Department of the Treasury

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

6

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

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

Inter	nal Reve	enue Servi	ce	The organization	may have to use a cop	y of this retur	n to satisfy st	ate repor	ting requireme	nts.	nspecti	on
AF	or th	ne 2012	2 cale	ndar year, or tax year beg	inning 07	7/01, <b>2012</b>	, and endin	g		06/30, <b>2</b>	<b>0</b> 13	
-			<b>C</b> Nam	e of organization				0	D Employer ide	ntification nur	nber	
Вс	heck if ap	pplicable:	UB	F FACULTY-STUDENT H	HOUSING CORP.				16-1372	560		
	Addre		Doin	g Business As								
		e change	Num	ber and street (or P.O. box if mail i	s not delivered to street addre	ess)	Room/suite	E	E Telephone nu	mber		
	-	l return	BO	X 900					(716) 645	5-3011		
	-	inated		town or post office, state, and ZIP	code				( = = ; = = = =			
-	Amer			FFALO, NY 14226-090					Gross receipt	ະເ າາ	075	,615.
-	returr Applie	n cation		ame and address of principal officer					(a) Is this a grou		Yes	X No
	pendi	ing				IINELDER			affiliates?		-	
	<b>T</b>			X 900 BUFFALO, NY 1					(b) Are all affiliat		Yes	No
		empt sta		X 501(c)(3) 501(c) (	)	4947(a)(1)	or 52			n a list. (see instru	ictions)	
				UBFOUNDATION.BUFFA					H(c) Group exemp			
1				X Corporation Trust	Association Other		L Year of	f formatio	n: 1997 <b>M</b> s	State of legal d	omicile:	NY
Pa	rt I		nmary									
	1			ibe the organization's mission								
¢		TO S	UPPC	ORT THE EDUCATIONAL	PURPOSES OF TH	IE UNIV.	AT BUFF	ALO AI	ND TO			
nc		LESS	EN 7	THE BURDEN OF GOVER	NMENT BY ACQUIF	RING, CON	ISTRUCTI	NG, RI	ENO -			
С,		VATI	NG A	AND MAINTAINING RES	IDENTIAL FACILI	TIES FOR	R STUDEN	TS/FA	CULTY.			
Governance	2	Check	this be	ox ► if the organization	discontinued its operation	ons or dispos	ed of more that	an 25% o	f its net assets			
ي م	3	Numbe	er of v	oting members of the governin	g body (Part VI, line 1a)					3		9.
	4	Numbe	er of ir	dependent voting members of	the governing body (Par	t VI, line 1b)				4		8.
Activities	5			r of individuals employed in ca						5		C
<b>V</b> cti				r of volunteers (estimate if nece						6		8.
1				ed business revenue from Part						7a		C
				d business taxable income from						7b		
		Not un	relates						Prior Year		rent Y	
	8	Contrik	oution	and grapts (Part )/III line 1h)						0		
Revenue				s and grants (Part VIII, line 1h)				2	21,004,28		070	,557.
ver	9			vice revenue (Part VIII, line 2g)								
Re	10			ncome (Part VIII, column (A), lin					764,16		97	,058.
	11			ue (Part VIII, column (A), lines s					1 860 45	0	0.0.0	<u>(</u>
	12			e - add lines 8 through 11 (mu					21,768,45		,075	,615.
	13			similar amounts paid (Part IX, co					1,252,00			
	14		fits paid to or for members (Part IX, column (A), line 4)							0		
es	15			er compensation, employee be						0		C
Expenses	16a	Profes	sional	fundraising fees (Part IX, colum	in (A), line 11e)					0		C
ğ	b	Total f	undrai	sing expenses (Part IX, column	(D), line 25) ▶		0					
	17			ses (Part IX, column (A), lines 1					8,558,54		,915	,687.
	18	Total e	xpens	es. Add lines 13-17 (must equa	al Part IX, column (A), line	e 25)		1	9,810,54	0. 20	,915	,687.
	19	Reven	ue les	s expenses. Subtract line 18 fro	m line 12				1,957,91	0. 1	,159	,928.
s or	20 21 22							Beginni	ng of Current Y	ear En	d of Yea	ır
sets alan	20	Total a	ssets	(Part X, line 16)				20	1,137,34	8. 161	,914	,241.
Asa	21			es (Part X, line 26)				19	6,374,13	8. 152	,192	,725.
L Set	22			r fund balances. Subtract line 2					4,763,21	0.9	,721	,516.
Pa	rt II			e Block								
		_		y, I declare that I have examined t te. Declaration of preparer (other that	his return, including accom	panying sched	ules and staten	nents, and	d to the best of	my knowledge	and be	elief, it is
true	e, corre	ect, and c	complet	te. Declaration of preparer (other the	an officer) is based on all info	ormation of wh	ich preparer ha	s any kno	wledge.			
Sig	jn	5	Signatu	ire of officer					Date			
Не	re	I N R	ומשמי	RD P. SCHNEIDER		EXECU	TIVE DIR	ECTOR				
				print name and title								
				eparer's name	Preparer's signature		Date			:r PTIN		
Paic	k		)po p.		i reparer e eignatare		Date		Check self-employe	"	2454	0.0
Pre	parer			N KDMC IID				1			2454	04
Use	Only	Firm's		► KPMG LLP		1 1				L3-55652		
	. 41 .	-		s ▶ 60 SOUTH STREET						517-988-		
				his return with the preparer show		ns)			<u></u>		/es	<u>No</u>
	Pape	rwork F	Reduc	tion Act Notice, see the separa	ate instructions.					For	m <b>990</b>	<b>)</b> (2012)
JSA 2E10	010 1.00	00										

Form	8	8	7	9.	·E	0	
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#### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 0.7/01, 2012, and ending 0.6/30, 2013

**୬⋒19** 

Internal Revenue Service	
Name of exempt organization	

Do not send to the IRS. Keep for your records.

Employer Identification number

16-1372560

Name and title of officer

Department of the Treasury

EDWARD P. SCHNEIDER, EXECUTIVE DIRECTOR

UBF FACULTY-STUDENT HOUSING CORP.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here  Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	22075615.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to the payment (settlement) date. I also authorize the U.S. Treasury financial Agent to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only		to enter my PIN		as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros	uo my orgnature

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, 1 will enter my PIN on the return's disclosure consent screen.

ERO's signature ERO Must Retain This Fo	Date ►OG (14
I certify that the above numeric entry is my PIN, which is my signature indicated above. I confirm that I am submitting this return in accordance Information for Authorized IRS e-file Providers for Business Returns.	e on the 2012 electronically filed return for the organization ce with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF)
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	o y o z z G h z z z V do not enter all zeros
Part III Certification and Authentication	
Officer's signature ELL Stheel	Date Date

JSA 2E1676 1.000

Form 990 (2012)

Page 2

Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1 Briefly	describe the organization's mission:	· · · · · · · ·
-	PPORT THE EDUCATIONAL PURPOSES OF THE UNIVERSITY AT BUFFALO AND	
	SSEN THE BURDEN OF GOVERNMENT BY ACQUIRING, CONSTRUCTING,	
	ATING AND MAINTAINING RESIDENTIAL FACILITIES FOR	
	NTS/FACULTY.	
prior F If "Yes, 3 Did th	e organization undertake any significant program services during the year which were not listed on th orm 990 or 990-EZ? " describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conducts, any program	<u>.</u> Yes X
	" describe these changes on Schedule O.	
expens	be the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.	
a (Code:	) (Expenses \$ 20,915,687. including grants of \$ ) (Revenue \$	
	PRGANIZATION CONSTRUCTS AND OPERATES HOUSING FOR STUDENTS OF	<u>21,978,557.</u>
	TATE UNIVERSITY OF NEW YORK AT BUFFALO. ADEQUATE, AFFORDABLE	
HOUSI	NG IS A NECESSARY COMPONENT IN FULFILLING THE EDUCATIONAL	
PURPC	SE OF THE UNIVERSITY.	
b (Code:	) (Expenses \$ including grants of \$) (Revenue \$)	)
e (Codo:	) (Expenses \$ including grants of \$ ) (Revenue \$	
c (Code:	) (Expenses \$ including grants of \$) (Revenue \$	)
d Other	program services (Describe in Schedule O.)	
(Expen		
e lotal p	program service expenses ► 20,915,687.	
2.000		Form <b>990</b> (2
032	20GG 1592 2490705	PAG

Porm 9	90 (2012) Checklist of Required Schedules			Page 3
Fari	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		х
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
12 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		Λ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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
	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 assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	]		
	to individuals located outside the United States? If "Yes," complete Schedule F, 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? <i>If "Yes," complete Schedule G, Part III</i> .	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	990 (2012)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States 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 and other assistance to individuals in the United States			37
	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		37	
	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		37	
_	through 24d and complete Schedule K. If "No," go to line 25	24a	X	37
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			37
	to defease any tax-exempt bonds?	24c		X
d		24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			37
_	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?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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			37
	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):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С				37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	0.0		v
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	v	
	or IV, and Part V, line 1.	34	X	37
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
• •	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
~~	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	1

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Par				
	Check if Schedule O contains a response to any question in this Part V			•
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note.</b> 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," provide an explanation in Schedule O	3b		
	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		Х
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			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
7	gifts were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12       10a         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			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(201	2)
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Part	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. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	)		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	]		
-	any other officer, director, trustee, or key employee?	2		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			
14	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,			<u> </u>
U		7b		х
0	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	х	
a L	The governing body?	8b	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?			<u> </u>
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
Secti	on <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	-	)	
		0000	Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		X
	-	100		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	<u> </u>
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
_	rise to conflicts?	120		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done		X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	11	
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		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		10.		v
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.4.1		
<b>Soot</b>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ _ <u>NY</u> ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 8	501(c)	(3)s o	nly)
	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	t inter	rest p	olicy,
	and financial statements available to the public during the tax year.			

<sup>20</sup> 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

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Page 7

Part VII	Compensation of Officers, L	Directors, Trustee	s, Key Employees	, Highest Co	mpensated Employee	s, and
	Independent Contractors					

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck is pe	more	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ď				
(1) RAVINDAR BANSAL DIRECTOR	1.00 4.00	x						0	0	0
(2) SHELDON BERLOW	1.00									
DIRECTOR	3.00	Х						0	0	0
(3) GARY BICHLER	1.00									
DIRECTOR	4.00	Х						0	0	0
(4) THOMAS BLACK	1.00									
DIRECTOR	4.00	X						0	0	0
(5) BEVERLY FOIT-ALBERT	1.00									
CHAIR/DIRECTOR	4.00	Х		Х				0	0	0
(6) JUDITH ITTIG	1.00									
DIRECTOR	4.00	Х						0	0	0
(7) JORDAN LEVY	1.00									
DIRECTOR	3.00	Х						0	0	0
(8) JEAN POWERS	1.00									
DIRECTOR	3.00	X						0	0	0
(9) RONALD SCHREIBER	1.00									
DIRECTOR	3.00	X						0	0	0
(10) EDWARD SCHNEIDER	1.00									
EXECUTIVE DIRECTOR	59.00			Х				0	179,441.	45,231.
(11)	+									
(12)										
(13)										
(14)										

	990 (2012) t VII Section A. Officers, Directors, Tru	ustees. Ke	v En	ola	vee	es. a	and H	lia	hest Compensat	ed Employ	vees (co	ontinue		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not ch unles er and	Pos heck	c) ition more rson lirect	e than o is both or/trust	ne an	(D) Reportable compensation from the organization	(E) Reporta compensatio relate organizat (W-2/1099	ible on from d tions	Es am com fro	(F) timated ount c other pensat om the	of ion
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	anizatio 1 relate Inizatio	ed
			-											
1b	Sub-total							►	C		,441.		45,2	231.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	_									0 ,441.		45,2	(
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	-				15,2	<u></u>
				,									Yes	No
	Did the organization list any <b>former</b> offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations	sum of rep eater than	oortab \$15	le c 0,0	om 00?	pen If	satior <i>"Ye</i> s	n ai ;," (	nd other compens complete Schedu	sation from	the such			
	<i>individual</i>											4	Х	
	for services rendered to the organization? If "Ye tion B. Independent Contractors	es," comple	te Scł	nedu	ıle J	l for	such	per	son	<u></u> .		5		Х
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							<b>(B)</b> Description of se	rvices	C	(C) ompens	ation	
AT	TACHMENT 1													
								+						
	Total number of independent contractors (ir more than \$100,000 in compensation from the				nited		thos 6	e li	isted above) who	received				

Form	000	(201	2
Form	990	(201	2

Par	't VII	Statement of Revenue Check if Schedule O contains a respo	nse to anv quest	ion in this Part VIII			
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$       Total. Add lines 1a-1f		0			
anu			Business Code				
Program Service Revenue	2a b c d e	HOUSING PROGRAM	611710	21,978,557.	21,978,557.		
ıbo.	f	All other program service revenue					
<u> </u>	g 3	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts).	est, and	21,978,557. 97,058.			97,058.
	4 5	Royalties		0			
	6a b c d	Gross rents	· · · · · · · · •	0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b c	Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	· <u>····</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
hel	b	Less: direct expenses b					
ō	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a		0			
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	с						
	d			0			
	е 12	Total. Add lines 11a-11d         Total revenue. See instructions		022,075,615.	21,978,557.		97,058.

Do not include amounts re 8b, 9b, and 10b of Part VI		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assista			enpenses	general expenses	expenses
	States. See Part IV, line 21	0			
-					
2 Grants and other assis		0			
	art IV, line 22				
Grants and other assis	0 /				
organizations, and in					
	/, lines 15 and 16	0			
	embers	0			
5 Compensation of curr					
trustees, and key employ	ees	0			
6 Compensation not include	ed above, to disqualified				
persons (as defined unde					
persons described in section	4958(c)(3)(B)	0			
	s	0			
	ontributions (include section				
•	r contributions)	0			
		0			
		0			
Fees for services (non-er					
a Management		3,891,098.	3,891,098.		
<b>b</b> Legal		0			
		0			
c Accounting		0			
d Lobbying		0			
e Professional fundraising set		E7 260	E7 260		
f Investment managemen		57,369.	57,369.		
g Other. (If line 11g amount e	xceeds 10% of line 25, column	60 415	60 415		
(A) amount, list line 11g expense	s on Schedule O.)	62,415.	62,415.		
2 Advertising and promoti	on	20,080.	20,080.		
3 Office expenses		33,516.	33,516.		
4 Information technology.		0			
5 Royalties		0			
6 Occupancy		9,417,270.	9,417,270.		
7 Travel		0			
B Payments of travel or	entertainment expenses				
for any federal, state,		0			
9 Conferences, convention	· · –	0			
		0			
		0			
	and amortization	7,103,655.	7,103,655.		
			.,		
Insurance		0			
4 Other expenses. Itemize					
above (List miscellaneous					
line 24e amount exceeds					
(A) amount, list line 24e		150.005	150.005		
a BAD_DEBT_EXPENS	<u>۳</u>	152,807.	152,807.		
b ADMINISTRATIVE		70,455.	70,455.		
		62,869.	62,869.		
d OTHER_EXPENSES_		44,153.	44,153.		
e All other expenses					
5 Total functional expenses	Add lines 1 through 24e	20,915,687.	20,915,687.		
6 Joint costs. Complete	this line only if the				
organization reported in from a combined edu					
fundraising solicitation. (					
	C 958-720)	0			

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art )				
	Check if Schedule O contains a response to any question in this Part	Χ		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1		0	1	
2		71,660,355.	2	33,412,545
3		0	3	
4	Accounts receivable, net	2,196,730.	4	1,301,44
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
6	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	•	
7 8	· · · · · · · · · · · · · · · · · · ·	0	7	
		102 707	8	206 40
9		183,707.	9	286,49
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D10a157,310,977.b Less: accumulated depreciation10b40,785,553.	116,645,479.	100	116,525,424
11		3,761,965.	100	4,825,69
12		<u> </u>		4,025,09
13		0	13	
14		0	14	
15		6,689,112.	15	5,562,64
16		201,137,348.	16	161,914,24
17		5,739,582.	17	3,490,29
18		0	18	-,,
19		756,538.	19	503,58
20		177,953,260.	20	140,636,41
		0	21	
21 22				
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	
23		0	23	
24		0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	11,924,758.	25	7,562,43
26	Total liabilities. Add lines 17 through 25	196,374,138.	26	152,192,72
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27		4,763,210.	27	9,721,51
28		, ,	28	.,,
29		0	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		-	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32			32	
		4,763,210.	33	9,721,51
33		, , = = • •		,,

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Form 9	90 (2012)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,0	75,6	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,9	15,6	87.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,1	59,9	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,7	63,2	210.
5	Net unrealized gains (losses) on investments	5	3,7	98,3	378.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	9,7	21,5	516.
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X 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		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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		

## **SCHEDULE A**

#### (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2012

		4947(a)(1) nonexemp		table tr	ust.					Open to F	Public
Department of the Treasury Internal Revenue Service	► Attac	h to Form 990 or Form 990-	EZ. 🕨	See s	eparate	instruct	ions.			Inspect	
Name of the organization	n						Emplo	yer iden	tificatio	n numb	ər
UBF FACULTY-ST	DENT HOUSING COR	Ρ.						16-	-1372	2560	
Part I Reason f	or Public Charity Statu	<b>is</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions			
The organization is no	t a private foundation be	ecause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1 A church, c	onvention of churches, or	r association of churches of	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)				
2 A school de	scribed in section 170(b)	)(1)(A)(ii). (Attach Schedul	e E.)								
3 A hospital c	r a cooperative hospital	service organization descri	bed in	sectio	n 170(k	o)(1)(A)	(iii).				
4 A medical	esearch organization or	perated in conjunction wi	th a h	lospita	l descr	ibed in	sectio	n 170(b	o)(1)(A	.)(iii). E	nter the
	ame, city, and state:										
5 An organiza	tion operated for the be	enefit of a college or unive	ersity	owned	l or ope	erated I	by a go	vernme	ntal u	nit dese	cribed in
section 170	(b)(1)(A)(iv). (Complete	Part II.)									
6 A federal, s	ate, or local government	t or governmental unit des	cribed	in sect	ion 170	)(b)(1)(	A)(v).				
7 An organiza	tion that normally receiv	ves a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	it or fro	om the	gener	al public
described in	section 170(b)(1)(A)(vi)	. (Complete Part II.)									
8 A communi	y trust described in <b>sect</b>	ion 170(b)(1)(A)(vi). (Com	plete F	Part II.)							
	-	ves: (1) more than 331/3 %							-		-
		s exempt functions - subj					. ,				
	•	come and unrelated busin				•		n 511	tax) fi	rom bu	sinesses
	•	ne 30, 1975. See section	• •				'				
		ated exclusively to test for		-				-			
		erated exclusively for the								-	
		upported organizations de					'			· ·	section
509(a)(3). (		bes the type of supporting	-						-		
a 🔛 Typ		c X Type III-Function	-	-			•••	I-Non-fu		•	•
		t the organization is not			-		-	-			-
persons oth	er than foundation mana	agers and other than one	or mo	re pub	licly su	pported	d organ	izations	desc	ribed in	section
	section 509(a)(2).										
-		en determination from the								upporti	
organizatio	, check this box										X
	-	anization accepted any gift	or co	ntributi	on from	n any of	the				
following pe										-	
		ectly controls, either alor		-		-					Yes No
		ody of the supported organ	ization	?						11g(i)	X
	y member of a person de									11g(ii)	X
		son described in (i) or (ii) a								11g(iii)	X
		out the supported organiza	1		1		1				
(i) Name of suppor organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) organia	ls the zation in	(v) Did y	ou notify nization		s the zation in	<b>(vii)</b> A	mount of suppor	monetary t
organization		above or IRC section	col. (i)	listed in overning	in col	. <b>(i)</b> of	col. (i) o	rganized		ouppor	
		(see instructions))	docu	ment?		upport?		U.S.?			
			Yes	No	Yes	No	Yes	No			
ATTACHMENT 1											
(B)											
(C)											
(D)											

(E)

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

Schedule A (Form 990 or 990-EZ) 2012

20,915,687.

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				1		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•			1 1	
14	Public support percentage for 2012 (li					14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the o	-					re, check
	this box and <b>stop here</b> . The organization			-			
a	331/3% support test - 2011. If the c						
170	check this box and <b>stop here</b> . The orga <b>10%-facts-and-circumstances test - 2</b>						
17a	10% or more, and if the organization		-				
	Part IV how the organization meets t					-	
	organization			-			
h	10%-facts-and-circumstances test - 2						and line
b	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						-
	supported organization				-	-	
18	Private foundation. If the organization						· · · · F 🗀
	instructions						

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 3

Part IIISupport 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.)

	tion A. Public Support	(-) 0000	(1-) 0000	(-) 0010			0040	(n <b>T</b> )	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e	)2012	(f) Total	
1	Gifts, grants, contributions, and membership fees								
•	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
_	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513 Tax revenues levied for the								
4	Tax revenues levied for the organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
5	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3								
<i>i</i> u	received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support			•	•				
ler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e	<b>)</b> 2012	(f) Total	I
9	Amounts from line 6								
0 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
1	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly								
	carried on								
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12.)							L	
4	First five years. If the Form 990 is for	-			-				
	organization, check this box and stop here								
	tion C. Computation of Public Sup			(2)					
5	Public support percentage for 2012 (line 8					15			%
6	Public support percentage from 2011 Sch					16			%
	tion D. Computation of Investme								
7	Investment income percentage for 2012 (I					17			%
	Investment income percentage from 2011					18			%
		danization did n	ot check the box	c on line 14, and	d line 15 is more	e than	331/3 %, a		
	331/3% support tests - 2012. If the or								
9 a	17 is not more than 331/3%, check th	nis box and <b>sto</b>	<b>p here.</b> The org	-		• •	-		
9 a	17 is not more than 331/3%, check th 331/3% support tests - 2011. If the orga	nis box and <b>sto</b> anization did not	<b>p here.</b> The org check a box on	line 14 or line 19	9a, and line 16 is	more	than 331/3	3 %, and	
	17 is not more than 331/3%, check th	his box and <b>sto</b> anization did not this box and <b>s</b>	<b>p here.</b> The org check a box on <b>top here.</b> The or	line 14 or line 19 ganization qualifi	9a, and line 16 is es as a publicly	more suppo	than 331/3 rted organi	3 %, and ization ►	

Part IV Supplemental Information. Complete this part to 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).

		ATTACHMENT 1				
SCHEDULE A, PART I - INFORMATION ABOUT						
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
UNIVERSITY AT BUFFALO	14-6013200	06	х	Х	Х	20,915,687.
	16 0065100	0.7				<u>_</u>
UNIVERSITY AT BUFFALO FOUNDATION	16-0865182	07	х	Х	Х	0

TOTAL AMOUNT OF SUPPORT

20,915,687.

\_

Page 4

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.

OMB No. 1545-0047
2012
Open to Public

	tment of the Treasury al Revenue Service		Form 990. ► See separ		01 120.	Inspection
	of the organization				Employer identifica	
UBF	FACULTY-STUD	DENT HOUSING CORP.			16-13725	60
Par		tions Maintaining Donor Adv	ised Funds or Other S	Similar Funds or		
		ion answered "Yes" to Form 9				
			(a) Donor advise	ed funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4		at end of year				
5		on inform all donors and donor	advisors in writing that	the assets held in	donor advised	
	-	inization's property, subject to the	-			
6		on inform all grantees, donors, a				
		purposes and not for the benefi				
Par	t II Conserva	nissible private benefit? tion Easements. Complete if	the organization answ	vered "Yes" to Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all th	nat apply).		
	Preservation	of land for public use (e.g., recr	eation or education)	Preservation o	f an historically im	portant land area
		f natural habitat	,		f a certified histor	•
	Preservation	of open space				
2		through 2d if the organization h	eld a qualified conservat	tion contribution in	the form of a con	servation
	easement on the I	ast day of the tax year.				
					Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage res	tricted by conservation easements	8		2b	
С	Number of conser	vation easements on a certified	historic structure include	d in (a)	2c	
d	Number of conser	vation easements included in (c)	acquired after 8/17/06,	and not on a		
	historic structure I	isted in the National Register			2d	
3	Number of conser	vation easements modified, tran	sferred, released, exting	guished, or termina	ated by the organiz	ation during the
	tax year ►					
4	Number of states	where property subject to conse	rvation easement is locat	ted ▶		
5	Does the organization	ation have a written policy regard	ing the periodic monitor	ing, inspection, ha	ndling of	
	violations, and enf	forcement of the conservation ea	sements it holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, ir	specting, and enforcing	conservation eas	ements during the	year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, and enforcing cons	servation easemer	nts during the year	
	▶\$					
8	Does each conser	rvation easement reported on lin	e 2(d) above satisfy the	requirements of se	ction 170(h)(4)(B)	
	(i) and section 170	0(h)(4)(B)(ii)?				Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements	s in its revenue and	l expense statemer	nt, and
		d include, if applicable, the text of		anization's financi	al statements that	describes the
	<u> </u>	counting for conservation easeme			<b>.</b>	
Par		tions Maintaining Collections if the organization answered	of Art, Historical Tre	asures, or Other	r Similar Assets	
	•	•	,	,		
1a	If the organization	n elected, as permitted under Sl orical treasures, or other simila	FAS 116 (ASC 958), no	t to report in its r	revenue statemen	t and balance sheet
	public service, pro	vide, in Part XIII, the text of the fo	potnote to its financial st	atements that des	cribes these items	
b	•	n elected, as permitted under				
	works of art, hist	orical treasures, or other simila	ar assets held for publi			
		vide the following amounts relat	•			
		uded in Form 990, Part VIII, line <sup>2</sup>				
		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		-		
а		d in Form 990, Part VIII, line 1				
b		Form 990, Part X				
For P	aperwork Reduction	Act Notice, see the Instructions fo	r Form 990.		Sch	edule D (Form 990) 2012

Schee	dule D (Form 990) 2012									Page <b>2</b>
Par	t III Organizations Maintaini	ing Collections o	f Art, His	storical T	reasures	, or Otl	ner Similar A	Assets	(contir	nued)
3	Using the organization's acquisitic collection items (check all that app		other recor	ds, check	any of th	e followi	ng that are a	significa	ant use	of its
а	Public exhibition		d	Loan o	r exchange	e program	าร			
b	Scholarly research		e							
с	Preservation for future gene	rations								
4	Provide a description of the organ XIII.	nization's collections	s and expla	ain how tl	ney furthe	r the org	anization's exe	empt pu	rpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rath							•	Yes	No
Par	t IV Escrow and Custodial A line 9, or reported an am				anization	answer	ed "Yes" to F	Form 9	90, Pa	rt IV,
_										
1a	Is the organization an agent, truste								<b>.</b> Г	<b>_</b>
h	included on Form 990, Part X?	Dort VIII and compl	ata tha fall	owing tabl				•	Yes	No
b	If "Yes," explain the arrangement in	r Fart Alli allu compi		owing tabl	le.		Amou	ot		
с	Beginning balance				· · · 1c		Anou			
d	Additions during the year					-				
e	Distributions during the year					-				
f	Ending balance									
2a								_	Yes	X No
b	If "Yes," explain the arrangement in	Part XIII. Check he	re if the ex	planation	has been p	provided ii	n Part XIII			
Par										
		(a) Current year	<b>(b)</b> Pric	or year	<b>(c)</b> Two yea	ars back	(d) Three years be	ack <b>(e</b> )	Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
	Administrative expenses									
_	End of year balance									
2	Provide the estimated percentage			e (line 1g,	column (a)	) held as:				
a L	Board designated or quasi-endown		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment		0.00/							
39	The percentages in lines 2a, 2b, ar Are there endowment funds not in	•		tion that	ara hald ar	nd admini	stared for the			
Ju	organization by:		ne organiza	allon that a	are neiù ai				Yes	s No
	(i) unrelated organizations							3	a(i)	5 110
	(ii) related organizations								a(ii)	
b	If "Yes" to 3a(ii), are the related or								3b	
4	Describe in Part XIII the intended up	•						· · _		
_	t VI Land, Buildings, and Equ	<u> </u>								
r ai	Description of property	•	other basis		other basis	(c) Acci	umulated	(d) Bo	ok value	
			tment)		her)		ciation	<b>(u)</b> 20		
1a	Land			4	04,658.				404	,658.
b	Buildings				55,156.	34,10	06,719.	108	3,648,	
с	Leasehold improvements			4,4	35,628.	1,22	21,948.		3,213,	,680.
d	Equipment	[		9,7	15,535.	5,45	6,886.	4	4,258,	,649.
	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, column	(B), line 10	0(c).)	▶	116	5,525,	,424.

Schedule D (Form 990) 2012

Schedule D (F	Form 990) 2012				Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.		
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value		<b>(c)</b> Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives				
	held equity interests				
(A)					
<u>(B)</u>					
<u>(C)</u>					
(D)					
(E)					
(F)					
<u>(G)</u>					
(l)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. See F	orm 990 Part X lin	ue 13		
	(a) Description of investment type	(b) Book value		(c) Method of valuati	on:
	(2) 2 0000 priori di inicolario in type	(2) 20011 10100		Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, I	ing 15			
Parlix		Description			(b) Book value
(1)	(a)	Description			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col. (B)			<u> ▶</u>	
Part X	Other Liabilities. See Form 990, Part >				
$\frac{1}{(1)}$	(a) Description of liability	(b) Book valu	le		
	al income taxes REST RATE SWAP	6,625,	711		
	RITY DEPOSITS	936,			
(4)			720.		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.	▶ 7,562,	439.		
	SC 740) Ecotooto In Port VIII, provide the text	af the factor is the star		tende flagen stel skekene enke klask na	wante the environment of the

2. FIN 48 (ASC 740) Footnote. 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

UBF	FACULTY-	STUDENT	HOUSING	CORP.
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Schedu	le D (Form 990) 2012		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	25,873,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 3,798,378.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,798,378.
3	Subtract line 2e from line 1	3	22,075,615.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	22,075,615.
Part		-	22,075,015.
Faru 1	Total expenses and losses per audited financial statements	1	20,915,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	20,915,007.
a h			
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,915,687.
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.)		
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	20,915,687.
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.		
SE	E PAGE 5		

Schedule D (Form 990) 2012

FIN 48 (ASC FOOTNOTE)

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT UBF FACULTY-STUDENT HOUSING CORP. IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS, AND IS ALSO NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(3) OF THE 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, 2013.

SCH	EDULE J	Compensation Inform	nation	OMB No.	1545-0	047
	m 990)	For certain Officers, Directors, Trustees, Key Er	mployees, and Highest	ଇଜ	10	
<b>`</b>	<b>,</b>	Compensated Employees Complete if the organization answered "				I
Departr	nent of the Treasury	Part IV, line 23.		Open t		
Internal	Revenue Service	Attach to Form 990. See separate			ectio	n
	of the organization	NIDENTE MONATING GODD	Employer identifie		er	
		CUDENT HOUSING CORP.	16-137	2560		
Part	Questio	ns Regarding Compensation			Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the fol	lowing to or for a person listed in For	m	103	
		Section A, line 1a. Complete Part III to provide any relevan				
			ance or residence for personal use			
			business use of personal residence			
			al club dues or initiation fees			
			ces (e.g., maid, chauffeur, chef)			
_						
b	If any of the	boxes on line 1a are checked, did the organization follo ment or provision of all of the expenses described a	w a written policy regarding paym above? If "No." complete Part III			
	explain			1b		
2	Did the organ	ization require substantiation prior to reimbursing or allo	wing expenses incurred by all offic			
	directors, trus	tees, and the CEO/Executive Director, regarding the items of	checked in line 1a?	2		
•	Indianta which	if any of the following the filing experimetion used to exten	blick the componentian of the			
3		i, if any, of the following the filing organization used to esta CEO/Executive Director. Check all that apply. Do not check				
	•	zation to establish compensation of the CEO/Executive Directory				
			yment contract			
	· · ·		survey or study			
			e board or compensation committee	e		
4		ar, did any person listed in Form 990, Part VII, Section A, I r a related organization:	ine ra, with respect to the hing			
а	Receive a sev	verance payment or change-of-control payment?		4a		Х
b	Participate in	or receive payment from, a supplemental nonqualified retir	ement plan?	4b		Х
С		or receive payment from, an equity-based compensation ar				X
	If "Yes" to an	y of lines 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.			
_		501(c)(3) and 501(c)(4) organizations must complete line				
5	-	sted in Form 990, Part VII, Section A, line 1a, did the organ	nization pay or accrue any			
_		contingent on the revenues of:		Fa		x
a b	Any related o	on?		5a 5b		X
U	If "Yes" to line	ganization? 5a or 5b, describe in Part III.				
6		sted in Form 990, Part VII, Section A, line 1a, did the organ	nization pay or accrue any			
•	-	contingent on the net earnings of:				
а		on?		6a		Х
	Any related o	ganization?		6b		Х
	If "Yes" to line	6a or 6b, describe in Part III.				
7		isted in Form 990, Part VII, Section A, line 1a, did th				
		described in lines 5 and 6? If "Yes," describe in Part III				X
8	Were any am	ounts reported in Form 990, Part VII, paid or accrued pu	ursuant to a contract that was sub	ject		
		contract exception described in Regulations section				
						X
9		ne 8, did the organization also follow the rebuttable				
	Regulations s	ection 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2012

Page 2

Schedule J (Form 990) 2012

#### 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	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD SCHNEIDER	(i)	0	C		00	0	(	0
1 EXECUTIVE DIRECTOR	(ii)	179,441.	0		26,421.	18,810.	224,672.	
	(i)							
2	(ii)							
	(i)							L
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							L
8	(ii)							
	(i)							
9	(ii)							
	(i)							L
10	(ii)							
	(i)							L
11	(ii)							
	(i)							L
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)				<b></b>			

Schedule J (Form 990) 2012

Page 3

#### Schedule J (Form 990) 2012

#### 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.

COMPENSATION

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.

#### SCHEDULE K (Form 990)

## Supplemental Information on Tax-Exempt Bonds

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.

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP. 

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed <b>(e)</b>	Issue price	(f) De	escription of pu	irpose	<b>(g)</b> De	feased	(h) On behalf of issuer		ooled ncing
									Yes	No	Yes No	Yes	No
A AMHERST DEVELOPMENT CORP.	22-2867364	031358AA2	05/25/20	10	82,865,000.	STUDENT HOUS	SING CONSTR	UCTION		x	х		x
B AMHERST DEVELOPMENT CORP.	22-2867364	031358AX2	08/26/20	10 :	23,975,000.	STUDENT HOUS	SING BOND R	EFUNDING		x	x		x
C AMHERST DEVELOPMENT CORP.	22-2867364		06/15/20	12 :	32,465,000.	STUDENT HOUS	SING BOND R	EFUNDING		x	х		x
<b>-</b>													
D Part II Proceeds													
Fart II Floceeus					Α		В	c			r	)	
1 Amount of bonds retired				2	955,411		40,000.	-	, 60,00			,	
1 Amount of bonds retired         2 Amount of bonds legally defeased					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10,000.		00,00	/			
3 Total proceeds of issue				82.	876,505	. 23.9	75,000.	32.4	65,00	0.			
4 Gross proceeds in reserve funds	<u></u>				452,188		-,						
5 Capitalized interest from proceeds	<u></u>												
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				3,	134,267	. 3	49,398.	6	14,31	.5.			
8 Credit enhancement from proceeds							85,154.						
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				74,	290,050								
11 Other spent proceeds						23,5	40,448.	31,8	50,68	35.			
12 Other unspent proceeds													
13 Year of substantial completion				20	11	201	0	201	2				
				Yes	No	Yes	No	Yes	No		Yes	N	<b>o</b>
14 Were the bonds issued as part of a current refundi	ng issue?			Х		X		Х					
15 Were the bonds issued as part of an advance refur	ding issue?				Х		Х		Х				
16 Has the final allocation of proceeds been made? .					Х	X		Х					
17 Does the organization maintain adequate books and records to s	upport the final alloca	tion of proceeds	;?	Х		X		Х					
Part III Private Business Use								1					
					Α		В	C	-			)	
1 Was the organization a partner in a partnership, or				Yes	No	Yes	No	Yes	No		Yes	No	)
which owned property financed by tax-exempt bon					X		X		Х				
2 Are there any lease arrangements that may result in priv		f bond-finance	ed property?		Х		X		Х				
For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.									Sch	edule K (Fo	orm 990)	2012



OMB No. 1545-0047

Employer identification number

16-1372560

#### 16-1372560

Schedule K (Form 990) 2012

Pa	t III Private Business Use (Continued)								
			Α		В		С	[	D
3a	Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	use of bond-financed property?		Х		Х		Х		
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		х		
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		%	,	%		%		%
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		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovern- mental person other than a 501(c)(3) organization since the bonds were issued?		x		x		х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%	ó	%		%		%
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		
Pa	t IV Arbitrage			1	1				
			A		В		С	I	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х		Х		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	Х		Х		Х			
	Exception to rebate?								
c	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?		Х	X		Х			
	Has the organization or the governmental issuer entered into a qualified hedge with								
	respect to the bond issue?		х	X		Х			
b	Name of provider			BNY MELLON		FIRST NIAG	JARA		
	Term of hedge				25.000		30.000		
d	Was the hedge superintegrated?		Х		Х		X		
е	Was the hedge terminated?		Х		Х		Х		

Schedule K (Form 990) 2012

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Schedule K (Form 990) 2012

	A	E	3	0		I	0
Yes	No	Yes	No	Yes	No	Yes	N
Х			Х		Х		
WELLS FAR	GO						
	13.000						
	v		v		v		
	A		Λ		А		
	37		37		37		
	X		X		X		
						1	
					-		2
Yes	No	Yes	No	Yes	No	Yes	N
	x		х		х		
	Yes	A 13.000 X X X X X X X X X X X X X	13.000       X       X       X       X       X       X       Yes       X	13.000       X	13.000       X	13.000       X	13.000     X     X     X       X     X     X     X       X     X     X     X       X     X     X     X       X     X     X     X       Yes     No     Yes     No

Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PROCEDURES TO TAKE CORRECTIVE ACTION

SCHEDULE K, PART V

UBF FACULTY-STUDENT HOUSING CORP. MONITORS THEIR TAX EXEMPT BONDS 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. HOWEVER, NO WRITTEN PROCEDURES WERE IN

PLACE AT JUNE 30, 2013.

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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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

Page 2

CONFLICT.

#### OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST

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

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

AT WWW.GUIDESTAR.ORG.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMHERST PAVING INC. 330 MEYER ROAD AMHERST, NY 14226	PAVING	769,951.
DLM ASSOCIATES INC. 2463 WOODTHRUSH CT. NIAGARA FALLS, NY 14304	PAINTING	325,650.
HAUSRATH'S LANDSCAPE MAINTENANCE 451 MEYER ROAD AMHERST, NY 14226	LANDSCAPING	166,835.
JOSEPH LOVETRO 722 HOPKINS ROAD AMHERST, NY 14226	PAINTING	156,395.
IMPRESSIVE CLEANING SOLUTIONS 1780 WEHRLE DRIVE	CLEANING	149,662.

WILLIAMSVILLE, NY 14221

UBF	FACULTY-STUDENT	HOUSING	CORP.
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16-1372560

#### OMB No. 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Open to Public Department of the Treasury Attach to Form 990. See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number UBF FACULTY-STUDENT HOUSING CORP. 16-1372560 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (c) Legal domicile (state (a) (b) (d) (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entitv \_(1)\_\_\_\_\_ \_(2) \_(3) \_(4) \_\_\_\_\_ (5)

dentification of Poleted Tex Exempt Organizations (Complete if the organization answered "Ves" to Form 000

# Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 rel	(a) Name, address, and EIN of related organization				(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section cont	<b>g)</b> 512(b)(13) trolled tity?
							Yes	No		
(1) UNIVERSITY AT BUFFALO FOUNDATION, IN	<sup>IC.</sup> 16-0865182									
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X		
(2) UBF CORP.	51-0164454									
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		X		
(3) FNUB, INC.	16-1537468									
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11B	N/A		Х		
(4) UNIV AT BUFFALO FOUND INCUBATOR, INC	. 16-1301210									
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11B	N/A		Х		
(5) UNIVERSITY AT BUFFALO	14-6013200									
CROFTS HALL	BUFFALO, NY 14226	EDUCATION	NY	501(C)(3)	6	N/A		X		
(6)		-								
(7)		-								

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Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

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

	nore related orga		s ilealed as a pa		ian year.)	1			1			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1)												
_(2)												
<u>(3)</u>												
<u>(4)</u>												
(5)												
(6)												
(7)												

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

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

Schedule R (Form 990) 2012

UBF	FACULTY-	-STUDENT	HOUSING	CORP.
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Schedule R (Form 990) 2012

	Complete line 4.16 environtity in listed in Dente II. III N/Citic					Yes	N/-
	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	and a first state of the state				res	NO
1	During the tax year, did the organization engage in any of the following transactions with one or more				4.		X
a ⊾	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	X	
b	Gift, grant, or capital contribution to related organization(s)				1b 1c	~	Х
C	Gift, grant, or capital contribution from related organization(s)						X
d	Loans or loan guarantees to or for related organization(s)				1d 1e		X
е	Loans or loan guarantees by related organization(s)				Te		~
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
,					-,		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharing of paid employees with related organization(s)				10	Х	
p	Reimbursement paid to related organization(s) for expenses				1p	х	_
q	Reimbursement paid by related organization(s) for expenses				1q		Х
7					- 4		
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	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete						
-		(b)	(c)				
	(a)				(d)		
	(d) Name of other organization	Transaction	Amount involved	Method	of dete	erminin	g
						erminin	g
		Transaction			of dete	erminin	.g
 (1)		Transaction			of dete	erminin	ig
		Transaction			of dete	erminin	.g
		Transaction			of dete	erminin	
(2)		Transaction			of dete	erminin	.g
(2) (3)		Transaction			of dete	erminin	ng
(2) (3) (4)		Transaction			of dete	erminin	
(2) (3) (4)		Transaction			of dete	erminin	ng
(1) (2) (3) (4) (5) (6)		Transaction			of dete	erminin	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity			(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership	
			from tax under section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	<u> </u>	
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012	
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 Part VII
 Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule R (see instructions).