	10Ь	1,604,886	310,277	10c		320,120
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII	of		12		0
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $	art VII	I		13		0
	14	Intangible assets				14		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule			297,026			297,026
		D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			72,232,925			9,326,630
	17	Accounts payable and accrued expenses .			5,392,485			6,583,511
	18	Grants payable				18		
	19	Deferred revenue				19		
ı,	20	Tax-exempt bond liabilities				20		
ijė	21	Escrow account liability Complete Part IV of Schedule D		•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Li		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			492,426	25		527,845
	26	Total liabilities. Add lines 17 through 25			5,884,911	26		7,111,356
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27				
<u>0</u>		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			66,348,014	27	7	2,215,274
Ba	28	Temporarily restricted net assets				28		
η	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plet e				_
or		lines 30 through 34.				-		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			66,348,014	33	7	2,215,274
	34	Total liabilities and net assets/fund balances			72,232,925	34	7	9,326,630
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

D - 1 3/T	_

L	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Νο
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b	No

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

	of the organizat NDATION ACTIVITIES						Em	ployer ide	nt if icat io	n number	
)	VDATION ACTIVITIES	J INC					16	-137256:	1		
Part	I Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
he or	ganızatıon ıs not	a private found	ation because it is (Please	check onl	y one org	anızatıon)	ı				
1	A church,	convention of ch	iurches, or association of ch	urches de	scribed in	Section 1	.70(b)(1)	(A)(i).			
2		escribed in Sect	i on 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)						
3	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	tion 170(E)(1)(A)(i	i ii). (Attac	h Schedul	e H)	
4	☐ A medical	research organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the	
	hospital's	name, city, and	state								
5	┌ An organiz	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	ribed in	
	Section 17	0(b)(1)(A)(iv).	(Complete Part II)								
6	A federal,	state, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	b)(1)(A)	(v).			
7	An organiz	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	nmental u	 init or fron	n the gene	ral public	:
	-					-			J	•	
8	_	_		•	plete Par	tII)					
9		=			-		ntribution	ns, membe	rship fees	, and aro	SS
	receipts fro	om activities rel	ated to its exempt functions	s—subiect	to certair	exceptio	ns. and (2) no more	than 331/	3% of	
	•		•	-		•	,	•			
		_				•			,		
10	`		,			•		•	ee instruci	tions)	
	_										ses of
	•								•		
	the box tha	at describes the	·· <u> </u>		•		_	h	_		
		• •						d		III - Ot	
е		-									
			agers and other than one or	more publ	icly suppo	orted orga	nizations	described	in section	509(a)(1) or
f			d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organiz	ation,
	check this	box									广
g	_	•	as the organization accepted	d any gift	or contrib	ution from	any of the)			
			rundiractly controls, outhors	olono orto	aothor w	th narcane	doceribo	dup (u)		Yes	
		•			-	in persons	describe	u III (II)	11g(No No
		· -		-	LIOIII				11g(No
	= =	•	· ·		201103				11g(11g(
L						aunnarta			119(···/	No
n	Provide the	e following inforr	nation about the organizatio	ns the org	janization	supports					
(i) Name of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) An	nount of
		` ´	(described on lines 1-9					l .		supp	
A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Sc A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(i) hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See in a norganization organization after June 30, 1975. See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See in a norganization organization organization and complete lines 11e through 11h Thype I b Type II c Type III - Functionally Integrated d Type III - Functionally Integrated d Type III sup check this box. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disother than foundation managers and other than one or more publicly supported organization described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box. Sin											
			(See Instructions))	your go docur	-	supp	ort?	I in the	U 5 ?		
				Yes	No No	Yes	No	Yes	No		
UNIVER	SITY AT			168	140	1 68	140	165	140		
BUFFAL		146013200	SCHOOL	Yes		Yes		Yes		478	74789
		I		l	1	l	l	I	l	I	

47,874,789

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
UB FOUNDATION ACTIVITIES INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts

Total number at end of year

Total number at end of year

Aggregate Contributions to (during year)

Aggregate Grants from (during year)

Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)

Preservation of an historically importantly land area

Protection of natural habitat

Preservation of certified historic structure

□ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

He He

Total number of conservation easements
 Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

2a

2b

2c

2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located **>**

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

\$ 297,026

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

- \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	TIII Organizations Maintaining Collections of Ar							
	Using the organization's accession and other records, check aritems (check all that apply)	ny of th	ne foll	owing that are	e a significant us	e of its collection	1	
а	Public exhibition	d	Γ	Loan or exch	nange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and expl Part XIV	aın hov	w the	/ further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as		,			lar	Yes	▽ No
Par	Trust, Escrow and Custodial Arrangements Part IV, line 9, or reported an amount on Form 9				nızatıon answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X?	iediary	for c	ontributions o	rotherassets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tal	ble						
						A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, li	ne 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization	_				: IV, line 10. hree Years Back (e)	V. Carre V.	aara Daak
1_	(a)Current Year	(D	Prior `	rear (c) i w	o Years Back (d)T	filee fears back (e	rour re	ears back
1a	Beginning of year balance	-						
ь	Investment earnings or losses	-						
c d	Grants or scholarships	-						
e	Other expenditures for facilities	-						
-	and programs	_						
f	Administrative expenses	_						
g	End of year balance	•						
2	Provide the estimated percentage of the year end balance held	-						
		as						
а	Board designated or quasi-endowment	as						
a b		as						
b	Board designated or quasi-endowment Fermanent endowment Fermanent endowment	as						
_	Board designated or quasi-endowment		that a	are held and a	dministered for t	.he		
b c	Board designated or quasi-endowment Permanent endowment Term endowment		that a	are held and a	dmınıstered for t		Yes	No
b c	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization.		that a	are held and a	dmınıstered for t	3a(i)	Yes	No
b c 3a	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organizorganization by (i) unrelated organizations	zation 			dmınıstered for t	3a(i)	Yes	No
b c 3a	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent permanent funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	Sched	ule R?	dmınıstered for t	3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	ched	· · · · · · ule R? · ·		3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent permanent funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	sched ent fu	ule R? nds	irt X, line 10.	3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	chedent fu	· · · · · · ule R? · ·		3a(i)		No Dok value
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	chedent fu	ule R? nds orm 990, Pa	ort X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Ferm endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	chedent fu	ule R? nds orm 990, Pa	ort X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organizarion by (i) unrelated organizations	zation ed on S	chedent fu	ule R? nds orm 990, Pa	ort X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	chedent fu	ule R? nds orm 990, Pa	ort X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par 1a b c d e	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organizorganization by (i) unrelated organizations	zation ed on S ndowm	sched ent fu see F (a bas	ule R?	rt X, line 10. (b)Cost or other basis (other)			ook value

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 1	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		
Total. (Column (b) Should equal to the 550, t at N, col (b) line 12)		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	. ,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I		(h) Pook volue
(a) Descr	iption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount	
Federal Income Taxes	(b) Amount	
	F37.045	
DEPOSITS HELD IN CUSTODY	527,845	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	527,845	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,714,239
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,846,979
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,867,260
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,867,260
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	60,714,239
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	60,714,239
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	60,714,239
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	54,846,979
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	54,846,979
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		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	54,846,979

Return Reference	Explanat ion
organization's collections and how it furthers its purpose	THE ORGANIZATION'S FINE ARTS COLLECTION CONSISTS OF RARE BOOKS AND IS USED FOR RESEACH AND STUDY AND IS TO BE PRESERVED FOR THE FUTURE TO FURTHER THE EDUCATION MISSION OF THE UNIVERSITY AT BUFFALO
	Part III, Line 4 Description of organization's collections and how it furthers its purpose

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493132015150

en to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspection

Employer identification number

UB FOUNDATION ACTIVITIE	ES INC						
						16-1372561	
Part I General Infor	mation on Gra	nts and Assistance	2				
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gra	nts or assistance?					✓ Yes N
Part IV and Sch	IV, line 21 for ar iedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	t es. Complete if the of fine one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•		16
3 Enter total number of oth	ier organizations .		<u>.</u> .		<u>.</u>	<u> </u>	2
For Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990.		Cat No 50055F)	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
VARIOUS GIFTS RELATED TO THE EDUCATION PURPOSE	627	208,656			
SCHOLARSHIPS FOR UNIVERSITY AT BUFFALO STUDENTS	1897	3,348,300			
AWARDS RELATED TO THE UNIVERSITY AT BUFFALO	639	304,616			

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

See Additional Data Table

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE ORGANIZATION PROVIDES A VARIETY OF RESTRICTED GRANTS TO SUPPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY AT BUFFALO ALL REQUESTS OF FUNDS ARE SUBJECT TO A DETAILED REVIEW BY ORGANIZATION STAFF TO ASSURE THAT THE USAGE OF FUNDS IS CONSISTENT WITH THE APPROPRIATE RESTRICTIONS AND THAT THE FUNDS SUPPORT THE EDUCATIONAL PURPOSE

Software ID: 08000091

Software Version: 2008v2.7

EIN: 16-1372561

Name: UB FOUNDATION ACTIVITIES INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

· cimi bbojecii caaic zj i a	,			una organizatio			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
X ALL OTHERS UNDER 5000			127,380	0			
UNIVERSITY PSYCHIATRIC PRACTICE INC462 GRIDER STREET 11TH FLOOR BUFFALO,NY 14215		501(c)(3)	66,965	0			TO SUPPORT DEAN AND OPERATIONS
UNIVERSITY PHYSICAL MEDICINE & REHAB465 GRIDER STREET RM G-217 BUFFALO,NY 14215	16-1463867	501(c)(3)	80,000	0			TO SUPPORT ACADEMIC FUND
UNIVERSITY PEDIATRICS ASSOCIATES239 BRYANT STREET BUFFALO,NY 14222	25-1594857	501(c)(3)	193,428	0			TO SUPPORT OPERATIONS
UNIVERSITY ORTHOPAEDIC SERVICES INC3435 MAIN STREET BUFFALO,NY 14214	16-1406947	501(c)(3)	60,500	0			TO SUPPORT OPERATIONS
UNIVERSITY OPHTHALMOLOGY SERVICES INC1176 MAIN STREET BUFFALO,NY 14209	16-1492711	501(c)(3)	278,323	0			RESEARCH LABRATORY
UNIVERSITY NEUROLOGY INC100 HIGH STREET BUFFALO,NY 14203	16-1359213	501(c)(3)	46,500	0			TO SUPPORT OPERATIONS
UNIVERSITY AT BUFFALO CROFTS HALL BUFFALO,NY 14260	14-6013200	Government	1,306,559	0			UNIV SUPPORT, DEVELOPMENT, FUND RAISING
UB FOUNDATION SERVICES INCBOX 990 BUFFALO,NY 14226	16-1331699	501(c)(3)	56,114	0			UNIVERSITY SUPPORT
UB FAMILY MEDICINE INC 462 GRIDER STREET CC160 BUFFALO,NY 14215	16-1280696	501(c)(3)	17,871	0			TO SUPPORT OPERATIONS

Form 990,Schedule I,	Part II, Grar	nts and Other As	sistance to Gov	ernments and O	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UB ASSOCIATES INC77 GOODELL STREET BUFFALO,NY 14203	16-1559460	501(c)(3)	75,000	0			TO SUPPORT OPERATIONS
THE RESEARCH FOUNDATION SUNYPO BOX 9 ALBANY,NY 12201	14-1368361	501(c)(3)	198,786	0			RESEARCH AND FINANCIAL SERVICE
RPCI CLINICAL PRACTICE PLANDEPT 822 PO BOX 8000 BUFFALO,NY 14267	16-1552370	501(c)(3)	251,000	0			PAYROLL FOR CANCER RESEARCH
ROSWELL PARK CANCER INSTITUTEELM CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(c)(3)	62,750	0			PAYROLL FOR CANCER RESEARCH
KALEIDA HEALTH FOUNDATION100 HIGH STREET E-2 BUFFALO,NY 14203	16-1579143	501(c)(3)	33,900	0			JO G-FOR-THE- JAKE RESEARCH PROJECT
HEALTH RESEARCH INC ELM CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(c)(3)	57,282	0			PAYROLL FOR LAB RESEARCH
FNUB INCBOX 900 BUFFALO,NY 14226	16-1537468	501(c)(3)	611,461	0			UNIVERSITY SUPPORT
BUFFALO NIAGARA MEDICAL CAMPUS701 ELLICOTT ST SUITE 401 BUFFALO,NY 14203	16-1388796	501(c)(3)	163,357	0			BUFFALO NIAGARA MEDICAL CAMPUS 2008

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DLN: 93493132015150

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization UB FOUNDATION ACTIVITIES INC

Employer identification number

16-1372561

	ITTLE Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Νο

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred			(F) Compensation
_		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
SCOTT D NOSTAJA	(I) (II)	311,602				20,705	311,602 20,705	
MICHAEL J QUINN	(I) (II)	224,205 14,421				40,080	224,205 54,501	
MICHAEL E CAIN	(I) (II)	225,000 332,542				31,625	225,000 364,167	
JOHN B SIMPSON	(I) (II)	216,779 254,121				67,424	216,779 321,545	
EDWARD P SCHNEIDER	(I) (II)	155,120				37,668	192,788	
DAVID L DUNN	(I) (II)	350,000 381,570				31,625	350,000 413,195	
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

Part III Supplemental Information

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

	<u> </u>	
Ident if ier	Return Reference	Explanation
Sch J, Part I, Line 1a	1a Relevant information in regards to selections on 1a	UB FOUNDATION ACTIVITIES, INC FOLLOWS A WRITTEN POLICY REGARDING TRAVEL, ENTERTAINMENT, GIFTS, AND MISCELLANEOUS EXPENSES THE ABOVE POLICY PROVIDES GUIDANCE ON THE TRAVEL EXPENDITURES FOR COMPANIONS THE POLICY STATES THAT TRAVEL EXPENSES FOR THE SPOUSE OF A UNIVERSITY AT BUFFALO OR UNIVERSITY AT BUFFALO FOUNDATION, INC OFFICIAL IS GENERALLY NOT REIMBURSABLE UNLESS THE SPOUSE'S PRESENCE IS GERMANE TO THE BUSINESS PURPOSE OF THE EVENT THAT BROUGHT ABOUT THE TRAVEL THE ABOVE POLICY PROVIDES GUIDANCE ON MEALS AND ENTERTAINMENT AND STATES THAT SUCH EXPENDITURES ARE PREMITTED WHEN CLEARLY RELATED TO ADVANCING THE INTERESTS OF THE UNIVERSITY AT BUFFALO OR UNIVERSITY AT BUFFALO FOUNDATION, INC SPECIFICALLY UB FOUNDATION ACTIVITIES, INC PAYS DUES FOR THE EXECUTIVE DIRECTOR AND UNIVERSITY PRESIDENT TO A LOCAL BUSINESS/SOCIAL CLUB THE CLUB IS USED ENTIRTELY TO CONDUCT BUSINESS OF THE UNIVERSITY AT BUFFALO OR UNIVERSITY AT BUFFALO FOUNDATION, INC CERTAIN LIVING EXPENSES OF THE UNIVERSITY'S VICE PRESIDENT FOR HUMAN RESOURCES ARE PAID ON THE INDIVIDUAL'S BEHALF PER AN EMPLOYMENT CONRTACT WITH THE UNIVERSITY ALL PAYMENTS ARE INCLUDED IN THE INDIVIDUAL'S REPORTABLE COMPENSATION WHICH IS GROSSED UP TO INCLUDE THE TAX IMPACT OF THE PAYMENTS THE COMPENSATION LEVEL OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE UNIVERSITY PRESIDENT AND CHAIR OF THE BOARD OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC THE PROCESS INCLUDES THE USE OF COMPARABILITY DATA THE COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC AND DOCUMENTED IN THE MINUTES
		·
-		

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization UB FOUNDATION ACTIVITIES INC

Employer identification number

16-1372561

Identifier	Return Reference	Explanation
	Form 990, Part XI, Line 2b	The financial statements of UB Foundation Activities, Inc. are audited within the consolidated financial statements of the University at Buffalo Foundation, Inc.

Supplemental Information to Form 990

ldentifier	Return Reference	Explanation						
	Form 990, Part VII, Section A	The individuals listed as "highest compensated employees" are paid by UB Foundation Activities, Inc. and the taxable compensation for each is reported on Form W-2. However, UB Foundation Activities, Inc. does not have direction and control over these individuals. Direction and control is maintained by the University at Buffalo and as such these individuals do not meet the common law rule of the employer/employee relationship between UB Foundation Activities, Inc. and the "highest compensated employees."						

Identifier	Return Reference	Explanation
	Form 990, Part V, Line 7g&h	Both question 7g and h have been answered "no" since no contributions for qualified intellectual property, cars, boats, airplanes, or other vehicles were received during the period covered by this Form 990

Identifier	Return Reference	Explanation
	Form 990, Part I, Line 1	The majority of the W-2s issued by UB Foundation Activities, Inc. are for individuals who UB Foundation Activities, Inc. does not have direction and control. Direction and control is maintained by the University at Buffalo and as such these individuals do not meet the common law rule of the employer/employee relationship between UB Foundation Activities, Inc. and the individuals

ldentifier	Return Reference	Explanation
Form 990, Pa VI, Line 19	t Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE BY LAWS AND POLICIES WILL BE PROVIDED DIRECTLY UPON REQUEST A COPY OF THE ORGANIZATION'S FORM 990 IS AVAILABLE AT www guidestar org

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE COMPENSATION LEVEL OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE UNIVERSITY PRESIDENT AND CHAIR OF THE BOARD OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC AND DOCUMENTED THE PROCESS INCLUDES THE USE OF COMPARABILITY DATA

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	AN ANNUAL DISCLOSURE STATEMENT IS REQUIRED OF THE BOARD AND ALL CONFLICTS ARE REPORTED TO THE BOARD CHAIR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE COMPLETED 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC. AND AN ELECTRONIC COPY OF THE 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING

ldentifier	Return Reference	Explanation
III I ine 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 The organization administers numerous programs in support of the University at Buffalo, State University of New York to support its educational mission. These programs include continuing education, Center for the Arts, and student orientation.

Part I Identification of Disregarded Entities

DLN: 93493132015150

Open to Public

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection Name of the organization **Employer identification number** UB FOUNDATION ACTIVITIES INC

16-1372561

(A) Name, address, and EIN 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
UBFA Inc Box 900 Buffalo, NY 14226	To facilitate projects to benefit Univ at Buffalo	NY			UB Found Activities Inc is sole member

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
University at Buffalo Crofts Hall Buffalo, NY14260 14-6013200	Education	NY	501(c)(3)	6	NA
Buffalo, NY14226 16-1372560	Educational Services	NY	501(c)(3)	11b	NA
Buffalo, NY14226 16-1372560	Educational Services	NY	501(c)(3)	11b	NA
FNUB Inc Box 900 Buffalo, NY14226 16-1537468	Educational Services	NY	501(c)(3)	11b	NA
UBF Corp Box 900 Buffalo, NY14226 51-0164454	Educational Services	NY	501(c)(2)	N/A	NA
UB Foundation Services Inc Box 900 Buffalo, NY14226 16-1331699	Educational Services	NY	501(c)(3)	11b	NA
University at Buffalo Foundation Inc Box 900 Buffalo, NY14226 16-0865182	Educational Services		501(c)(3)	7	NA
For Panerwork Peduction Act Notice, see the Instructions for Form 990		Cat No E013EV		c	chedule B (Form 990) 2009

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions	with Related	Organizations
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Pa	rt V Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transactio	ns with one or more related organizations listed in Parts II-	IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes			
c	Gift, grant, or capital contribution from other organization(s)			1 c	Yes			
d	Loans or loan guarantees to or for other organization(s)			1 d		No		
e	e Loans or loan guarantees by other organization(s)							
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No		
k	Performance of services or membership or fundraising solicitations for other or	rganızatıon(s)		1k		No		
ı	l Performance of services or membership or fundraising solicitations by other organization(s)							
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes			
n	n Sharing of paid employees							
0	Reimbursement paid to other organization for expenses			10	Yes			
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	q Other transfer of cash or property to other organization(s)							
r	O ther transfer of cash or property from other organization(s)			1r		No		
	If the answer to any of the above is "Yes," see the instructions for information of	on who must complete this line, including covered relationsh	nips and transaction thresholds					
	(A)	(B)	(C)					
	Name of other organization(s)	Transaction type(a-r)	Amount Involved					
(1)								
(2)								
(2)								
(3)								
(4)								
(-)								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(E) Share of end-of-year assets (F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1 (H) General or managing partner?		or g	
			Yes	No		Yes	No		Yes	No	
			•	•		•		Cabadul	. D / Farms	9907 2008	

Software ID: 08000091

Software Version: 2008v2.7

EIN: 16-1372561

Name: UB FOUNDATION ACTIVITIES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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 501(c)(3))	(F) Direct Controlling Entity		
University at Buffalo							
Crofts Hall Buffalo, NY14260 14-6013200	Education	NY	501(c)(3)	6	NA		
UBF Faculty - Student Housing Corp							
Box 900 Buffalo, NY14226 16-1372560	Educational Services	NY	501(c)(3)	11b	NA		
Univ at Buffalo Found Incubator Inc							
Box 900 Buffalo, NY14226 16-1372560	Educational Services	NY	501(c)(3)	11b	NA		
FNUB Inc							
Box 900 Buffalo, NY14226 16-1537468	Educational Services	NY	501(c)(3)	11b	NA		
UBF Corp							
Box 900 Buffalo, NY14226 51-0164454	Educational Services	NY	501(c)(2)	N/A	NA		
UB Foundation Services Inc							
Box 900 Buffalo, NY14226 16-1331699	Educational Services	NY	501(c)(3)	11b	NA		
University at Buffalo Foundation Inc							
Box 900 Buffalo, NY14226 16-0865182	Educational Services	NY	501(c)(3)	7	NA		

Additional Data

Software ID: Software Version:

EIN: 16-1372561

Name: UB FOUNDATION ACTIVITIES INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
а	UNIFORM DATA SYSTEMS	519,100	6,777,639	6,777,639		
b	STUDENT ORIENTATION	611,710	865,453	865,453		
C	FACULTY PRACTICE	621,110	8,776,292	8,776,292		
d	CONTINUING EDUCATION	611,710	2,030,856	2,030,856		
e	CENTER FOR THE ARTS	711,190	1,227,721	1,227,721		