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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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

Form 990 header section including: B Check if applicable (Address change, Name change, Initial return, Termination, Amended return, Application pending); C UBF Corporation, Box 900, Buffalo, NY 14226; D Employer Identification Number 51-0164454; E Telephone number (716) 645-3011; F Name and address of principal officer Edward P. Schneider, Same As C Above; G Gross receipts \$ 505,004; H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; I Tax-exempt status X 501(c) ( 2 ) (insert no) 4947(a)(1) or 527; J Website: www.ubfoundation.buffalo.edu; K Form of organization X Corporation; L Year of Formation 1978; M State of legal domicile NY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes a 'RECEIVED' stamp and a 'DONOR' stamp.

Part II Signature Block

Signature Block section including: Sign Here (Signature of officer Edward P. Schneider, Date 5-13-11); Paid Preparer's Use Only (Preparer's signature Don Anderson, Date 5/12/11, Firm's name KPMG LLP, 60 SOUTH ST, BOSTON, MA 02111-2760, Preparer's identifying number P00237591, EIN 13-5565207, Phone no (617) 988-1000)

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 20 2011

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 364,785. including grants of \$ 364,785.) (Revenue \$           )  
Own and operate real estate for the benefit of the University at Buffalo to support  
it's educational purpose.

4b (Code:           ) (Expenses \$            including grants of \$           ) (Revenue \$           )

4c (Code:           ) (Expenses \$            including grants of \$           ) (Revenue \$           )

4d Other program services. (Describe in Schedule O )  
(Expenses \$            including grants of \$           ) (Revenue \$           )

4e Total program service expenses ▶ 364,785.

**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.   |     | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.  |     |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.  |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or 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.  |     | X  |
| 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.                                       |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   |     | X  |
| 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. |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.  |     | X  |
| 11  | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | X   |    |
|     | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI   |     |    |
|     | • 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   |     |    |
|     | • 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   |     |    |
|     | • 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   |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X               |     |    |
| 12  | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                              |     | X  |
| 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? If 'Yes,' complete Schedule F, Part II  |     | X  |
| 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? If 'Yes,' complete Schedule F, Part III  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II   |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III   |     | X  |
| 20  | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>   | X   |    |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>  |     | 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? <i>If 'Yes,' complete Schedule J</i>                               | X   |    |
| 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| 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?   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>  |     |    |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>                 |     |    |
| 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? <i>If 'Yes,' complete Schedule L, Part II</i>   |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>                    |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).   |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>   |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>  |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>  |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>   |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>   |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>   |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>  | X   |    |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  |     | X  |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  |     |    |
| 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? <i>If 'Yes,' complete Schedule R, Part VI</i>  |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

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Form 990 (2009)

**Part IV Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>1a</b>  | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>2a</b>  | 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  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)                       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b>   | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4a</b>  | 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)?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country ▶<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6a</b>  | 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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>a</b>   | 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?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</b>   | Did the organization make any distribution to a donor, donor advisor, or related person?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</b>   | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>a</b>   | Gross income from other members or shareholders  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Part 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. See instructions.

**Section A. Governing Body and Management**

|    |   | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body  |     |    |
| 1b | Enter the number of voting members that are independent   |     |    |
| 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? See Schedule O                                 | X   |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets?   |     | X  |
| 6  | Does the organization have members or stockholders?   |     | X  |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| 8a | a The governing body?   | X   |    |
| 8b | b Each committee with authority to act on behalf of the governing body?   | X   |    |
| 9  | 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      |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

|     | Yes   | No |
|-----|---|----|
| 10a |   | X  |
| 10b |   |    |
| 11  | X   |    |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O |    |
| 12a | X   |    |
| 12b | X   |    |
| 12c | X   |    |
| 13  | X   |    |
| 14  | X   |    |
| 15  |   |    |
| 15a | X   |    |
| 15b | X   |    |
| 16a |   | X  |
| 16b |   |    |

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed NY
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     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 Schedule O
- 20 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 VIII Statement of Revenue**

|  |  | (A)<br>Total revenue                                     | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |          |
|--|--|--|--|---|---|----------|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b>      | <b>1 a</b> Federated campaigns   | <b>1 a</b>   |  |   |   |          |
|  | <b>b</b> Membership dues   | <b>1 b</b>   |  |   |   |          |
|  | <b>c</b> Fundraising events  | <b>1 c</b>   |  |   |   |          |
|  | <b>d</b> Related organizations   | <b>1 d</b>   |  |   |   |          |
|  | <b>e</b> Government grants (contributions)   | <b>1 e</b>   |  |   |   |          |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | <b>1 f</b>   |  |   |   |          |
|  | <b>g</b> Noncash contribns included in lns 1a-1f   | \$   |  |   |   |          |
| <b>h Total.</b> Add lines 1a-1f  |  |  |  |   |   |          |
| <b>PROGRAM SERVICE REVENUE</b>   | <b>Business Code</b>   |  |  |   |   |          |
|  | <b>2 a</b> -----   |  |  |   |   |          |
|  | <b>b</b> -----   |  |  |   |   |          |
|  | <b>c</b> -----   |  |  |   |   |          |
|  | <b>d</b> -----   |  |  |   |   |          |
|  | <b>e</b> -----   |  |  |   |   |          |
|  | <b>f</b> All other program service revenue.  |  |  |   |   |          |
| <b>g Total.</b> Add lines 2a-2f  |  |  |  |   |   |          |
| <b>OTHER REVENUE</b>   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts)  |  |  |   |   |          |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |  |  |   |   |          |
|  | <b>5</b> Royalties   |  |  |   |   |          |
|  | <b>6 a</b> Gross Rents   | (i) Real   | 505,004.   |   |   |          |
|  |  | (ii) Personal  |  |   |   |          |
|  |  | <b>b</b> Less. rental expenses                           | 139,436.   |   |   |          |
|  | <b>c</b> Rental income or (loss)   | 365,568.   |  |   |   |          |
|  | <b>d</b> Net rental income or (loss)   |  | 365,568.   |   | 1,423.  | 364,145. |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   |  |   |   |          |
|  |  | (ii) Other   |  |   |   |          |
|  |  | <b>b</b> Less. cost or other basis<br>and sales expenses |  |   |   |          |
|  |  | <b>c</b> Gain or (loss)                                  |  |   |   |          |
|  | <b>d</b> Net gain or (loss)  |  |  |   |   |          |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>   |  |   |   |          |
|  |  | <b>b</b> Less: direct expenses                           |  |   |   |          |
| <b>c</b> Net income or (loss) from fundraising events                  |  |  |  |   |   |          |
| <b>9 a</b> Gross income from gaming activities<br>See Part IV, line 19 | <b>a</b>   |  |  |   |   |          |
|  | <b>b</b> Less: direct expenses   |  |  |   |   |          |
|  | <b>c</b> Net income or (loss) from gaming activities   |  |  |   |   |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances   | <b>a</b>   |  |  |   |   |          |
|  | <b>b</b> Less. cost of goods sold  |  |  |   |   |          |
|  | <b>c</b> Net income or (loss) from sales of inventory  |  |  |   |   |          |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>                                     |  |   |   |          |
| <b>11 a</b> -----  |  |  |  |   |   |          |
|  | <b>b</b> -----   |  |  |   |   |          |
|  | <b>c</b> -----   |  |  |   |   |          |
|  | <b>d</b> All other revenue   |  |  |   |   |          |
|  | <b>e Total.</b> Add lines 11a-11d  |  |  |   |   |          |
| <b>12 Total revenue.</b> See instructions                              |  | 365,568.   | 0.   | 1,423.                                  | 364,145.  |          |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 364,785.              | 364,785.                        |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 0.                    | 0.                              | 0.                                     | 0.                          |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 225.                  |                                 | 225.                                   |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Prof fundraising svcs See Part IV, ln 17  |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  | 202.                  |                                 | 202.                                   |                             |
| 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.)   |                       |                                 |  |                             |
| a Accounting  | 3,476.                |                                 | 3,476.                                 |                             |
| b Taxes and fees  | 500.                  |                                 | 500.                                   |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e   |                       |                                 |  |                             |
| f All other expenses  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 369,188.              | 364,785.                        | 4,403.                                 | 0.                          |
| 26 Joint costs. Check here <input type="checkbox"/> 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 |                       |                                 |  |                             |

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**Part IX Balance Sheet**

|                             |  | (A)<br>Beginning of year   |            | (B)<br>End of year |            |
|-----------------------------|--|--|------------|--------------------|------------|
| ASSETS                      | 1  | Cash – non-interest-bearing  | 29,518.    | 1                  | 4,542.     |
|                             | 2  | Savings and temporary cash investments   | 2,674,339. | 2                  | 2,799,373. |
|                             | 3  | Pledges and grants receivable, net   |            | 3                  |            |
|                             | 4  | Accounts receivable, net   |            | 4                  |            |
|                             | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. . . . .         |            | 5                  |            |
|                             | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L     |            | 6                  |            |
|                             | 7  | Notes and loans receivable, net  |            | 7                  |            |
|                             | 8  | Inventories for sale or use  |            | 8                  |            |
|                             | 9  | Prepaid expenses and deferred charges  |            | 9                  |            |
|                             | 10a  | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   | 42,000.    |                    |            |
|                             | b  | Less: accumulated depreciation   | 42,000.    | 10c                | 42,000.    |
|                             | 11   | Investments – publicly-traded securities   |            | 11                 |            |
|                             | 12   | Investments – other securities See Part IV, line 11  |            | 12                 |            |
|                             | 13   | Investments – program-related See Part IV, line 11   |            | 13                 |            |
|                             | 14   | Intangible assets  |            | 14                 |            |
|                             | 15   | Other assets See Part IV, line 11  | 253,844.   | 15                 | 230,685.   |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,999,701.   | 16         | 3,076,600.         |            |
| LIABILITIES                 | 17   | Accounts payable and accrued expenses  | 494,065.   | 17                 | 574,584.   |
|                             | 18   | Grants payable   |            | 18                 |            |
|                             | 19   | Deferred revenue   |            | 19                 |            |
|                             | 20   | Tax-exempt bond liabilities  |            | 20                 |            |
|                             | 21   | Escrow or custodial account liability Complete Part IV of Schedule D .   |            | 21                 |            |
|                             | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties   |            | 24                 |            |
|                             | 25   | Other liabilities Complete Part X of Schedule D  |            | 25                 |            |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25  | 494,065.   | 26                 | 574,584.   |
| NET ASSETS OR FUND BALANCES | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b> |  |            |                    |            |
|                             | 27   | Unrestricted net assets  | 2,505,636. | 27                 | 2,502,016. |
|                             | 28   | Temporarily restricted net assets  |            | 28                 |            |
|                             | 29   | Permanently restricted net assets  |            | 29                 |            |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                         |  |            |                    |            |
|                             | 30   | Capital stock or trust principal, or current funds   |            | 30                 |            |
|                             | 31   | Paid-in or capital surplus, or land, building, and equipment fund  |            | 31                 |            |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds   |            | 32                 |            |
| 33                          | <b>Total net assets or fund balances.</b>  | 2,505,636.   | 33         | 2,502,016.         |            |
| 34                          | <b>Total liabilities and net assets/fund balances</b>  | 2,999,701.   | 34         | 3,076,600.         |            |

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**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

3a 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
| 3b |     |    |

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Form 990 (2009)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No 1545 0047

**2009**

**Open to Public Inspection**

Name of the organization

UBF Corporation

Employer identification number

51-0164454

**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                             |
|--|-------------------------|--|
| 1 Total number at end of year  |                         |  |
| 2 Aggregate contributions to (during year)   |                         |  |
| 3 Aggregate grants from (during year)  |                         |  |
| 4 Aggregate value at end of year   |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 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 for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part III Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space   |  |

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

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?  Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 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 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

|     | Amount |
|-----|--------|
| 1 c |        |
| 1 d |        |
| 1 e |        |
| 1 f |        |

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| 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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      | 42,000                          |                              | 42,000         |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 42,000         |

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**Part VII: Investments—Other Securities** See Form 990, Part X, line 12. N/A

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives   |                |   |
| Closely-held equity interests.  |                |   |
| Other   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990 Part X, col (B) line 12.) ▶ |                |   |

**Part VIII: Investments—Program Related** (See Form 990, Part X, line 13) N/A

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, Col (B) line 13.) ▶ |                |   |

**Part IX: Other Assets** (See Form 990, Part X, line 15)

| (a) Description  | (b) Book value |
|--|----------------|
| REAL ESTATE DEVELOPMENT COSTS  | 230,685.       |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B), line 15) ▶ | 230,685.       |

**Part X: Other Liabilities** (See Form 990, Part X, line 25)

| (a) Description of Liability  | (b) Amount |
|---|------------|
| Federal Income Taxes  |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ |            |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |  |  |          |
|----|--|--|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 |  | 365,568. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  |  | 369,188. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            |  | -3,620.  |
| 4  | Net unrealized gains (losses) on investments   |  |          |
| 5  | Donated services and use of facilities   |  |          |
| 6  | Investment expenses  |  |          |
| 7  | Prior period adjustments   |  |          |
| 8  | Other (Describe in Part XIV)   |  |          |
| 9  | Total adjustments (net). Add lines 4 through 8   |  |          |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 |  | -3,620.  |

**Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |          |          |
|---|---|----|----------|----------|
| 1 | Total revenue, gains, and other support per audited financial statements      |    | 1        | 505,004. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |          |          |
|   | a Net unrealized gains on investments   | 2a |          |          |
|   | b Donated services and use of facilities                                      | 2b |          |          |
|   | c Recoveries of prior year grants   | 2c |          |          |
|   | d Other (Describe in Part XIV) See Part XIV                                   | 2d | 139,436. |          |
|   | e Add lines 2a through 2d   | 2e |          | 139,436. |
| 3 | Subtract line 2e from line 1  | 3  |          | 365,568. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1           |    |          |          |
|   | a Investments expenses not included on Form 990, Part VIII, line 7b           | 4a |          |          |
|   | b Other (Describe in Part XIV)  | 4b |          |          |
|   | c Add lines 4a and 4b   | 4c |          |          |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  |          | 365,568. |

**Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |   |    |          |          |
|---|---|----|----------|----------|
| 1 | Total expenses and losses per audited financial statements                    |    | 1        | 505,004. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25              |    |          |          |
|   | a Donated services and use of facilities                                      | 2a |          |          |
|   | b Prior year adjustments  | 2b |          |          |
|   | c Other losses  | 2c |          |          |
|   | d Other (Describe in Part XIV) See Part XIV                                   | 2d | 139,436. |          |
|   | e Add lines 2a through 2d   | 2e |          | 139,436. |
| 3 | Subtract line 2e from line 1  | 3  |          | 365,568. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:            |    |          |          |
|   | a Investments expenses not included on Form 990, Part VIII, line 7b           | 4a |          |          |
|   | b Other (Describe in Part XIV) See Part XIV                                   | 4b | 3,620.   |          |
|   | c Add lines 4a and 4b   | 4c |          | 3,620.   |
| 5 | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 5  |          | 369,188. |

**Part XIV: Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

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

| (e) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

**Part I, Line 2 - Grantmaker's Description of How Grants are Used**

UBF Corp.'s assistance to organizations in the US 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. The organizations receiving benefit do not utilize the funds for political endeavors.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

UBF Corporation

Employer identification number

51-0164454

**Part III Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g , 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

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

**a** The organization?

**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

**7** For person 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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|     | Yes | No |
|-----|-----|----|
| 1 a |     |    |
| 1 b |     |    |
| 2   |     |    |
| 3   |     |    |
| 4 a |     | X  |
| 4 b |     | X  |
| 4 c |     | X  |
| 5 a |     |    |
| 5 b |     |    |
| 6 a |     |    |
| 6 b |     |    |
| 7   |     |    |
| 8   |     |    |
| 9   |     |    |



**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.

--- Compensation from Unrelated Organizations ---

--- UBF Corp. 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)**

**Supplemental Information to Form 990**

OMB No 1545 0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UBF Corporation

Employer identification number

51-0164454

**Form 990, Part III, Line 1 - Organization Mission**

The mission of the organization is to hold title to, acquire, sell, lease, and improve and develop lands, buildings, and other real property improvements for the benefit of the State University of New York at Buffalo and the University at Buffalo Foundation, Inc.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Board of Director members Frank L.Ciminelli and Paul F. Ciminelli are related through a father-son relationship.

**Form 990, Part VI, Line 11 - 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.

**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.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgmtment**

The organization does not compensate any officers, directors, or key employees. Certain individuals received compensation from a related organization and the process of determining compensation are conducted at the related organization's level.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The financial statements are available on the organization's website. Bylaws and policies will be provided directly upon request. A copy of the organization's Form 990 is available at [www.guidestar.org](http://www.guidestar.org).

Name of the organization

UBF Corporation

Employer identification number

51-0164454

Area with horizontal dashed lines for supplemental information.



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

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary Activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Disproportionate allocations? |    | (I)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J)<br>General or managing partner? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
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| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
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| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |

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

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary Activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Type of entity (C corp, S corp, or trust) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |
| -----   |                         |  |                                  |  |                              |                                    |                             |

**Part V. Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV |     |    |
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   | 1a  | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)   | 1b  | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s)   | 1c  | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s)  | 1d  | X  |
| <b>e</b> Loans or loan guarantees by other organization(s)   | 1e  | X  |
| <b>f</b> Sale of assets to other organization(s)   | 1f  | X  |
| <b>g</b> Purchase of assets from other organization(s)   | 1g  | X  |
| <b>h</b> Exchange of assets  | 1h  | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s)  | 1i  | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s)  | 1j  | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)  | 1k  | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)   | 1l  | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets  | 1m  | X  |
| <b>n</b> Sharing of paid employees   | 1n  | X  |
| <b>o</b> Reimbursement paid to other organization for expenses   | 1o  | X  |
| <b>p</b> Reimbursement paid by other organization for expenses   | 1p  | X  |
| <b>q</b> Other transfer of cash or property to other organization(s).  | 1q  | X  |
| <b>r</b> Other transfer of cash or property from other organization(s).  | 1r  | 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 thresholds.

| (1) | (A)<br>Name of other organization | (B)<br>Transaction type (a-r) | (C)<br>Amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|
| (1) |                                   |                               |                        |
| (2) |                                   |                               |                        |
| (3) |                                   |                               |                        |
| (4) |                                   |                               |                        |
| (5) |                                   |                               |                        |
| (6) |                                   |                               |                        |



**Part III Continuation of Identification of Related Tax-Exempt Organizations**

| (A)<br>Name, address, and EIN of related organization                               | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| FNUB, Inc.<br>Box 900<br>Buffalo, NY 14226<br>16-1537468                            | Educational Services    | NY   | 501(c)(3)                  | 11b   | N/A                              |
| Univ at Buffalo Found Incubator, Inc.<br>Box 900<br>Buffalo, NY 14226<br>16-1301210 | Educational Services    | NY   | 501(c)(3)                  | 11b   | N/A                              |
| UBF Faculty - Student Housing Corp.<br>Box 900<br>Buffalo, NY 14226<br>16-1372560   | Educational Services    | NY   | 501(c)(3)                  | 11b   | N/A                              |
| University at Buffalo<br>Crofts Hall<br>Buffalo, NY 14260<br>14-6013200             | Education               | NY   | 501(c)(3)                  | 6   | N/A                              |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |
| -----   | -----                   | -----  | -----                      | -----   | -----                            |

Client UBFCORP

UBF Corporation

51-0164454

4/08/11

11.49AM

**Schedule D, Part XII, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

Rental expense Total \$ 139,436.  
Total \$ 139,436.

**Schedule D, Part XIII, Line 2d  
Other Expenses And Losses Per Audited F/S**

Rental expenses Total \$ 139,436.  
Total \$ 139,436.

**Schedule D, Part XIII, Line 4b  
Other Revenue Included On Form 990 But Not Included In F/S**

intercompany expenses Total \$ 3,620.  
Total \$ 3,620.

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|   |  |   |
|---|--|---|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>UBF Corporation</b>  | Employer identification number<br><b>51-0164454</b><br>For IRS use only |
|   | Number, street, and room or suite number. If a P.O. box, see instructions.<br><b>Box 900</b>                         |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Buffalo, NY 14226</b> |   |

Check type of return to be filed (File a separate application for each return):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **Edward P. Schneider**  
Telephone No **(716) 645-3011** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 11
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

|  |       |
|--|-------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions   | 8a \$ |
| 8b If this application is for Form 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 and any amount paid previously with Form 8868. | 8b \$ |
| 8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs              | 8c \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Edward P. Schneider Title DIRECTOR, ASSETS & REVENUES Date 2/14/11