Fo

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Ope											•	tions,	Open to Public			
		of the Tre					-	ers on this for s instructions		•	-		Inspection			
				dar year, or ta				7/01, 201 5				06/	30 , 20 ₁₆			
				of organization	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		.,,	•		D Employer id					
B c	heck if a	pplicable:		FACULTY-S'	TUDENT 1	HOUSING	CORP.									
	Addr		Doing	Business As							16-1372	2560				
	7	e change	Numb	er and street (or P.	O. box if mail	is not delivered	to street addr	ess)	Room/sui	E Telephone n	umber					
	Initia	l return	BOX	900							(716) 64	5 – 30)11			
	Tern	ninated	City o	r town, state or pro	vince, country											
	Ame retur		BUF	FALO, NY 1	4226-09	00					G Gross receip	ts \$	23,438,727.			
		ication	F Name	and address of prir	ncipal officer:	EDWA:	RD P. S	CHNEIDER			H(a) Is this a gro subordinates	for Yes X No				
		9	вох	900 BUFFA	LO, NY	14226-09	00				H(b) Are all subord		uded? Yes No			
П	Tax-e	kempt sta	atus:	X 501(c)(3)	501(c) () 《 (i	nsert no.)	4947(a)(1)	or	527	If "No," attac	ch a list. ((see instructions)			
J	Webs	ite: 🕨	WWW.U	BFOUNDATIO	N.BUFFA	LO.EDU					H(c) Group exem	ption nun	mber >			
K	Form	of organ	ization:	X Corporation	Trust	Association	Other	>	L Ye	ar of forma	ation: 1997 M	State of	f legal domicile: NY			
Pa	art I	Sur	mmary													
	1	Briefly	describ	e the organizatio	n's mission	or most signi	ificant activit	ies: TO SU	PPORT	THE EI	DUCATIONAL	PUR	POSES OF			
çe		THE UNIV. AT BUFFALO AND TO LESSEN THE BURDEN OF GOVERNMENT									BY					
Activities & Governance		ACQUIRING, CONSTRUCTING, RENOVATING AND MAINTAINING *SEE SCHED Check this box if the organization discontinued its operations or disposed of more than 25% of its continued its operations.										CHEDULE O*				
ver	2											of its net assets.				
8	3	Numb	er of vot	ing members of t	the governin	ig body (Part	VI, line 1a)					3	11.			
୬	4			lependent voting								4	11.			
ıitie,	5	Total ı	number	of individuals em	ployed in ca	alendar year 2	2015 (Part V	, line 2a)				5	0.			
Ę	6			of volunteers (esti								6	11.			
⋖				d business revenu								7a	0.			
	b	Net ur	related	business taxable	income fron	n Form 990-1	T, line 34					7b				
											Prior Year		Current Year			
ē	8	Contri	butions a	and grants (Part V	III, line 1h)			COP	Y FOR	¬∟		0.	0.			
en.	9	Program service revenue (Part VIII, line 2g)				NSPECTION	-N	22,132,11		23,318,485.						
Revenue	10	IIIVESI	ment m	ent income (Fart VIII, column (A), lines 3, 4, and 7d)						-	-620,377.		-179,663.			
_	11			e (Part VIII, colum							0.		0.			
	12			- add lines 8 thro									23,138,822.			
	13	Grants	s and sir	milar amounts pai	d (Part IX, co	olumn (A), lin	es 1-3)				740,00	00.	740,000.			

Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-620,377.	-179,663
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,511,734.	23,138,822
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	740,000.	740,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0
use		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0
xpens		Total fundraising expenses (Part IX, column (D), line 25) ▶0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,815,295.	21,303,063
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,555,295.	22,043,063
	19	Revenue less expenses. Subtract line 18 from line 12	-1,043,561.	1,095,759
s or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	154,458,926.	146,885,386
AS d B	21	Total liabilities (Part X, line 26)	144,734,098.	138,513,562
F E	20 21 22	Net assets or fund balances. Subtract line 21 from line 20.	9,724,828.	8,371,824
	rt II			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	.			05/12/2017						
	Signature of officer	Date								
	EDWARD P. SCHNEIDER	EXECUTIVE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN						
Paid	TODD P TERESCO		05/09/2017	self-employed P00247720						
Preparer Use Only	Firm's name KPMG LLP		i	Firm's EIN ▶ 13-5565207						
OSE OIIIY	Firm's address ► 515 BROADWAY, 4TH FLOOR ALBANY, NY 12207-2974 Phone no. 518-427-									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Page 2 Form 990 (2015)

Pa	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.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE STATE UNIVERSITY OF NEW YORK AT BUFFALO. ADEQUATE, AFFORDABLE
	HOUSING IS A NECESSARY COMPONENT IN FULFILLING THE EDUCATIONAL
	PURPOSE OF THE UNIVERSITY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}
40	Total program service expenses > 22 043 063

4e Total program service expenses ►

JSA
5E1020 1.000
0320GG 2214

Form **990** (2015) 2490705

Form 990 (2015) Page **3**

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 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 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a 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 Χ 11b c 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 Χ 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

Form **990** (2015)

Form 990 (2015)
Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.7
	disqualified persons? 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	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū	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		Χ
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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,			
	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		X
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,			7.7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Δ	

Form **990** (2015)

Form 990 (2015) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance 16 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

JSA 5E1040 1.000

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 11 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. 11 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a Χ X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

State the name, address, and telephone number of the person who possesses the organization's books and records: ►

EDWARD P. SCHNEIDER BOX 900 BUFFALO, NY 14226

For 5E1042 1.000

State the name, address, and telephone number of the person who possesses the organization's books and records: ►

716-645-3011

For 5E1042 1.000

0320GG 2214 2490705

financial statements available to the public during the tax year.

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

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

- 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	Indivi or dir	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)RAVINDAR BANSAL	1.00										
DIRECTOR	4.00	Х						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	Х						0.	0.	0	
(5)BEVERLY FOIT-ALBERT	1.00										
CHAIR/DIRECTOR	4.00	Х		Х				0.	0.	0	
(6)JUDITH ITTIG	1.00										
DIRECTOR	3.00	Х						0.	0.	0	
(7)JORDAN LEVY	1.00										
DIRECTOR	3.00	Х						0.	0.	0	
(8)JEAN POWERS	1.00										
DIRECTOR	4.00	Х						0.	0.	0	
(9)RONALD SCHREIBER	1.00										
DIRECTOR	3.00	Х						0.	0.	0	
(10)DANIEL M HAMISTER	1.00										
DIRECTOR	3.00	Х						0.	0.	0	
(11)STEVEN H SHEPSMAN	1.00										
DIRECTOR	4.00	Х						0.	0.	0	
(12)EDWARD SCHNEIDER	1.00										
EXECUTIVE DIRECTOR	54.00			Х				0.	204,520.	49,409	
(13)											
(14)											

Form **990** (2015)

JSA 5E1041 1.000

0320GG 2214 2490705

$\overline{}$	990 (2015)												age 8
Pa	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per	,	Position Reportable Reportation (do not check more than one compensation compensation						(E) Reportable compensation from		(F) stimated nount of	
		week (list any hours for related organizations below dotted line)					both str. Highest compensated is of employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fro orga	other pensation om the anization d related anization	n I
1b	Sub-total							•	0.	204,520.		49,4	09.
С	Total from continuation sheets to Part VII, S	ection A							0.	0.		10 1	0.
	Total (add lines 1b and 1c)	limited to t	hose	liste				o re	0. eceived more than	204,520. \$100,000 of		49,4	09.
	reportable compensation from the organization	n ▶	0 .									Yes	Na.
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										2	Tes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of repeater than	oortab \$15	ole (com 00?	pen	satior "Yes	n aı s,"	nd other compens complete Schedu	sation from the	3		Δ.
5	individual	accrue co	mpen	sati	on 1	fron	any	un	related organization		4	X	
900	for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Scl	nedu	ıle J	l for	such	per	son		5		Х
1	Complete this table for your five highest com compensation from the organization. Report cyear.												
								T					

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 5

Form **990** (2015)

16-1372560

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respoi	nse or note to an	y line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ue and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	1b 1c 1d 1d 1tions) . 1e grants, d above . 1f in lines 1a-1f: \$	Business Code	0.			
Program Service Revenue	2a b c d e f g	All other program service rev	/enue		23,318,485.	23,318,485.		
_	3 4 5 6a		cluding divider	nds, interest, I proceeds	120,242.			120,242.
	b c d 7a	Less: rental expenses Rental income or (loss) Net rental income or (loss) . Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0.			
0	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundra		299,905. -299,905.	-299,905.			-299,905.
Other Revenue	b	events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses Net income or (loss) from fu	line 1c) a		0.			
	9a b	Gross income from gaming See Part IV, line 19 Less: direct expenses	activities.					
		Net income or (loss) from g Gross sales of invent returns and allowances	gaming activities ory, less	▶	0.			
	b c	Less: cost of goods sold Net income or (loss) from sa	les of inventory	Business Code	0.			
	11a b c	All other revenue						
	е 12	Total. Add lines 11a-11d • Total revenue. See instruction			23,138,822.	23,318,485.		-179,663.

JSA 5E1051 1.000

Form **990** (2015)

16-1372560

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	740,000.	740,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	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.			
	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0.			
9		0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
	Management	5,109,175.	5,109,175.		
	Legal	0.	, ,		
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	53,873.	53,873.		
	Other. (If line 11g amount exceeds 10% of line 25, column	·	·		
2	(A) amount, list line 11g expenses on Schedule O.)	74,536.	74,536.		
12	Advertising and promotion	4,235.	4,235.		
	Office expenses	37,964.	37,964.		
14	Information technology	0.	•		
15	Royalties	0.			
	Occupancy	9,231,775.	9,231,775.		
	Travel	0.			
	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	6,481,374.	6,481,374.		
	Insurance	0.			
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FIRE & SAFETY	141,448.	141,448.		
b	ADMINISTRATIVE	106,195.	106,195.		
	OTHER EXPENSES	60,742.	60,742.		
_	BAD DEBT EXPENSE	1,746.	1,746.		
	All other expenses	, , ,	, , ,		
	Total functional expenses. Add lines 1 through 24e	22,043,063.	22,043,063.		
	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				
	following SOP 98-2 (ASC 958-720)	0.			

JSA 5E1052 1.000

Form **990** (2015)

Form 990 (2015) Page **11**

Part X **Balance Sheet**

		01 - 1 '/ 0 1 - 1 1 - 0 (- '					
		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			32,865,000.	2	32,103,381.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			366,549.	4	331,162.
	5	Loans and other receivables from current and	forme	er officers, directors,			
		trustees, key employees, and highest co	ompe	nsated employees.			
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
٩	9	Prepaid expenses and deferred charges			361,290.	9	275,110.
	10 a	Land, buildings, and equipment: cost or					
			10a	164,688,808.			
	b	Less: accumulated depreciation	10b	55,790,322.	112,221,297.	10c	108,898,486.
	11	Investments - publicly traded securities			3,521,045.	11	5,277,247.
	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			5,123,745.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			154,458,926.	16	146,885,386.
	17	Accounts payable and accrued expenses			3,327,934.	17	3,263,381.
	18	Grants payable				18	0.
	19	Deferred revenue	332,876.	19	422,756.		
	20	Tax-exempt bond liabilities	133,640,765.	20	125,037,306.		
	21	Escrow or custodial account liability. Complete Pa	of Schedule D	0.	21	0.	
es	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen					
jab		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		· .			
		of Schedule D			7,432,523.		9,790,119.
_	26	Total liabilities. Add lines 17 through 25			144,734,098.	26	138,513,562.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here 🕨 🗓 and			
and	27	Unrestricted net assets			9,724,828.	27	8,371,824.
Bal	28	Temporarily restricted net assets			0.	28	0.
pu	29	Permanently restricted net assets		<u></u> [0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	ck here and			
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmeı	nt fund		31	
t A	32	Retained earnings, endowment, accumulated incomment	ome,	or other funds		32	
Se	33	Total net assets or fund balances			9,724,828.	33	8,371,824.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	154,458,926.	34	146,885,386.
							Form 990 (2015)

Form **990** (2015)

5E1053 1.000 0320GG 2214

Page **12** Form 990 (2015)

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	23,1	38,8	322.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	22,0	43,0	063.			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,095,759.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,724,828.					
5	Net unrealized gains (losses) on investments	5	-	-2,447,017.					
6									
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			-1,7	746.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		8,3	71,8	324.			
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," explain 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								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a						
	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	oversi	ight						
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	ınt?	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n 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	n in						
	the Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b					

Form **990** (2015)

5E1054 1.000 0320GG 2214 2490705

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 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Employer identification number

UBI	F	ACULTY-STUDENT HOUS	ING CORP.				16-	-1372560
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 11, ch	neck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organization that norm	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	X	An organization that norm	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, member	ership fees, and gross
		receipts from activities rel	ated to its exemp	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3% of its
		support from gross inves	tment income an	d unrelated business	taxable	e income	e (less section 511	tax) from businesses
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	Part III.)	
10		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11		An organization organized	and operated excl	usively for the benefit o	of, to per	rform the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	orted organizations	described in section s	509(a)(1) or sect	ion 509(a)(2). See see	ction 509(a)(3). Check
		the box in lines 11a through	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	elect a m	najority o	f the directors or trus	tees of the supporting
		organization. You must c	omplete Part IV, S	ections A and B.				
b		Type II. A supporting org	janization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). You must	t complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		X Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.	
f	En	iter the number of supported	d organizations					
g		ovide the following informati						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization		(vi) Amount of
				(described on lines 1-9 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
								·
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(0)								
(E)								
Tot	s I							

Schedule A (Form 990 or 990-EZ) 2015

	Support Schedule for Orga	nizations De	scribed in Se	ctions 170/h)(1)(Δ)(iv) an	d 170(h)(1)(A)	/vi)
· u	(Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	•			·	•	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organiza	tion's first, secor	nd, third, fourth	, or fifth tax y	ear as a section	
Sec	tion C. Computation of Public Sup			<u> </u>			
14	Public support percentage for 2015 (li		_	11, column (f))		14	%
15	Public support percentage from 2014						%
	331/3% support test - 2015. If the o						
	this box and stop here . The organization	-					
b	331/3% support test - 2014. If the c						
	check this box and stop here . The orga	-					I
17a	10%-facts-and-circumstances test - 2						

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. **b** 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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

 Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	· ·		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	21,004,288.	21,978,557.	23,075,408.	22,132,111.	23,318,485.	111,508,849.
3	Gross receipts from activities that are not an	21,004,200.	21,570,557.	23,073,400.	22,132,111.	23,310,403.	111,300,047.
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the						0.
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						0.
3							
	furnished by a governmental unit to the						
_	organization without charge						0.
6	Total. Add lines 1 through 5	21,004,288.	21,978,557.	23,075,408.	22,132,111.	23,318,485.	111,508,849.
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						0.
	received from other than disqualified						
	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.)						111,508,849.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	21,004,288.	21,978,557.	23,075,408.	22,132,111.	23,318,485.	111,508,849.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	764,162.	97,058.	67,452.	94,987.	120,242.	1,143,901.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	764,162.	97,058.	67,452.	94,987.	120,242.	1,143,901.
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	21,768,450.	22,075,615.	23,142,860.	22,227,098.	23,438,727.	112,652,750.
14	First five years. If the Form 990 is for	or the organizat	ion's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2015 (line 8,	column (f) divide	d by line 13, colum	n (f))		15	98.98%
16	Public support percentage from 2014 Sche	dule A, Part III, lin	e 15			16	98.44%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2015 (lin			, column (f))		17	1.02%
18	Investment income percentage from 2014					18	1.56%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check thi						. \square
		o.op	o.gai	44411100	p		
h	331/3% support tests - 2014 If the orga	nization did not	check a box on lin	ne 14 or line 19:	a, and line 16 is	more than 331/3	% and
b	331/3% support tests - 2014. If the orgal line 18 is not more than 331/3%, check						

JSA 5E1221 1.000 Schedule A (Form 990 or 990-EZ) 2015 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes" appropriate the supporting organizations organizations and all Type III non-functionally integrated	102		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2015

10b

Page 5 Schedule A (Form 990 or 990-EZ) 2015

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustone, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
	Mana a majority of the arrangedien's disectors of trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			•
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com-			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ited Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **7**

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **8**

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).

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UBF	FACULTY-STUDENT HOUSING CORP.	16-1372560
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	t funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation	on of a historically important land area
		on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspections and automorphism	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	a conservation easements during the year
'	S	g conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)
·	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	and expense statement, and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	·
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it works of art, historical treasures, or other similar assets held for public exhibition, e	s revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, e public service, provide, in Part XIII, the text of the footnote to its financial statements that d	ducation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
b	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2015 Page **2**

Par	t III Organizations Maintaini	ng Colle	ctions of	Art, Hist	orical T	reasur	es, o	r Oth	ner Similar Asso	ets (cont	inued)
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any o	f the	follow	ing that are a sig	nificant u	se of its
	collection items (check all that app	ly):			_						
а	Public exhibition			d	_	or excha					
b	Scholarly research			е	Other						
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	they fur	ther t	he org	ganization's exemp	ot purpose	e in Part
	XIII.										
5	During the year, did the organization										
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	ation's	collec	ction?	Yes	No
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, truste										
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement i	n Part XII	ll and comp	plete the fo	llowing tal	ole:					
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an am									Yes	No No
	If "Yes," explain the arrangement i	n Part XII	II. Check h	ere if the e	xplanation	has be	en pro	vided	on Part XIII		
Par				-" -	- 000 D	4 D / 13	: 40	_			
	Complete if the organizat									1 () =	
		(a) Cu	rrent year	(b) Prio	or year	(c) Two	o years	back	(d) Three years back	(e) Four	years back
1 a	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				e (line 1g,	column	(a)) h	eld as:	:		
a	Board designated or quasi-endown			_%							
	Permanent endowment Tamparatily restricted and our month	%	0/								
С	Temporarily restricted endowment		%	4000/							
2.0	The percentages on lines 2a, 2b, a Are there endowment funds not in				tion that	ara hal	d and	admin	viotored for the		
sa	organization by:	trie poss	ession or u	ne organiza	illon mai	are nei	u anu	aumin	iistered for the	\[\sigma\]	′es No
	(i) unrelated organizations									3a(i)	00 110
	(ii) related organizations (iii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u	•		•						38	
Par	t VI Land, Buildings, and Equ	ipment.	•								
. a.	Complete if the organiza	tion ans									
	Description of property			r other basis stment)	(b) Cost o	or other ba other)	sis		cumulated eciation	(d) Book valu	ie
1 a	Land			104,658.	,	- 1/				40	4,658.
b	Buildings			15,045.				45,5	40,257.		4,788.
С	Leasehold improvements			241,613.			\top		33,561.		8,052.
d	Equipment			27,492.			\top		16,504.		0,988.
е	Other		, -				\top	<u> </u>		· · ·	
Tota	I. Add lines 1a through 1e. (Column		t equal Fori	m 990, Part	X, colum	n (B), lin	ne 10c.	:.)		108,89	8,486.

Schedule D (Form 990) 2015 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l"Vos" on Form 000	Part IV line 11h See Form 000 F	Part V lina 12
				·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
	al derivatives			
	-held equity interests			
(3) Other_				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
(E)				
<u>(F)</u>				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, P	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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, F	
	(a) De	scription		(b) Book value
(1)				
_(2)				
_(3)				
_(4)				
_(5)				
_(6)				
(9)	(1)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes			
	REST RATE SWAP	9,756,3	140.	
	RITY DEPOSITS	33,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 9,790,1	119.	
	, ,			

JSA 5E1270 1.000

^{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

Schedule D (Form 990) 2015 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	20,691,805.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	-2,447,017.
3	Subtract line 2e from line 1	3	23,138,822.
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.)		
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	23,138,822.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	22,044,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,746.
3	Subtract line 2e from line 1	3	22,043,063.
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.)	-	
	Add lines 4a and 4b	4c	00 042 062
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,043,063.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V li	ne 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
222	PAGE 5		
_			

JSA 5E1271 1.000 Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

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) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS, AND IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509 (A)(1), (A)(2), OR (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, 2016.

OTHER EXPENSES IN FINANCIAL STATEMENTS NOT ON RETURN

PART XII, LINE 2D

BAD DEBT RECOVERY (1,746)

Schedule D (Form 990) 2015

JSA 5E1226 1.000

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

UBF FACULTY-STUDENT HOUSING COR	-					16-1372560)
Part I General Information on Grants	and Assistanc	е			· ·		
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's pro 	grants or assistand	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any re							es" on Form
(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 14260	14-6013200	501(C)(3)	740,000.		_	-	UNIVERSITY SUPPORT
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3 Enter total number of other organization 		-					1.

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

Schedule I (Form 990) (2015)

UBF FACULTY-STUDENT HOUSING CORP. 16-1372560

Schedule I (Form 990) (2015)

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
1					
3					
1					
j					
1					
,					

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. UBF

FACULTY-STUDENT HOUSING CORP. ONLY GIVES GRANTS TO AFFILIATED

ORGANIZATIONS WHO ARE WORKING TO SUPPORT THE UNIVERSITY AT BUFFALO.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UBF FACULTY-STUDENT HOUSING CORP. 16-1372560 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the house on line to are checked did the arranization follows a written nation regarding narrant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
~	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

UBF FACULTY-STUDENT HOUSING CORP. 16-1372560

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,520.	0.	0.	30,255.	19,154.	253,929.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							1.1.1/5 000) 0045

UBF FACULTY-STUDENT HOUSING CORP. 16-1372560

Schedule J (Form 990) 2015

Part | 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)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

IIRE FACILTY-STIDENT HOUSING CORP

Employer identification number 16-1372560

	FACULTY-STUDENT HOUSING CORP.									1	6-13	/250	30		_
Par	t I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ued (e)	Issue price	(f) D	escription of pu	urpose	(g) De	feased	(h) beha issi	alf of	(i) Po	
										Yes	No	Yes	No	Yes	N
A Al	MHERST DEVELOPMENT CORP.	22-2867364	031358AA2	05/25/20	010	82,876,505.	STUDENT HOU	SING CONSTR	UCTION		Х		Х		Х
D															
B Al	MHERST DEVELOPMENT CORP.	22-2867364	031358AX2	08/26/20	010	23,975,000.	STUDENT HOU	STUDENT HOUSING BOND REFUNDING			Х		Х		X
C A	MHERST DEVELOPMENT CORP.	22-2867364		06/15/20	012	32,465,000.	STUDENT HOU	STUDENT HOUSING BOND REFU			Х		х		Х
D															
Par	t II Proceeds														
						Α		В	C	;			D		
1	Amount of bonds retired				8	,862,616	1,1	.00,000	1,5	25,00	0.				
2	Amount of bonds legally defeased														
3	Total proceeds of issue				82	,876,505	. 23,9	75,000.	32,4	65,00	0.				
4	Gross proceeds in reserve funds				5	,452,188									
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds				1	,623,042	. 3	349,398.	6	14,31	.5.				Т
8	Credit enhancement from proceeds				1	,507,528		85,154.							
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds				60	,722,483									
11	Other spent proceeds				13	,571,264	. 23,5	40,448.	31,8	50,68	5.				
12	Other unspent proceeds														
13	Year of substantial completion				20	011	201	.0	201	2					
					Yes	No	Yes	No	Yes	No		Yes	\$	No	,
14	Were the bonds issued as part of a current refundir	g issue?			Х		Х		Х						
15	Were the bonds issued as part of an advance refun	ding issue?				Х		Х		X					
16	Has the final allocation of proceeds been made? .				Х		Х		Х						
17	Does the organization maintain adequate boo	ks and record	ls to supp	ort the											
	final allocation of proceeds?				X		X		X						
Par	t III Private Business Use														
						Α		В	(;			D		
1	Was the organization a partner in a partnership				Yes	No	Yes	No	Yes	No		Yes		No	
	which owned property financed by tax-exempt bond	ds?				X		X		Х					
2	Are there any lease arrangements that may	esult in privat	e business	use of											
	bond-financed property?				X			X		Х					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm JSA}$ $_{\rm 5E1295}$ 1009 20GG $\,$ 2214

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015

Pai	Private Business Use (Continued)								
			A	E	3	(С)
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X		X		X		
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 %		%		%		%
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		.9406 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental 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		%		%		%		%
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			
Pai	rt IV Arbitrage								
			A	E	3	(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?		X		X		X		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
С	No rebate due?	X		X		X			
	If "Yes" to 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		Х			
	Name of provider			BNY MELLON		FIRST NIAG	ARA		
С	Term of hedge				25.000		30.000		
	Was the hedge superintegrated?		X		Х		X		
<u>e</u>	Was the hedge terminated?		X		X		X		
							_		

JSA

Schedule K (Form 990) 2015

5E1296 1.000

0320GG 2214

2490705

Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)								
		A	ı	3	()
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b Name of provider	WELLS FAR	RGO						
c Term of GIC		13.000						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X			
Part V Procedures To Undertake Corrective Action								
		Α	ı	3		2	[)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to	o question	ns on Sche	dule K (se	e instruct	ions).			

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015

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

REBATE CALCULATION

PART IV, LINE 2C

A REBATE CALCULATION HAS BEEN PERFORMED FOR ALL BOND ISSUES THROUGH

6/30/16.

JSA 5E1511 1.000

Schedule K (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

16-1372560

UBF FACULTY-STUDENT HOUSING CORP.

ORGANIZATION'S MISSION

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS FORM 990, PART VI, LINE 12C

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

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number

16-1372560

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 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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

BAD DEBT RECOVERY \$(1,746)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JOE THE PAINTER INC. 110 HEDGEROW DRIVE, SUITE 7 ORCHARD PARK, NY 14127	PAINTING	304,520.
IMPRESSIVE CLEANING SOLUTIONS 1780 WEHRLE DRIVE #102 WILLIAMSVILLE, NY 14221	CLEANING	222,172.
HAUSRATH'S LANDSCAPE MAINTENANCE, INC. 451 MEYER ROAD AMHERST, NY 14226	LANDSCAPING	195,856.

Schedule O (Form 990 or 990-EZ) 2015

JSA 5E1228 1.000

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number

16-1372560

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SHADES OF COLOR PAINTING
3503 GENESEE STREET
BUFFALO, NY 14225

IC CONSTRUCTION SERVICES

PAINTING

109,929.

65 MID COUNTY DRIVE ORCHARD PARK, NY 14127

Schedule O (Form 990 or 990-EZ) 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number

16-1372560

(a) Name, address, and EIN (if applicable) of disregarded ent	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(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.

Name, address, and	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled :ity?
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDA	ATION, INC. 16-08653	182						
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UBF CORP.	51-0164	454						
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		X
(3) FNUB, INC.	16-15374	468						
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(4) UNIV AT BUFFALO FOUND INCUBA	ATOR, INC. 16-1301:	210						
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11C III-FI	N/A		X
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

(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	n) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)	_											
(5)	_											
(6)	-											
							-					
<u>(7)</u>	-											

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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								Yes N
(2)								\vdash
(3)								\vdash
(4)								
(5)								\vdash
(6)								\vdash
(7)								\vdash
111								

JSA

5E1308 1.000

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 Page **3**

Par	V Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.						
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?						
а	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	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		Χ		
f	Dividends from related organization(s).				1f		Х		
a					1g	_	X		
-	Sale of assets to related organization(s)								
- ''	Evaluated of assets with related organization(s)				1h 1i		X		
':	Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
J	Lease of facilities, equipment, of other assets to related organization(s).				',				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
- 1	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			
0	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
a	Reimbursement paid by related organization(s) for expenses				1g		Х		
•	(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 t	this line, including cover	ered relationships and transa	action thres	sholds	S.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of detern amount involv					
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									

JSA 5E1309 1.000

(6)

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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 Legal domicile (state or foreign country)	(state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	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?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	Ye	Yes	No	
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
(2)													
14)													
15)													
16)													

JSA

Schedule R (Form 990) 2015

Page 4

5E1310 1.000

Schedule R (Form 990) 2015 Page 5

Part VII

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

Schedule R (Form 990) 2015