Form	990	
Departn	nent of the Treasury	1

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No. 1545-0047

Interr	ial Reve		bout Form 990 and			-	0111990.		inspec			
AF	or th	e 2013 calendar year, or tax year begir	nning	07/01, 2013	s, and endin	g			/30, 20 14	:		
R o		C Name of organization					D Employer id	entific	ation number			
D C	heck if ap	UBF FACULIY-SIUDENI HO	OUSING CORP.				16-1372560					
	Addre chang	e Doing Business As										
	Name	change Number and street (or P.O. box if mail is		E Telephone number								
	Initial	return BOX 900		(716) 645-3011								
	Termi	nated City or town, state or province, country, a	and ZIP or foreign postal	code								
	Amen return		C				G Gross receip	ots \$	23,14	3,110.		
	Applic pendi	F Name and address of principal officer:	EDWARD P. S	SCHNEIDER			H(a) Is this a gro subordinates		n for Yes	s X No		
		BOX 900 BUFFALO, NY 14	4226-0900				H(b) Are all subord		cluded? Yes	s 🗌 No		
I	Tax-ex	empt status: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or 52	7	If "No," atta	ch a list.	. (see instructions)			
J	Websi	te: 🕨 WWW.UBFOUNDATION.BUFFAL	O.EDU				H(c) Group exem	ption nu	umber 🕨			
к	Form o	of organization: X Corporation Trust	Association Othe	r 🕨	L Year of	f format	tion: 1997 M	State	of legal domicil	e: NY		
Pa	art I	Summary			•							
		Briefly describe the organization's mission o	r most significant activ	vities: TO SU	PPORT TH	E ED	UCATIONAL	PUI	RPOSES O	 F		
ė		THE UNIV. AT BUFFALO AND TO	-									
and		ACQUIRING, CONSTRUCTING, RE										
Governance	2	Check this box F if the organization d	iscontinued its opera	tions or dispose	ed of more the	an 25%	of its net asset	 S.				
õ		Number of voting members of the governing	•	•				3		9.		
		Number of independent voting members of t						4		9.		
ties		Total number of individuals employed in cale						5		0		
Activities &		Total number of volunteers (estimate if necess						6		9.		
Act		Total unrelated business revenue from Part V	**					7a		0		
		Net unrelated business taxable income from						7b		0		
							Prior Year	1	Current	Year		
	8	Contributions and grants (Part VIII, line 1h)			0		0					
uue		Program service revenue (Part VIII, line 2g)					21,978,55	57.	23,075	5.408.		
Revenue							97,05			5,371.		
Å			stment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							0		
		Total revenue - add lines 8 through 11 (must					22,075,61	0	23,140			
		Grants and similar amounts paid (Part IX, colu					22,075,01	0		0,000.		
		Benefits paid to or for members (Part IX, colu						0	, 1	0,0001		
		Salaries, other compensation, employee bene						0		0		
Expenses		Professional fundraising fees (Part IX, column				0		0				
ben		Total fundraising expenses (Part IX, column (I										
Ě		•••••					20,915,68	27	20 676	5 992		
		Other expenses (Part IX, column (A), lines 11					20,915,68		20,676,992 21,416,992			
		Total expenses. Add lines 13-17 (must equal				<u> </u>	1,159,92			3,787.		
r s	19	Revenue less expenses. Subtract line 18 from				Begin	ning of Current		End of Y			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					.61,914,24		159,55			
Asse Bala	20						.52,192,72		148,313			
und /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21				<u> </u>	9,721,51		11,243			
	rt II	Signature Block	ITOITI IIITE 20				<i>J</i> ,721,J1	0.	11,24.	<u>, 050.</u>		
		<u> </u>	is return including acco		ules and staten	nonte a	and to the best o	fmyk	nowledge and	holiof it is		
true	e, corre	nalties of perjury, I declare that I have examined thinks, and complete. Declaration of preparer (other than	officer) is based on all i	nformation of wh	ich preparer ha	s any kr	nowledge.	i iliy k	inowieuge and			
Sig	n	Signature of officer					Date					
Hei				EVECTO		amon						
		EDWARD P. SCHNEIDER Type or print name and title		EXECUI	IVE DIRE	CIUR						
		Print/Type preparer's name	Preparer's signature		Date				PTIN			
Paic	ł				Date		Check] "		100		
Pre	parer						self-employ		P012454	:02		
Use	Only	Firm's name KPMG LLP					Firm's EIN 🕨 1					
NA -	, th - ''	Firm's address ▶60 SOUTH STREET B					Phone no. 6	o⊥/-	988-1000			
		RS discuss this return with the preparer show		ions)		<u></u>	<u></u>		<u> </u>			
For	Paper	work Reduction Act Notice, see the separat	e instructions.						Form 9	90 (2013)		

Form 8879-EO	for an Exer	ature Authorization npt Organization		OMB No. 1545-1878
	For calendar year 2013, or fiscal year beginning $\underline{0}$		_ , 20 _1_4 _	
Department of the Treasury		he IRS. Keep for your records.	0	2013
Internal Revenue Service Name of exempt organization		d its instructions is at www.irs.gov/form887		antification number
				72560
Name and title of officer	STUDENT HOUSING CORP.		10-10	1200
EDWARD P. SCI	INEIDER, EXECUTIVE DIRE	CTOR		
	eturn and Return Information (Whole			
check the box on line ' leave line 1b, 2b, 3b,	eturn for which you are using this Form 8 Ia, 2a, 3a, 4a, or 5a, below, and the amo 4b, or 5b, whichever is applicable, blank elow. Do not complete more than 1 line in	ount on that line for the return being file (do not enter -0-). But, if you entered	d with this	form was blank, then
1a Form 990 check h	ere 🕨 🔀 b Total revenue, if any (Fo	orm 990, Part VIII, column (A), line 12)	. 1b	23140779.
2a Form 990-EZ chec		ıy (Form 990-EZ, line 9)		
3a Form 1120-POL cl		n 1120-POL, line 22)		
4a Form 990-PF chec		tment income (Form 990-PF, Part VI, lin		
5a Form 8868 check	here 🕨 🛄 b Balance Due (Form 88	68, Part I, line 3c or Part II, line 8c)	^{5b}	
Part II Declaratio	n and Signature Authorization of Offi			
organization's 2013 ele are true, correct, and corganization's electron to send the organizatio the transmission, (b) the authorize the U.S. Trea- financial institution accor- return, and the financia Agent at 1-888-353-45 involved in the processs resolve issues related	ury, I declare that I am an officer of the a actronic return and accompanying schedul omplete. I further declare that the amoun c return. I consent to allow my intermedia n's return to the IRS and to receive from the reason for any delay in processing the r isury and its designated Financial Agent to bunt indicated in the tax preparation softw I institution to debit the entry to this accous 37 no later than 2 business days prior to this ing of the electronic payment of taxes to r to the payment. I have selected a personal applicable, the organization's consent to	les and statements and to the best of n at in Part I above is the amount shown or ate service provider, transmitter, or elec- ne IRS (a) an acknowledgement of recei- return or refund, and (c) the date of any r to initiate an electronic funds withdrawal vare for payment of the organization's fe- unt. To revoke a payment, I must contac- the payment (settlement) date. I also at receive confidential information necessa al identification number (PIN) as my sign	ny knowled n the copy of tronic retur pt or rease efund. If a (direct det ederal taxe of the U.S. uthorize the ary to answ	ge and belief, they of the n originator (ERO) on for rejection of oplicable, I bit) entry to the s owed on this Treasury Financial e financial institutions ver inquiries and
Officer's PIN: check or		[7
X authorize KI	MG LLP	to enter my PIN		as my signature
	ERO firm name		ve numbers, enter all zero:	
being filed with ERO to enter n As an officer of If I have indicat	ation's tax year 2013 electronically filed re a state agency(ies) regulating charities a ny PIN on the return's disclosure consent s the organization, I will enter my PIN as n ed within this return that a copy of the ret ate program, [will enter my PIN on the re	eturn. If I have indicated within this return is part of the IRS Fed/State program, I a screen. ny signature on the organization's tax ye surn is being filed with a state agency(ie	n that a co also authori ear 2013 e	py of the return is ze the aforementioned lectronically filed returr
5		~	1-10-	h m
Officer's signature 🕨 🤇	and Ocheel	Date 🕨 🛇	0.01.6	21013
	ion and Authentication			
	your six-digit electronic filing identificatior I by your five-digit self-selected PIN.	0 4 0	2 7 6 do not ente	
indicated above. I confi	numeric entry is my PIN, which is my sign rm that I am submitting this return in acco red IRS <i>e-file</i> Providers for Business Return	ordance with the requirements of Pub. 4	turn for the 1 63, Mode	e organization rnized e-File (MeF)
ERO's signature	LA_	Date 🕨	5/01/15	
		is Form - See Instructions		
		the IRS Unless Requested To Do S	0	C 0070 EO
For Paperwork Reduct	ion Act Notice, see back of form.			Form 8879-EO (2013)
JSA 3E1676 1.000				

	Page
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission:	
TO SUPPORT THE EDUCATIONAL PURPOSES OF THE UNIVERSITY AT BUFFALO AND	
TO LESSEN THE BURDEN OF GOVERNMENT BY ACQUIRING, CONSTRUCTING,	
RENOVATING AND MAINTAINING RESIDENTIAL FACILITIES FOR	
STUDENTS/FACULTY.	
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	
the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$i, 416,992. including grants of \$) (Revenue \$	_{408.})
THE STATE UNIVERSITY OF NEW YORK AT BUFFALO. ADEQUATE, AFFORDABLE	
HOUSING IS A NECESSARY COMPONENT IN FULFILLING THE EDUCATIONAL PURPOSE OF THE UNIVERSITY.	
- CONFORME OF THE UNIVERSITY.	
b (Code:) (Expenses \$ including grants of \$) (Revenue \$))
c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Id Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)	
te Total program service expenses ► 21,416,992.	
0 2.000	orm 990 (2013
0320GG 1592 V 13-7.15 2490705	PAGE

_			F	Page 3
Part	V 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,"		37	
-	complete Schedule A	1	Х	v
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			37
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		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	18		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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

_	90 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d		24d		X
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			-
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	04		
D D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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 10b			
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.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

2490705

Form 9	16-1372 UBF FACULTY-STUDENT HOUSING CORP. 16-1372	2560		Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management	<u> </u>	<u> </u>	Δ
000	ion A. Ooverning body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year)		
Id	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		e)	
		000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable antity during the year?	16a		x
b	with a taxable entity during the year?	104		
N	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{1}^{NY}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
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 14226-0900 716-645-3011	ne		

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Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors	b								
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
	a this table for all parameters assumed to be listed. Depart componential for the colorday year andian with an within th									

Koy Employees

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

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unless	s per	ition more rson i	than o is both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)RAVINDAR_BANSAL DIRECTOR	1.00	x							0	0
(2)SHELDON BERLOW	1.00			_					0	0
DIRECTOR	3.00	x							0	0
(3)GARY BICHLER	1.00									
DIRECTOR	4.00	Х						C	0	0
_(4)THOMAS_BLACK DIRECTOR	1.00	X						C	0	0
	1.00	X		x				C	0	0
	1.00	x						C	0	0
JORDAN LEVY DIRECTOR	1.00	x						C	0	0
(8) JEAN POWERS DIRECTOR	1.00	x						ſ	0	0
	1.00	x						(0
(10)EDWARD SCHNEIDER EXECUTIVE DIRECTOR	<u> </u>			x						47,744.
(11)				Δ					172,449.	4/,/44.
(12)										
(13)										
(14)										

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	990 (2013) t VII Section A. Officers, Directors, Tru	istoos Ka		nlo		00	and L	امال	hast Component	od Employ		ontinuo		Page 8
(A) Name and title		(A) Name and title Name and title Name and title (C) Average hours per week (list any hours for hours for hours for							(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from	(F) Estima		of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d relate anizatio	on ed
			-											
1b	Sub-total							►	C	192	,449.		47,7	744.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	_		•••	•••	•••			C C		0,449.		47,7	744.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re	ceived more than					
_													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sort or any individual listed organizations and related organizations groups and the second secon													
	<i>individual</i> Did any person listed on line 1a receive or			• •	• •	• •		• •				4	Х	
	for services rendered to the organization? If "Ye											5		X
	tion B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							(B) Description of se	ervices	C	(C) ompens	ation	
ΑT	TACHMENT 1							+						
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				nite	d to	thos 7	e li	isted above) who	received				

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		Check if Schedule O c	•		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
s, G	c	Fundraising events						
lar Iar	d	Related organizations						
ns, Simi	e	Government grants (contribu						
er S	f	All other contributions, gifts, gran	· ·					
cth Dth		and similar amounts not included						
ont	g	Noncash contributions included	in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u></u>	<u></u>	0			
nue				Business Code				
eve	2a	HOUSING PROGRAM		611710	23,075,408.	23,075,408.		_
Se R	b							_
rvic	с							
Se	d							
Program Service Revenue	е							
log	f	All other program service rev						-
<u> </u>	g	Total. Add lines 2a-2f	<u></u> .	<u></u>	23,075,408.			
	3	Investment income (includin	•					
		other similar amounts)			67,452.			67,452.
	4	Income from investment of t			0			
	5	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	L					
	d	Net rental income or (loss	(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of	()	250.				
		assets other than inventory		250.				
	b	Less: cost or other basis		2,331.				
	•	and sales expenses		-2,081.				
	c d	Net gain or (loss)			-2,081.			-2,081.
e		Gross income from fundra						
nu	ou	events (not including \$	-					
eve		of contributions reported on						
Other Revenue		See Part IV, line 18						
Jer	b	Less: direct expenses						
oti	с	Net income or (loss) from fu			0			
•	9a	Gross income from gaming a See Part IV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from ga			0			
	10a	Gross sales of invent	-					
		returns and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sa	les of inventory	<u></u>	0			
		Miscellaneous Reven	lue	Business Code				
	11a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d •			0			
	12	Total revenue. See instruction	ons		23,140,779.	23,075,408.		65,371.

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-		TY-STUDENT HOUS	ING CORP.	16-1	1372560 Page 1(
	Int IX Statement of Functional Expenses				(4)
See	ction 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	740,000.	740,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	1 196 119	1 196 110		
	Management	4,186,449.	4,186,449.		
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	75,468.	75,468.		
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	60,603.	60,603.		
12	Advertising and promotion	10,651.	10,651.		
13	Office expenses	41,626.	41,626.		
14	Information technology	0			
15	Royalties	0	10.076.677		
16	Occupancy	10,376,657.	10,376,657.		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	E CO4 1CC		
22	Depreciation, depletion, and amortization	5,684,166.	5,684,166.		
23		0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2	ADMINISTRATIVE	112,389.	112,389.		
-	FIRE & SAFETY	59,914.	59,914.		
	OTHER EXPENSES	37,585.	37,585.		
	BAD_DEBT_EXPENSE	31,484.	31,484.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	21,416,992.	21,416,992.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
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Fee		UBF FACULTY-STUDENT HOUSING CORP.		ΤŪ	13/256U
	n 990 (2 rt X	Balance Sheet			Page 11
Га		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	33,412,545.	2	34,638,142.
	3	Pledges and grants receivable, net	00,111,010,	3	0
	4	Accounts receivable, net	1,301,448.	4	176,473.
	5	Loans and other receivables from current and former officers, directors,	_,,		,
		trustees, key employees, and highest compensated employees.			
		Complete Dart II of Schodule I	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section		-	
		4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	-	0
SS	8	Inventories for sale or use	0	8	0
4	9	Prepaid expenses and deferred charges	286,490.	9	1,077,517.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 159,877,646.			
	b	Less: accumulated depreciation 10b 46,256,338.	116,525,424.	10c	113,621,308.
	11	Investments - publicly traded securities	4,825,694.	11	4,698,023.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,562,640.	15	5,346,044.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	161,914,241.	16	159,557,507.
	17	Accounts payable and accrued expenses	3,490,292.	17	4,032,459.
	18	Grants payable	0	18	0
	19	Deferred revenue	503,581.	19	50,349.
	20	Tax-exempt bond liabilities	140,636,413.	20	137,218,309.
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
iab		trustees, key employees, highest compensated employees, and			
_		disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	~~	of Schedule D	7,562,439.	25	7,012,534.
	26	Total liabilities. Add lines 17 through 25	152,192,725.	26	148,313,651.
ŝ		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
nce	27		9,721,516.	27	11,243,856.
ala	28	Unrestricted net assets Temporarily restricted net assets	0,721,910	28	0
а р	29	Permanently restricted net assets	0		0
'n		Organizations that do not follow SFAS 117 (ASC 958), check here and and		20	
Ϋ́		complete lines 30 through 34.			
Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,721,516.	33	11,243,856.
	34	Total liabilities and net assets/fund balances	161,914,241.	34	159,557,507.
					Eorm 990 (2013)

UBF FACULTY-STUDENT HOUSING CORP.

Form 99	90 (2013)				Pa	ge 12		
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	3,1	40,7	79.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	21,416,992		92.		
3	Revenue less expenses. Subtract line 2 from line 1	3			23,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,7	21,5	516.		
5	Net unrealized gains (losses) on investments	5		-201,447				
6	Donated services and use of facilities	6				0		
7	Investment expenses	7				0		
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))							
Part								
	Check if Schedule O contains a response or note to any line in this Part XII			• •				
			-		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•• -	2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight						
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	-	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?		•••	3a		X		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A

(Form	990	or	990-	·EZ)
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Public Charity Status and Public Support

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

		t of the Treasury /enue Service	► Information ab	out Scł	► Attach to Form 990 nedule A (Form 990 or 990-	or Fori EZ) and	m 990-l its inst	EZ. tructions	s is at wv	vw.irs.go	ov/form9	90.	Open to Inspec		С
Nam	e of t	he organization								Emplo	yer iden	tificati	on num	ber	
UBE	FA	CULTY-STUD	ENT HOUSING	CORE	2.						16-	-137	2560		
Ра	rt I	Reason for	Public Charity	Statu	s (All organizations mι	ust con	nplete	this pa	art.) Se	e instr	uctions				
The	orga	nization is not	a private foundat	tion be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, con	vention of churcl	hes, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)).				
2	\square	A school desc	cribed in section	170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3		A hospital or	a cooperative ho	spital s	service organization descr	ibed in	sectio	n 170(b	o)(1)(A)	(iii).					
4		A medical re	search organizat	tion op	erated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(b)(1)(A)(iii).	Enter	the
		hospital's nam	ne, city, and state	:											
5		An organizati	on operated for	the be	nefit of a college or univ	versity	owned	l or op	erated b	oy a go	vernme	ntal u	unit des	scribe	d in
		section 170(b)(1)(A)(iv). (Com	nplete F	Part II.)										
6		A federal, sta	te, or local gover	rnment	or governmental unit des	scribed	in sect	ion 170)(b)(1)(/	A)(v).					
7		An organizati	on that normally	receiv	es a substantial part of it	ts supp	ort fro	om a go	overnme	ental ur	nit or fro	om th	e gene	ral p	Jolidu
					. (Complete Part II.)										
8					on 170(b)(1)(A)(vi). (Con	•	,								
9	Х	-	-		es: (1) more than 331/39									-	
					s exempt functions - sub	•				• • •					
	support from gross investment income and unrelated business taxable income (less section 511 tax) from business										sses				
			-		ne 30, 1975. See section	-		-		-					
10		-	-	-	ated exclusively to test for	-	-				-				41
11		-	-		rated exclusively for the			•							
			-	-	upported organizations do bes the type of supporting					-				e sec	tion
		a Type			c Type III-Functio	-					I-Non-fu	-		toarat	bot
е					e organization is not con	-	-			••			•	-	
U			-		other than one or more			-	-	-			-		
		or section 509	-			publici	y oupp		iganiza					000(0	•/(•)
f				a writte	en determination from th	e IRS	that it	is a T	vpe L T	vpe II.	or Type	e III s	support	ina	
-		-	check this box						JF, .	, je,					
g			-	ie orga	nization accepted any gif	t or co	ntributi	ion fron	n any of	the		• • •			
		following pers		Ū	, ,,,										
				indired	ctly controls, either alone	or tog	ether v	with pe	rsons d	escribe	d in (ii)	and		Yes	No
					f the supported organizati								11g(i)		
		(ii) A family	member of a per	son de	scribed in (i) above?								11g(ii)		
		(iii) A 35% co	ontrolled entity of	f a pers	son described in (i) or (ii) a	above?							11g(iii)		
h		Provide the fo	llowing informati	ion abo	out the supported organiz	ation(s)).								
		ame of supported	d (ii) Ell	N	(iii) Type of organization (described on lines 1-9	(iv)	ls the zation in		ou notify		Is the	(vii)	Amount o		etary
		organization			above or IRC section	col. (i)	listed in overning		anization i) of your		zation in organized		suppo	JIL	
					(see instructions))	docu	ment?		port?		U.S.?	-			
						Yes	No	Yes	No	Yes	No				
(A)															
(B)															
(C)															
(D)															
						1									
(E)															
Tota	al														

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

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Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Sec	tion A. Public Support										
membership fees received. (Do not include any 'unusual grants'). Image: construction of the constru	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge	1	membership fees received. (Do not										
funished by a governmental unit to the organization without charge	2	organization's benefit and either paid										
5 The portion of total contributions by governmental unit or publicly supported organization) included on line 11 the seceed 2% of the amount shown on line 11, column (f)	3	furnished by a governmental unit to the organization without charge										
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6 Public support. Subtract line 5 from line 4. Section B. Total Support 2calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount										
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4	6											
Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 (d) 2012 (e) 2013 (f) Total 8 Gross income from interest, dividends, payments: received on securities loans, retis, royatiles and income from similar sources,	Sec			•								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on	_	••	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
ayments 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	7	Amounts from line 4										
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar										
loss from the sale of capital assets (Explain in Part IV.) Image: Capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 15 Section C. Computation of Public Support Percentage 15 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. 16 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. <td< th=""><td>9</td><td>activities, whether or not the business</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	9	activities, whether or not the business										
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33 1/3 % support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 b 331/3 % support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. 10 b 10%-or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 10 b 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 10 b 10%-facts-and-circumstances test	10	loss from the sale of capital assets										
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 15 Public support percentage from 2012 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Sup	port Percenta	ige			1 1					
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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		-						-				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						•		a publicly				
instructions	18							e				
		instructions	<u></u>		<u></u>		<u></u>	►				

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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 Part III
 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

 Section A. Public Support

		(-) 0000	(1-) 0040	(-) 0044	(1) 0040	(-) 0040	(f) Tatal
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	15,606,654.	16,606,962.	21,004,288.	21,978,557.	23,075,408.	98,271,869.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						0
5	furnished by a governmental unit to the						
	, .						
•	organization without charge						0
6	Total. Add lines 1 through 5	15,606,654.	16,606,962.	21,004,288.	21,978,557.	23,075,408.	98,271,869.
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						0
U	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b.						0
8	Public support (Subtract line 7c from						
	line 6.)						98,271,869.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	15,606,654.	16,606,962.	21,004,288.	21,978,557.	23,075,408.	98,271,869.
10 a	Gross income from interest, dividends,						· · · ·
	payments received on securities loans,						
	rents, royalties and income from similar	427 004	622 446	764 160	07 059	67,452.	1 000 100
h	sources Unrelated business taxable income (less	427,004.	632,446.	764,162.	97,058.	07,452.	1,988,122.
b	· ·						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	427,004.	632,446.	764,162.	97,058.	67,452.	1,988,122.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
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.)	16,033,658.	17,239,408.	21,768,450.	22,075,615.	23,142,860.	100,259,991.
14	First five years. If the Form 990 is for		n's first, second,				c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			חn (f))		15	98.02%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2013 (lin			3 column (f))		17	1.98%
18	Investment income percentage for 2012 (in					18	<u> </u>
				on line 14 and			
isa	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3%, check		•		. ,		
20 JSA	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b			
	1 1.000				S	chedule A (Form 9	90 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEE	DULE	D
(Form	990)	

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

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			► Information about Schedule	s.gov/form990.	Open to Public Inspection		
Name	e of the or	rganization				Employer identifica	tion number
UBF	FACU	JLTY-STUD	DENT HOUSING CORP.			16-13725	60
Pa			ons Maintaining Donor Advis f the organization answered "			Accounts.	
				(a) Donor advis	ed funds	(b) Funds and	other accounts
1	Total r	number at e	nd of year				
2			utions to (during year)				
3		-	from (during year)				
4			it end of year				
5		-	on inform all donors and donor	advisors in writing that	the assets held in	donor advised	
		-	nization's property, subject to the	-			Yes No
6			on inform all grantees, donors, ar				
		-	purposes and not for the benefi				
	•		issible private benefit?		•		Yes No
Pa			on Easements. Complete if the				ne 7.
1			servation easements held by the				
	F	Preservation	of land for public use (e.g., recr	eation or education)	Preservation o	of an historically im	portant land area
	F	Protection of	natural habitat		Preservation o	of a certified histor	ic structure
	F	Preservation	of open space				
2	Compl	lete lines 2a	through 2d if the organization h	eld a qualified conserva	tion contribution in	the form of a con	servation
			ast day of the tax year.				
						Held at the	End of the Tax Year
а	Total r	number of co	onservation easements			2a	
b			tricted by conservation easements			2b	
с			vation easements on a certified			2c	
d	Numbe	er of conser	vation easements included in (c)	acquired after 8/17/06	, and not on a		
			isted in the National Register			2d	
3			vation easements modified, tran				ation during the
		ar 🕨				, ,	5
4	Numbe	er of states	where property subject to conse	rvation easement is loca	ated ►		
5			tion have a written policy regard			ndling of	
		-	orcement of the conservation ea			-	Yes No
6			r hours devoted to monitoring, ir				vear
	▶				-	0	
7	Amour	nt of expens	es incurred in monitoring, inspec	ting, and enforcing con	servation easemer	nts during the year	
	▶\$_					0,	
8	Does	each conser	vation easement reported on lin	e 2(d) above satisfy the	e requirements of se	ction 170(h)(4)(B)	
)(h)(4)(B)(ii)?		-		Yes No
9	In Part	t XIII, descri	be how the organization reports	conservation easement	ts in its revenue and	l expense statemer	nt, and
	balanc	e sheet, an	d include, if applicable, the text of	of the footnote to the or	ganization's financi	al statements that	describes the
			ounting for conservation easeme				
Pa	rt III		tions Maintaining Collections			r Similar Assets	
		Complete	e if the organization answered	"Yes" to Form 990, F	Part IV, line 8.		
1a	lf the works public	organizatior of art, hist service, pro	n elected, as permitted under SI orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), no ar assets held for pub potnote to its financial s	ot to report in its i lic exhibition, educ tatements that des	revenue statemen cation, or researc cribes these items	t and balance sheet th in furtherance of
b	works	of art, hist	n elected, as permitted under son or other similar treasures, or other similar vide the following one unter relation	ar assets held for pub			
			vide the following amounts relation				
			uded in Form 990, Part VIII, line ²				
•			d in Form 990, Part X				
2			n received or held works of a				al gain, provide the
-		-	s required to be reported under S		-		
a	Reven	iues include	d in Form 990. Part VIII. line 1				

JSA

b Assets included in Form 990, Part X

▶ \$

Schedule D (Form 990) 2013

_	dule D (Form 990) 2013								Page 2
Par	t III Organizations Maintaining Co	lections of	Art, Hist	orical T	reasures,	or Oth	er Similar Ass	ets (contin	nued)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and o	other recor	ds, check	any of th	ne follow	ing that are a sig	gnificant use	e of its
а	Public exhibition		d	Loan c	or exchang	e progran	ns		
b	Scholarly research		e						
с	Preservation for future generations								
4	Provide a description of the organization	's collections	s and expla	ain how t	hev furthe	r the ord	anization's exem	pt purpose	in Part
-	XIII.				,				
5	During the year, did the organization solic	it or receive o	donations o	fart histo	orical treas	ures or c	other similar		
•	assets to be sold to raise funds rather than							Yes	No
Par	t IV Escrow and Custodial Arrange or reported an amount on Form	ments. Con	nplete if th						line 9,
		1 000, 1 art 7	<u>,</u>						
1a	Is the organization an agent, trustee, custo								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part X	III and compl	ete the foll	owing tab	le:	_			
							Amount		
С	Beginning balance					;			
d	Additions during the year					I			
е	Distributions during the year)			
f	Ending balance								
2a	Did the organization include an amount of	n Form 990,	Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part X								
Par	t V Endowment Funds. Complete	if the organ	ization ans	wered "	Yes" to Fo	orm 990,	Part IV, line 10.		
	(a)	Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c	urrent year e	nd balance	(line 1g,	column (a)) held as:			
а	Board designated or quasi-endowment		%			-			
b	Permanent endowment	~	-						
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and $\overline{2c sl}$	nould equal 1	00%.						
3a	Are there endowment funds not in the pos	ssession of tl	he organiza	tion that	are held a	nd admin	istered for the		
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ons listed as	required on	Schedule	R?			3b	
4	Describe in Part XIII the intended uses of	the organizat	ion's endov	vment fun	ids.				
Par	t VI Land, Buildings, and Equipmen Complete if the organization ar	t. Iswered "Ye	es" to Form	n 990, Pa	art IV, line	11a. Se	e Form 990, Pa	rt X, line 10).
	Description of property	(a) Cost or	other basis	(b) Cost o	r other basis	(c) Acc	umulated	(d) Book value	
1a	Land		tment)	· · ·	04,658.	depre	eciation	404	,658.
b	Buildings				55,157.	38 10	90,692.	104,564	
c c	Leasehold improvements				25,453.		01,748.	4,323	
d	Equipment				<u>23,433.</u> 92,378.	+	53,898.	4,323	
	Other	-		±0,7	, , , , , , , , , , , , , , , , , , ,	0,40		т, 340	,100.
	I. Add lines 1a through 1e. (Column (d) mu		n 990 Part	X columr	(R) line 1	$\Omega(c)$		113,621	308
1010				, oolumi		•(•)•/• •		110,021	, 500.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other__ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2)(3) (4)(5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(4)(5)(6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 6,827,158 (2) INTEREST RATE SWAP (3) SECURITY DEPOSITS 185,376 (4)(5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 7,012,534. ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Х

Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	22,939,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -201, 447.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-201,447.
3	Subtract line 2e from line 1	3	23,140,779.
4	Amounts 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 XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,140,779.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	21,416,992.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С			
d	Other losses 2c Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	21,416,992.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,416,992.
	XIII Supplemental Information.		na 4. Dart V. lina
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	ne 4; Part X, line
SEE	PAGE 5		

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT UBF FACULTY-STUDENT HOUSING CORP. IS QUALIFIED UNDER SECTION 501(C)(3) ON THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS, AND IS ALSO NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(3) OF TH INTERNAL REVENUE CODE. UBF FACULTY-STUDENT HOUSING CORP. FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY IT RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AT JUNE 30, 2014.

Schedule D (Form 990) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	омв №. 1545-0047 20 13									
Department of the Treasury Internal Revenue Service	rtment of the Treasury ► Attach to Form 990.										
Name of the organization		Employer identification number									
UBF FACULTY-STUDENT HOUSING CORP. 16-137256											
Part I General Information on Grants and Assistance											
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										

the selection criteria used to award the grants or assistance? **X** Yes **No 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY AT BUFFALO							
CROFTS HALL BUFFALO, NY 14226	14-6013200	GOVERNMENT	740,000.				UNIVERSITY SUPPORT
_(2)	-						
_(3)	-						
_(4)	-						
_(5)	-						
_(6)	-						
_(7)	-						
_(8)	-						
_(9)	-						
(10)	-						
(11)	-						
(12)	-						
 2 Enter total number of section 501(c)(3) and ge 3 Enter total number of other organizations lister 	overnment or d in the line	rganizations list 1 table	ed in the line 1 tabl	e		• • • • • • • • • • • • • • • • • • •	1.
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.					ıle I (Form 990) (2013)
JSA							

Page 2

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
1					
;					
3					
7					

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

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

PART I, LINE 2

UBF FACULTY-STUDENT HOUSING CORP.'S ASSISTANCE TO ORGANIZATIONS IN THE

U.S. CONSISTS OF SUPPORT TO CHARITABLE ORGANIZATION'S. WHILE THE

ORGANIZATION DOES NOT MONITOR THE USE OF THESE FUNDS, THE ORGANIZATION

ONLY CONTRIBUTES TO OTHER ORGANIZATIONS WHOSE MISSION AND WORK ARE WELL

KNOWN BY THE ORGANIZATION AND ARE TRUE TO THEIR CHARITABLE PURPOSES.

SCHEDULE J (Form 990)		For certain Officers, Dire Con ► Complete if the organizatio ► Attach to Form	Assistion Information ectors, Trustees, Key Employees, and Highest mpensated Employees in answered "Yes" to Form 990, Part IV, line 23. 990. ► See separate instructions. orm 990) and its instructions is at www.irs.gov/f		MB No. 1 20 pen to Inspe	13	olic
	Revenue Service		,	Employer identification			
	0	TUDENT HOUSING CORP.		16-137256		•	
Part		is Regarding Compensation		10 157250	0		
i ait	Question	is Regarding compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a perso provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (e.g., maid, chauffe	these items. personal use nal residence n fees			
b	If any of the or reimburse	boxes on line 1a are checked, did th	ne organization follow a written policy re openses described above? If "No," com	garding payment	1b		
2	directors, trus	anization require substantiation prior	T to reimbursing or allowing expenses D/Executive Director, regarding the items	•	2		
3	Indicate which organization's related organ Comper Indepen	h, if any, of the following the filing organ CEO/Executive Director. Check all that	nization used to establish the compensatio at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study Approval by the board or compensation	ds used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		X
			ental nonqualified retirement plan?		4b		X
С			ased compensation arrangement? rovide the applicable amounts for each ite		4c		X
5	-	501(c)(3) and 501(c)(4) organizations	must complete lines 5-9. line 1a, did the organization pay or accrue a	nv			
5	•	n contingent on the revenues of:		,			
а		5			5a		Х
b	Any related o	rganization?			5b		X
	If "Yes" to line	e 5a or 5b, describe in Part III.					
6	•	isted in Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	ny			
а	The organizat	ion?			6a		Х
b	Any related o	rganization?			6b		Х
	If "Yes" to line	e 6a or 6b, describe in Part III.					
7	For persons	listed in Form 990, Part VII, Section	n A, line 1a, did the organization providescribe in Part III		7		х
8			, paid or accrued pursuant to a contract				
	to the initial in Part III	I contract exception described in	Regulations section 53.4958-4(a)(3)? If	"Yes," describe	8		x
9	If "Yes" to li	ine 8, did the organization also foll	low the rebuttable presumption procedu	ure described in	9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fe	orm 990.	Sched	ule J (Fo	orm 990	0) 2013

Page 2

Schedule J (Form 990) 2013

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

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

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

	(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD SCHNEIDER	(i)(D D		0 0	0	C	
1 EXECUTIVE DIRECTOR	(ii) 192,449.	d		28,444.	19,300.	240,193.	[
	(i)						
2	(ii)	[]		1			[
	(i)						
3	(ii)	[1			
	(i)						
4	(ii)	[1			
	(i)						
5	(ii)			1			
	(i)						
6	(ii)			1			
	(i)						
7	(ii)	++					
	(i)						
8	(ii)	++					
	(i)						
9	(ii)	+					
	(i)						
10	(ii)	++					
	(i)						
11	(ii)	++					
	(i)						
12	(ii)	++					
	(i)						
13	(ii)	++					
10	(i)						
14	(ii)	++		+			
17	(i)						
15	(ii)	++		+			
15	(i)						
16	(i)(ii)	++		+			

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part III Supplemental Information

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

PART I AND PART II

UBF FACULTY-STUDENT HOUSING 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.

SCHED	DULE K	
(Form	990)	

Supplemental Information on Tax-Exempt Bonds

1

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service

Attach to Form 990.
 See separate instructions.
 Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990.

72 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 16-1372560

UBF FACULTY-STUDENT HOUSING CORP

0101												, 250	. 0		
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Iss	sue price	(f) Do	(f) Description of purpose) Defeased		(h) On behalf of issuer		oled cing
										Yes	No	Yes	No	Yes	N
A _A	MHERST DEVELOPMENT CORP.	22-2867364	031358AE4	05/25/2010	82	,876,505.	STUDENT HOU	SING CONSTR	UCTION		x		х		x
BA	MHERST DEVELOPMENT CORP.	22-2867364	031358AX2	08/26/2010	23	,975,000.	STUDENT HOU	SING BOND R	EFUNDING		x		х		x
CA	MHERST DEVELOPMENT CORP.	22-2867364		06/15/2012	32	,465,000.	STUDENT HOU	SING BOND R	EFUNDING		x		Х		x
D															
Pa	rt II Proceeds								1						
						Α		В	С				D		
1	Amount of bonds retired			<u></u>	4,8	30,000	. 1,4	45,000.	1,38	80,00	0.				
	Amount of bonds legally defeased														
3	Total proceeds of issue			<u></u>		76,505		975,000.	32,40	65,00	0.				
	Gross proceeds in reserve funds				5,4	52,188	•								
5	Capitalized interest from proceeds														
	Proceeds in refunding escrows			<u></u>			_				_				
	Issuance costs from proceeds	ance costs from proceeds				23,042		349,398.	63	14,31	L5.				
8	Credit enhancement from proceeds			<u></u>	1,5	07,528	•	85,154.							
	Working capital expenditures from proceeds			<u></u>											
10				<u></u>		22,483					_				
11	Other spent proceeds				13,5	71,264	. 23,5	540,448.	31,85	50,68	35.				
12		<u></u>		<u></u>	0.01				0.01/						
13	Year of substantial completion			<u></u>	201		201	-	2012						
	Manual the shared a factor of a second of a second se	. i			Yes X	No	Yes	No	Yes	No)	Yes		No)
	Were the bonds issued as part of a current refunding				X	37	X	37	Х	37					
15	Were the bonds issued as part of an advance refund				X	X	37	X	V	Х					
	Has the final allocation of proceeds been made? Does the organization maintain adequate book				X		X		X						
17	e 1				х		x		х						
Po	final allocation of proceeds? rt III Private Business Use				21		21		21						
Гa						A		В	С				D		
4	Was the organization a partner in a partnership,	or a mamba	r of on U.C	、 ⊢	Yes	No	Yes	No	Yes	No		Yes		No	
T	which owned property financed by tax-exempt bonds				163	X	162	X	162	X	·	162			
2	Are there any lease arrangements that may re	sult in privat	e husines	use of		Δ		A		Λ					
2	bond-financed property?				х			x		х					
					<u> </u>			1 42		27	1				

V 13-7.15

Schedule K (Form 990) 2013

Par	t III Private Business Use (Continued) 1						T		
			Α		В		С	1)
3a	Are there any management or service contracts that may result in private business _ use of bond-financed property?	Yes	No X	Yes	No X	Yes	No X	Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond- financed property?		x		x		x		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.9406 %	6	%)	%		0,
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		9		%		%		C
6	Total of lines 4 and 5		.9406 %	6	%	þ	%		0
7	Does the bond issue meet the private security or payment test?		X		X		Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0	%	9	/o	%		(
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		x			
Par	t IV Arbitrage						1		
			Α		В	С		[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		X		Х		
2	If "No" to line 1, did the following apply?						- I		
	Rebate not due yet?	Х		X		X			
	Exception to rebate?								
	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
	Has the organization or the governmental issuer entered into a qualified hedge with								
	respect to the bond issue?		x	X		x			
h	Name of provider		1	BNY MELLO	л Л	FIRST NIA	GARA		
	Term of hedge.				25.000	TTROI NIA	30.000		
	Was the hedge superintegrated?		X		X		X		
d									

1290 1.000

Page 2

Schedule K (Form 990) 2013								Page 3
Part IV Arbitrage (Continued)								
	Α			В	(2		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			X		Х		
b Name of provider	WELLS FA	RGO						
c Term of GIC		13.000						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		Х		
7 Has the organization established written procedures to monitor the	v		x		x			
requirements of section 148? Part V Procedures To Undertake Corrective Action	X		Δ		Δ			
Part V Procedures to ondertake corrective Action		A		В				D
Has the organization established written procedures to ensure that violations	Yes	1		No	Yes	-		No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available	tes	No	Yes	NO	res	No	Yes	NO
voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses t	Х		Х		Х			
						s	chedule K (Fo	orm 990) 2013

Schedule K (Form 990) 2013

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number

ORGANIZATION'S MISSION

PART I, LINE 1

RESIDENTIAL FACILITIES FOR STUDENTS/FACULTY.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. ALL DIRECTORS AND OFFICERS ARE ALSO REQUIRED TO PROVIDE ANY UPDATED INFORMATION ON POTENTIAL CONFLICTS THAT ARISE PRIOR TO THE COMPLETION OF THE DISCLOSURE STATEMENT. ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL. ALL SITUATIONS THAT ARE

Schedule O (Form 990 or 990-EZ) 2013						
Name of the organization	Employer identification number					
UBF FACULTY-STUDENT HOUSING CORP.	16-1372560					

DEEMED TO REPRESENT A CONFLICT AS DESCRIBED IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE REPORTED TO THE BOARD CHAIR. THE CONFLICTED INDIVIDUAL MUST RECUSE HIMSELF OR HERSELF DURING THE DISCUSSION OF AND VOTING ON AN ACTION THAT INVOLVES THE IDENTIFIED CONFLICT.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

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

ATTACHMENT 1 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION JOSEPH LOVETRO 880,435. PAINTING 722 HOPKINS ROAD AMHERST, NY 14226 JOE THE PAINTER, INC. 523,117. PAINTING 110 HEDGEROW DRIVE SUITE 7 ORCHARD PARK, NY 14127 HAMBURG FLOOR COVERING, INC. FLOORING 245,080. 3882 SOUTH PARK AVENUE HAMBURG, NY 14219 IMPRESSIVE CLEANING SOLUTIONS CLEANING 233,509. 1780 WEHRLE DRIVE WILLIAMSVILLE, NY 14221 SCHWAB INTERIOR CARPENTRY & CONSTRUCTION CARPENTRY 214,445. 4966 BLACKMAN ROAD LOCKPORT, NY 14094

16-1372560

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

Attach to Form 990.

See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
_(6)					

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

(a) Name, address, and EIN of rela	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent		
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC	^{2.} 16-0865182							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		Х
(2) UBF CORP.	51-0164454							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		Х
(3) FNUB, INC.	16-1537468							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	9	N/A		Х
(4) UNIV AT BUFFALO FOUND INCUBATOR, INC	· 16-1301210							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11C III-FI	N/A		Х
(5)		-						
<u>(6)</u>								
		-						

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

JSA 3E1307 1.000 Schedule R (Form 990) 2013



16-1372560

Schedule R (Form 990) 2013

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

	, and the second s	1	•				-					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) nortionate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

JSA 3E1308 1.000

UBF F	ACULTY-	STUDENT	HOUSING	CORP.
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16-1372560

Schedule R (Form 990) 2013

Par	t V	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	. Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
		g the tax year, did the organization engage in any of the following transactions with one or more r						
а	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, g	rant, or capital contribution to related organization(s)				1b	Х	
С	Gift, g	rant, or capital contribution from related organization(s)				1c		X
d	Loans	or loan guarantees to or for related organization(s)				1d		X
е	Loans	s or loan guarantees by related organization(s)				1e		X
f	Divide	ends from related organization(s)				1f		Х
q	Sale o	of assets to related organization(s)				1g		X
h	Purch	ase of assets from related organization(s)				1h		X
i	Excha	inge of assets with related organization(s)				1i		X
i	Lease	e of facilities, equipment, or other assets to related organization(s)				1j		X
•								
k	Lease	e of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Perfo	rmance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharir	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharir	ng of paid employees with related organization(s)				10	Х	
р	Reim	oursement paid to related organization(s) for expenses				1p	Х	
q	Reim	pursement paid by related organization(s) for expenses				1q		Х
r	Other	transfer of cash or property to related organization(s)				1r	Х	
S	Other	transfer of cash or property from related organization(s)				1s	Х	
		answer to any of the above is "Yes," see the instructions for information on who must complete the				holds	5.	
		(a)	(b)	(c)	Mathad	(d)		
		Name of related organization	Transaction type (a-s)	Amount involved	Method o amou	nt invo		ig
(1)								
(2)								
(3)								
(4)								
(-)								
(5)								
(6)								
JSA			1	1	Schedule R	(Form	n 990)	2013
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Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity (state or foreign country)		omicile Predominant foreign income (related,		(e) (f) all partners section 01(c)(3) anizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No		Yes	No]	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)													1	
(8)														
(9)														
(10)														
[11]														
[12]														
[13]														
[14]													+	
(15)	-												+	
(16)												 		

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Schedule R (Form 990) 2013							
Part VII	Supplemental Information						
	Complete this part to provide additional information for responses to questions on Schedule R (see						
	instructions).						

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