(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning 07/01,	2019,	and end	ding	_	06	5/30, <b>20</b> 20
			C Name of organization				D Employer ide	ntifica	ation number
<b>B</b> c	heck if a	applicable:	UBF FACULTY-STUDENT HOUSING CORP.				16-137	256	0
	Addr		Doing business as				1		
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)		Room/su	ıite	E Telephone nu	mber	
	+	l return	BOX 900				(716) 64	5 – 3	8011
	-	return/	City or town, state or province, country, and ZIP or foreign postal code				(710) 01		
		inated	BUFFALO, NY 14226-0900				C Cuasa vasainte		23,687,324.
	retur			חבח			G Gross receipts  H(a) Is this a ground		
	pend		F Name and address of principal officer: EDWARD P. SCHNEI:	DER			subordinates	?	
			BOX 900, BUFFALO, NY 14226-0900				H(b) Are all subord		
		kempt st	1 2 3 (3) ( ) ( 3 3 3 3 7 ) 1	7(a)(1)	or	527	If "No," at	tach a	list. (see instructions)
_			WWW.UBFOUNDATION.BUFFALO.EDU				H(c) Group exem		
		of orgar	nization: X Corporation Trust Association Other		L Y	ear of forma	tion: 1997 <b>M</b>	State	of legal domicile: NY
Pa	art I		ımmary						
	1	Briefly	y describe the organization's mission or most significant activities: ${ m {}^{TC}}$	SUE	PPORT	THE ED	UCATIONAL	PU	RPOSES OF
e		THE	UNIV. AT BUFFALO AND TO LESSEN THE BURDEN	1 OF	GOVE	RNMENT	BY		
ă		ACQ	UIRING, CONSTRUCTING, RENOVATING AND MAINT	CAINI	ING *S	SEE SCH	HEDULE O*		
/eri	2	Check	k this box  if the organization discontinued its operations or continued its operations or continued its operations.	dispose	ed of mor	e than 25%	6 of its net asset	s.	
ő	3	Numb	per of voting members of the governing body (Part VI, line 1a)					3	9.
త	4		per of independent voting members of the governing body (Part VI, line					4	9.
ties	5		number of individuals employed in calendar year 2019 (Part V, line 2a					5	0.
Activities & Governance	6		number of volunteers (estimate if necessary)					6	9.
Act	7a		unrelated business revenue from Part VIII, column (C), line 12					7a	0.
			nrelated business taxable income from Form 990-T, line 39					7b	0.
		INC. U	melated business taxable income nominonin 990-1, line 39				Prior Year	7.5	Current Year
		Contr	ibutions and grants (Dout VIII line 4h)				1 1101 Teal	0.	0.
Revenue	8		ibutions and grants (Part VIII, line 1h)				26,882,27		23,560,190.
Ven	9		am service revenue (Part VIII, line 2g)				109,79		-814,763.
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)				109,79	0.	0.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				26,992,06		22,745,427.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line				740,00		740,000.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				740,00	_	
	14		fits paid to or for members (Part IX, column (A), line 4)					0.	0.
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5					0.	0.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)					0.	0.
쭚			fundraising expenses (Part IX, column (D), line 25) ▶		•	_			
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				19,997,61		19,682,327.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				20,737,61		20,422,327.
	19	Rever	nue less expenses. Subtract line 18 from line 12				6,254,45	3.	2,323,100.
Net Assets or Fund Balances							nning of Current \		End of Year
sets	20	Total	assets (Part X, line 16)			1	L45,195,60	4.	139,003,196.
AB	21	Total	liabilities (Part X, line 26)			1	L29,021,75	5.	122,360,082.
P.E.	22	Net as	ssets or fund balances. Subtract line 21 from line 20.				16,173,84	9.	16,643,114.
Pa	rt II	Sig	gnature Block						_
Und	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying	schedu	ules and s	tatements,	and to the best of	f my	knowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information	n of whi	cn prepar	er has any k	nowledge.		
Sig			Signature of officer				Date		
He	re		EDWARD P. SCHNEIDER EXE	CUT	IVE D	IRECTOF	2		
		Ī	Type or print name and title						
		Print/	Type preparer's name Preparer's signature		Date		Check	if I	PTIN
Paid	i	STE	PHANIE LONCZAK STOCKOWY ZO	0/.21	/h 05/	03/2021		, 1	P01880207
Pre	parer		TOWN TED	uja	//U 55/	<b></b>	Firm's EIN ▶ 1		
Use	Only		s name RPMG LLP / s address >515 BROADWAY, 4TH FLOOR ALBANY, NY	1220	17-297	4			-427-4600
N/a-	, the		iscuss this return with the preparer shown above? (see instruc				1 110110 1101		
			Reduction Act Notice, see the separate instructions.	110(15)					X Yes No Form <b>990</b> (2019)
ror	гаре	ı work	neutrition act notice, see the separate instructions.						rom <b>33U</b> (2019)

# Form 8868

(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Application for Automatic Extension of Time To File an** 

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing o	of this form, visit www.irs.gov/e-file-providers/e-fil	e-for-charitie	es-and-non-profits.		
Auto	matic 6-Month Extension of Time. Only sul	omit origina	I (no copies needed).		
	porations required to file an income tax return ot use Form 7004 to request an extension of time to			ilers), partnerships	s, REMICs, and trusts
Туре				payer identification	number (TIN)
print	UBF Faculty-Student Housing Corp.			16-13	
File by t	Number street and room or suite no. If a P.O.	box, see instr	uctions.		, 2000
due date	e for Box 900				
filing your	ur Cita tanana a fili a tata 1715				
instructi					
Enter	ons.   Buffalo, NY 14226-0900 the Return Code for the return that this application	n is for (file a	separate application for ea	ch return)	0 1
Appli	cation	Return	Application		Return
Is Fo		Code	Is For		Code
Form	990 or Form 990-EZ	01	Form 990-T (corporation)		07
Form	990-BL	02	Form 1041-A		08
Form	4720 (individual)	03	Form 4720 (other than ind	ividual)	09
	990-PF	04	Form 5227		10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form	990-T (trust other than above)	06	Form 8870		12
<ul><li>If the</li><li>If this</li><li>for the</li></ul>	phone No. ► 716-645-3013  e organization does not have an office or place of s is for a Group Return, enter the organization's for whole group, check this box ► □ . I with the names and TINs of all members the exten	business in our digit Gro If it is for par	up Exemption Number (GEN	s box I)	
1	I request an automatic 6-month extension of tim the organization named above. The extension is  ▶ ☐ calendar year 20 or  ▶ ☑ tax year beginning July 1  If the tax year entered in line 1 is for less than 12	for the organ	nization's return for:	June 30	o o
	Change in accounting period				
	If this application is for Forms 990-BL, 990-PF, any nonrefundable credits. See instructions.			3a	\$
	If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior	year overpa	yment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. In using EFTPS (Electronic Federal Tax Payment Sy				\$
Cautio	n: If you are going to make an electronic funds withdray				
instruct		•			

Page 2 Form 990 (2019)

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	
		∑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	7
		∐ No
	If "Yes," describe these changes on Schedule O.	ا ام
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services, as measured as a service accomplishment for each of its three largest program services.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	uners,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$20,422,327. including grants of \$740,000. ) (Revenue \$23,560,190. )	
	THE ORGANIZATION CONSTRUCTS AND OPERATES HOUSING FOR STUDENTS OF	
	THE STATE UNIVERSITY OF NEW YORK AT BUFFALO. ADEQUATE, AFFORDABLE	
	HOUSING IS A NECESSARY COMPONENT IN FULFILLING THE EDUCATIONAL	
	PURPOSE OF THE UNIVERSITY.	
<u></u>	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
70	/ Code:/ (Expenses $\psi$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	, , , , , , , , , , , , , , , , , , , ,	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses > 20.422.327.	

JSA 9E1020 2.000 0320GG 2214

Form **990** (2019)

Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		- 21
	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			X
	complete Schedule D, Part III	8		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	Х	
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		- 23
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a		
,	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		\ <sub>v</sub>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	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	X	
			1	1

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Part	Checklist of Required Schedules (continued)		Voc	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
0.4	employees? If "Yes," complete Schedule J.	23	Х	
24 a	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
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> .  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
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			v
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	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		X
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	26		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0015)
9E1030	2.000 0320GG 2214 V 19-7.9F 2490705	⊢orm	390	(2019)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D		6b		
7	gifts were not tax deductible?	35		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
_	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	1 (1)			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

2490705

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- V	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	Х	
	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	14	X	<del>                                     </del>
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		Х
a	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		. ,
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record EDWARD P. SCHNEIDER BOX 900 BUFFALD, NY 14226	ls ▶		

Form **990** (2019)

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

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

1a Complete this table for all persons required to be listed. 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related	orga	niza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee.
				(0	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one		Reportable	Reportable	Estimated amount				
	hours		box, unless person is both an officer and a director/trustee)		compensation	compensation	of other			
	per week		er and		_		<del>–</del>	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EDWARD SCHNEIDER	1.00									
EXECUTIVE DIRECTOR	55.00	1		Х				0.	246,535.	51,065.
(2) JEAN POWERS	1.00									
DIRECTOR/CHAIR	4.00	Х		Х				0.	0.	0.
(3) STEVEN H SHEPSMAN	1.00									
DIRECTOR/VICE CHAIR	4.00	Х						0.	0.	0.
(4) SHELDON BERLOW	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(5) BEVERLY FOIT ALBERT-COX	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(6) DANIEL M HAMISTER	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(7) RONALD SCHREIBER	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(8) CLAUDIA D. FOSKET	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(9) DAVID CHIAZZA	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(10) KATHLEEN GRIMM	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

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_	n 990 (2019)											F	Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	e than or/trust highest compensated e is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other pensation om the anization d related	f on on d
									0	246 525		Г1 /	065
С	Sub-total  Total from continuation sheets to Part VII, Se	ection A						<b>&gt;</b>	0.	246,535.			065.
	Total (add lines 1b and 1c)	limited to t	hose	liste				o re	0 . eceived more than	246,535. \$100,000 of		51,0	065.
	reportable compensation from the organization	n ▶	0.	•								Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3	100	X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual.	sum of repeater than	ortab \$15	le 0	com 00?	pen	satio	n ar s," (	nd other compens complete Schedu	sation from the le J for such	4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	from	n any	uni	related organization	on or individual	5		X
Se	ction B. Independent Contractors	,											
1	Complete this table for your five highest com compensation from the organization. Report c year.												
								T					

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 14

Form **990** (2019)

## Part VIII Statement of Revenue

		Check if Schedule O contains a respor	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
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ă, E	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
a,, Eig	е	Government grants (contributions) 1e					
Sis	f	All other contributions, gifts, grants,					
er iti		and similar amounts not included above . 1f					
	g	Noncash contributions included in					
ng		lines 1a-1f 1g	\$				
OB	h	Total. Add lines 1a-1f		0.			
ø.			Business Code				
Program Service Revenue	2a	HOUSING PROGRAM	611710	23,560,190.	23,560,190.		
Ser	b						
Z S	С						
gra Re	d						
ě	е						-
ъ.	f	All other program service revenue		22 560 100			
_	g	Total. Add lines 2a-2f		23,560,190.			
	3	other similar amounts)		127,134.			127,134.
	4	Income from investment of tax-exempt bond		0.			,
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b	941,897.				
ě	С	Gain or (loss) 7c	-941,897.				
<u>ہ</u> 8	d	Net gain or (loss)	▶	-941,897.			-941,897.
Other	8a	Gross income from fundraising					
Ò		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	•	0.			
	10a	Gross sales of inventory, less	_				
		returns and allowances	0.				
	b	Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
		Net income of (loss) from sales of inventory	Business Code	0.			
Miscellaneous Revenue	44.		Dusiliess Code				
nue nue	11a						
ella ve	b						
Re	d C	All other revenue					
Σ	о В	Total. Add lines 11a-11d	·	0.			
	12	Total revenue. See instructions		22,745,427.	23,560,190.		-814,763.
JSA 9E105			•				Form <b>990</b> (2019)
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## 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 response or note to any line 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.								
2	Grants and other assistance to foreign									
3	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,									
3	trustees, and key employees	0.								
-										
o	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.								
ŏ	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.								
^		0.								
9 10	Other employee benefits	0.								
10	Payroll taxes	0.								
	Fees for services (nonemployees):	5,156,945.	5,156,945.							
	Management	1,357.	1,357.							
	Legal	16,450.	16,450.							
	Accounting	0.	10,100.							
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.  Investment management fees	0.								
y	Other. (If line 11g amount exceeds 10% of line 25, column	98,335.	98,335.							
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	0.	,							
13	Office expenses	28,159.	28,159.							
14	Information technology	37,773.	37,773.							
15	Royalties	0.								
	Occupancy	7,673,802.	7,673,802.							
	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.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	6,244,383.	6,244,383.							
	Insurance	0.								
	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	BAD DEBT	175,638.	175,638.							
b	OTHER EXPENSES	165,670.	165,670.							
C	FIRE & SAFETY	62,084.	62,084.							
d	BANK AND INVESTMENT FEES	21,731.	21,731.							
e	All other expenses									
	Total functional expenses. Add lines 1 through 24e	20,422,327.	20,422,327.							
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here if									
	following SOP 98-2 (ASC 958-720)	0.								

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# Part X Balance Sheet

	art A	Check if Schedule O contains a response or note 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	50,891,064.	2	44,875,849.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,268,544.	4	1,819,165.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	334,576.	9	387,458.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 170, 452, 216.			
	b	Less: accumulated depreciation	92,701,420.	10c	91,920,724.
	11	Investments - publicly traded securities	0.	11	0.
	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	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	145,195,604.	16	139,003,196.
	17	Accounts payable and accrued expenses	6,677,705.	17	2,857,510.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	398,698.	19	205,735.
	20	Tax-exempt bond liabilities.	115,701,948.	20	111,207,194.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,243,404.	25	8,089,643.
	26	Total liabilities. Add lines 17 through 25	129,021,755.	26	122,360,082.
es		Organizations that follow FASB ASC 958, check here ► X			
anc	0-	and complete lines 27, 28, 32, and 33.	16 172 040		16 642 114
Fund Balances	27	Net assets without donor restrictions	16,173,849.	27	16,643,114.
둳	28	Net assets with donor restrictions.	0.	28	0.
r Fur		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net )	32	Total net assets or fund balances	16,173,849.	32	16,643,114.
Z	33	Total liabilities and net assets/fund balances	145,195,604.	33	139,003,196.
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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		22,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			23,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		16,1	73,8	349.
5	Net unrealized gains (losses) on investments	5		-1,8	53,8	335.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		16,6	43,1	14.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ıın			
	Schedule O.				37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			26	х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted o	n a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			20		
	If the organization changed either its oversight process or selection process during the tax year, e	xpıaın	on			
2-	Schedule O.	rth :-	tha			
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	ın ın	ше	3a		Х
h	Single Audit Act and OMB Circular A-133?	erac	the			
b		_		3b		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	_		3b		

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#### **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

UBI	F	ACULTY-STUDENT HOUS	ING CORP.				16-13725	60			
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	) <u>.</u>			
Γhe	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associat	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).				
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public			
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)							
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college			
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or			
		university:									
10	X	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more that s section 511 tax) from	n 331/3% of its			
1		An organization organized									
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes			
		of one or more publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	See section 509(a)(3)			
		Check the box in lines 12a t	hrough 12d that de	escribes the type of su	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g			
а		Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving			
		the supported organization	•	•	•		• , ,				
		supporting organization.	You must complet	e Part IV, Sections A	and B.						
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having			
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or mar	age the supported			
		organization(s). You must				·					
С		Type III functionally integ	•		ited in co	onnectio	n with, and functiona	lly integrated with,			
		its supported organization						,			
d		Type III non-functionally						ted organization(s)			
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness			
		requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е	L	$\stackrel{ m X}{}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.				
f	En	ter the number of supported	l organizations								
g	Pro	ovide the following information	on about the suppo	orted organization(s).							
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
					Yes	No					
<b>A</b> )											
B)											
C)											
D)											
E)											
Γota	al										

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Par	Complete only if you checked Part III. If the organization fair	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	7 1		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
	tion B. Total Support				T	T	T
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li						<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the or						
	box and <b>stop here.</b> The organization q						
D	331/3% support test - 2018. If the organization	•					
170	this box and stop here. The organizati			-			
174	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the "fa he "facts-and-	cts-and-circums	stances" test, ch test. The organ	neck this box a ization qualifies	and <b>stop here. I</b> as a publicly s	Explain in supported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization	<b>2018.</b> If the or anization meet	ganization did ı s the "facts-an	not check a box d-circumstances	c on line 13, 16 s" test, check	Sa, 16b, or 17a this box and <b>s</b> t	, and line top here.
18	supported organization						▶ 🔲

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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	23,318,485.	24,331,097.	25,296,225.	26,882,273.	23,560,190.	123,388,270.
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						0.
3	furnished by a governmental unit to the						
	, ,						0.
_	organization without charge	22 210 405	24 221 007	25 206 225	26 002 272	22 560 100	
6	Total. Add lines 1 through 5	23,318,485.	24,331,097.	25,296,225.	26,882,273.	23,560,190.	123,388,270.
7 a	Amounts included on lines 1, 2, and 3						=
h	received from disqualified persons						0.
D	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						123,388,270.
	tion B. Total Support	( ) 0045	420040	( ) 0047	( 1) 00 ( 0	( ) 0040	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6.	23,318,485.	24,331,097.	25,296,225.	26,882,273.	23,560,190.	123,388,270.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	120,242.	73,187.	94,047.	143,649.	127,134.	558,259.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	120,242.	73,187.	94,047.	143,649.	127,134.	558,259.
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.)	23,438,727.	24,404,284.	25,390,272.	27,025,922.	23,687,324.	123,946,529.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	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 Supp	•			-		
15	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colun	nn (f))		15	99.55%
16	Public support percentage from 2018 Sche					16	99.57%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (lin	ne 10c, column (f	), divided by line 1	3, column (f))		17	.45%
18	Investment income percentage from 2018 S	Schedule A, Part I	II, line 17			18	.43%
19 a	331/3% support tests - 2019. If the or	ganization did n	ot check the box	c on line 14, an	d line 15 is mo	ore than 331/3 %,	and line
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly	supported organiz	zation . ► X
b	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	s as a publicly	supported organiz	zation 🕨 📗
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	tions <b>&gt;</b>

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. A	I Sup	porting	Org	ganizations
---------	------	-------	---------	-----	-------------

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- **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.**
- c 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.**
- 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," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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3)	3b		
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fit	9c		
on ed			
	10a		
to	10b		

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				- 3
Part	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) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	on an injury of the state of th		Yes	No
4	Did the directors, trustees, or membership of one or more supported expenientions have the power 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 <b>Part VI</b> 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			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
1	Did the aggregization provide to each of its composted aggregations, by the local day of the fifth month of the		Yes	No
ı	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 <b>Part VI</b> 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).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	inotru	otiona)	
С	The organization supported a governmental entity. Describe in <b>Fait vi</b> now you supported a government entity (see	msuu	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
а	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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 <b>Part VI</b> 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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	, , <u>, , , , , , , , , , , , , , , , , </u>			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization			
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>b</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 <b>Part VI</b> ):			
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	ated Type III supporting	g organization (see
instructions).	=	• • •	•

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Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
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 organi	zations	
4	Amounts paid to acquire exempt-use assets	11		
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 <b>Part VI</b> ). See instructions.	3		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Part V

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UBF	FACULTY-STUDENT HOUSING CORP.	16-1372560
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II 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 (for example, recreation or education)  Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
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 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing core	nservation easements during the year
_	<b>&gt;</b> \$	470(1)(4)(5)(2)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	i statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	· •	statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research, as the control of the co	
	provide the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on 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 as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	3 Jan., p. 3
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b		<b>&gt;</b> \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (c	continu		age =
3	Using the organization's acquisition									of its
	collection items (check all that apply				•					
а	Public exhibition	,	d	Loan	or exchan	ige prograr	m			
b	Scholarly research		е 🗀	Other		0 . 0				
С	Preservation for future genera	ations		_						_
4	Provide a description of the organi		and expla	ain how t	hey furth	ner the ord	ganization's exemp	t purpos	se in	Part
	XIII.		•		,	`	,			
5	During the year, did the organization	solicit or receive d	lonations o	of art, histo	orical trea	asures, or o	other similar			
	assets to be sold to raise funds rather							Yes		No
Pa	rt IV Escrow and Custodial Ar						_			
	Complete if the organizati	ion answered "Ye	s" on For	m 990, F	Part IV, li	ne 9, or re	eported an amoui	nt on Fo	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee	e, custodian or othe	er intermed	liary for c	ontributio	ns or othe	r assets not			
	included on Form 990, Part X?						[	Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the fo	llowing tab	ole:					
							Amount			
С	Beginning balance				🔯	lc				
d	Additions during the year				🔯	ld				
е	Distributions during the year				1	le				
f	Ending balance					lf				
	Did the organization include an amo	•					, _	Yes		No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the e	xplanation	has beer	n provided	on Part XIII			
Pa	rt V Endowment Funds.									
	Complete if the organizat		s" on For	m 990, F						
		(a) Current year	(b) Pric	r year	(c) Two y	years back	(d) Three years back	(e) Fou	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	of the current year	end balanc	e (line 1g,	column (a	a)) held as	:			
а	Board designated or quasi-endowme	ent ▶	_%							
	Permanent endowment	%								
С	Term endowment ▶%	-								
	The percentages on lines 2a, 2b, ar									
3a	Are there endowment funds not in the	ne possession of th	ne organiza	ation that	are held	and admir	nistered for the	Г	<b>V</b>	
	organization by:							- m	Yes	No
	(i) Unrelated organizations							3a(i)		
_	(ii) Related organizations							3a(ii)		-
b	If "Yes" on line 3a(ii), are the related	•						3b		
4	Describe in Part XIII the intended us		tion's endo	wment fur	nds.					
Рa	rt VI Land, Buildings, and Equi Complete if the organizate	pment. tion answered "Ye	es" on Fo	rm 990. F	Part IV. I	ine 11a. S	See Form 990. Pa	art X. lin	e 10	· _
	Description of property	(a) Cost or	other basis	(b) Cost of	or other basi	s (c) Acc	cumulated (c	Book va		
4 .	Load	(invest		(0	ther)	depr	eciation	1	04 6	550
1a	Land	· · · · · <del></del>	04,658.			60.2	51 502			558.
b	Buildings		54,262.				51,502.	80,3		
С	Leasehold improvements	· · · · · <del> · -</del>	55,409.			_	75,869.		79,5	
d	Equipment		37,887.			11,4	04,121.	٥,⊥	33,7	00.
	Other		n 000 D	V aslimi	o (D) !!:= :	100 \		91,9	20 7	724
ı ota	i. Aud lines Ta Infoudh Te. (Column I	ru i must equal Forn	u 990. Part	A. COIUMI	ı (6). IINE	10G.1	<b>₽</b>	$\mathcal{I}$	⁄,∪∠	۷ <b>4</b> .

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Part VII	Investments - Other Securities.	I "Voo" on Form 000	Part IV line 11h See Form 000 I	Dort V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(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	l "Voc" on Form 000	Part IV line 11d See Form 990 I	Part Y line 15
			, Fartiv, line 11d. See 1 oilli 990, i	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u> ▶	
Part X	Other Liabilities.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2) INTE	REST RATE SWAP			8,089,643.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on (b) must squal Form 200. Dow V1 (D) !! 25.1		<b>.</b>	8,089,643.
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
<ol><li>Liability for</li></ol>	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	tne organization's financial statements tha	it reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000 0320GG 2214

Schedule D (Form 990) 2019

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation 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	20,891,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	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	-1,853,835.
3	Subtract line 2e from line 1	3	22,745,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,745,427.
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	20,422,327.
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	
3	Subtract line 2e from line 1	3	20,422,327.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	20,422,327.
	XIII Supplemental Information.	2	line 4: Deat V. line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

FIN 48 (ASC 740 FOOTNOTE)

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) (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 THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 OR 2019.

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2019

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

Inspection Name of the organization **Employer identification number** UBF FACULTY-STUDENT HOUSING CORP. 16-1372560 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) UB FOUNDATION ACTIVITIES, INC. BOX 900 BUFFALO, NY 14226 16-1537468 501(C)(3) 740,000. EDUCATIONAL SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1. 

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

Schedule I (Form 990) (2019)

16-1372560

Page 2

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. 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					
2					
3					
4					
5					
6					
_ 7					

**Part IV** Supplemental Information. 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

U.S. CONSISTS OF SUPPORT TO CHARITABLE ORGANIZATIONS. WHILE THE

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

ONLY CONTRIBUTES TO OTHER CHARITABLE ORGANIZATIONS WHOSE MISSION AND WORK

ARE WELL KNOWN BY THE ORGANIZATION AND ARE TRUE TO THEIR CHARITABLE

PURPOSES. UBF FACULTY-STUDENT HOUSING CORP. ONLY GIVES GRANTS TO

AFFILIATED ORGANIZATIONS WHO ARE WORKING TO SUPPORT THE UNIVERSITY AT

Schedule I (Form 990) (2019)

BUFFALO.

#### **SCHEDULE J** (Form 990)

### Compensation Information

For 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.

**Open to Public** Inspection

16-1372560

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

**Questions Regarding Compensation** Yes Nο 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 (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 on line 2 Indicate which, if any, of the following the 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 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: Χ Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Χ 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Χ Χ 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 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 X 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

UBF FACULTY-STUDENT HOUSING CORP. 16-1372560

Schedule J (Form 990) 2019

### 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 aren't 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 benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
EDWARD SCHNEIDER	(i)	0.	0.	0.	0.	0.		0.	
1EXECUTIVE DIRECTOR	(ii)	246,535.	0.	0.	29,147.	21,918.	297,600.	0.	
	(i)								
_ 2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

UBF FACULTY-STUDENT HOUSING CORP. 16-1372560

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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.

(f) Description of purpose

# SCHEDULE K (Form 990)

Department of the Treasury

**Bond Issues** 

(a) Issuer name

Internal Revenue Service

Part I

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

behalf of financing

(g) Defeased

(i) Pooled

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number 16-1372560

(d) Date issued

(e) Issue price

(c) CUSIP #

(b) Issuer EIN

											iss		iiiiaiic	9
									Yes	No	Yes	No	Yes	No
HERST DEVELOPMENT CORP. (SERIES 2010B)	22-2867364	031358AX2	08/26/20	10 :	23,975,000.	REFUND 2000	BOND ISSUE			Х		Х		Х
														1
HERST DEVELOPMENT CORP. (SERIES 2012A)	22-2867364	NONE	06/15/20	12 :	32,465,000.	REFUND 2000	AND 2002 BC	OND ISSUES		Х		Х		Х
														1
HERST DEVELOPMENT CORP. (SERIES 2017A)	22-2867364	013158AY0	10/26/20	17	71,487,667.	REFUND 2010	A BOND			Х		Х		Х
														1
Proceeds										-				
										_		D		
				5,	744,095	. 6,8	81,080.	7,57	2,10	2.				
Amount of bonds legally defeased										_				
Total proceeds of issue				23,	975,000	. 32,4	65,000.							
								18	88,64	6.				
Capitalized interest from proceeds														
							507,640.							
					87,654			30	9,34	3.				
Working capital expenditures from proceeds														
Other spent proceeds				23,	540,448	. 31,9	57,360.	69,90	7,70	7.				
Other unspent proceeds														
Year of substantial completion				20	10	201	2	2017	'					
				Yes	No	Yes	No	Yes	No		Yes		No	
•	•	•	, ,											
				X		X			X					
issued prior to 2018, an advance refunding issue)	?				X		Х	Х						
· · · · · · · · · · · · · · · · · · ·				X		X		Х						
•			•											
final allocation of proceeds?				X		X		X						
	Amount of bonds legally defeased	Proceeds  Amount of bonds retired	### Proceeds  Amount of bonds retired	### Proceeds  Amount of bonds retired  Amount of bonds legally defeased  Total proceeds in reserve funds  Capitalized interest from proceeds  Busuance costs from proceeds  Credit enhancement from proceeds  Cradital expenditures from proceeds  Capital expenditures from proceeds  Credit expenditures from proceeds  Capital expenditures from proceeds  Credit enhancement from proceeds  Capital expenditures from proceeds  Credit enhancement from proceeds  Capital expenditures from proceeds  Capital expenditures from proceeds  Cher unspent proceeds  Other spent proceeds  Other bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?  Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Has the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support the final allocation of proceeds?	II Proceeds  Amount of bonds retired	Proceeds  Amount of bonds retired	Proceeds   A	Proceeds   Proceeds	Proceeds   Proceeds	#### DEVELOPMENT CORP. (SERIES 2010B)	######################################	Proceeds   Proceeds	Proceeds   22-2867364   031358AX   08/26/2010   23.975,000   REFUND 2000 ROND ISSUES   X   X   X   X   X   X   X   X   X	Very   Very

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

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019

Pa	rt III Private Business Use BO	ND GROU	P FY '19						
			Α		3		С	Γ	<u> </u>
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?						Х		
2	Are there any lease arrangements that may result in private business use of								
_	bond-financed property?					X		ļ	
3 a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?						X	ļ	
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?							ļ	
c	Are there any research agreements that may result in private business use of								
	bond-financed property?						X	ļ	
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?							ļ	
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		
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		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
C	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			
Pa	rt IV Arbitrage								
			Α		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		
	If "No" to line 1, did the following apply?		_						
a	Rebate not due yet?		X		X		X		
	Exception to rebate?		Х		X		X		
	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		T						
	performed								
3	Is the hand issue a variable rate issue?	Х		X			Х		

Schedule K (Form 990) 2019

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Schedule K (Form 990) 2019 Page 3

Part IV Arbitrage (continued)								
	Α		I	3	(			)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X		Х			X		
<b>b</b> Name of provider	BNY MELLON		FIRST NIAG	ARA				
c Term of hedge		.250		.300				
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		X		
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		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								
	Į.	4	I	3	С		D	
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 isn't available under								
applicable regulations?	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to	o question	is on Sche	edule K. S	ee instructi	ons			
							_	

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019

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

REBATE CALCULATION

REBATE COMPUTATIONS WERE PERFORMED ON 12/31/2020 FOR THE 2010B, 2012A,

AND 2017A BOND ISSUES.

PART II, LINE 11, COLUMN B - SERIES 2012A BOND

THIS LINE INCLUDES \$31,850,685 FOR REFUNDING OF 2000 AND 2002 BOND ISSUES

AND INTEREST IN THE AMOUNT OF \$127,765.

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Schedule K (Form 990) 2019

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

16-1372560

Department of the Treasury Internal Revenue Service

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

Name of the organization

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

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

Name of the organization	Employer identification number
UBF FACULTY-STUDENT HOUSING CORP.	16-1372560

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

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

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

ATTACHMENT	1

990	PART VITT-	COMPENSATION	OF THE	HIME	HIGHEST	DATD	TND	CONTRACTORS	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GROVE ROOFING SERVICES, INC. 131 READING STREET BUFFALO, NY 14220	CONSTRUCTION	1,407,663.
JAVEN CONSTRUCTION CO, INC 2575 BAIRD ROAD PENFIELD, NY 14526	CONSTRUCTION	1,145,246.
U&S SERVICES, INC. 95 STARK STREET TONAWANDA, NY 14150	FACILITY SERVICES	465,537.
I.C. CONSTRUCTION SERVICES, INC. 65 MID COUNTRY DRIVE ORCHARD PARK, NY 14217	CONSTRUCTION	438,779.
M.K.S. PLUMBING CORP.  19 RANSIER DRIVE  WEST SENECA, NY 14224	CONTRACTOR	350,116.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

UBF FACULTY-STUDENT HOUSING CORP.

Employer identification number

16-1372560

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity							
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(6)												

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

(a) Name, address, and EIN of related organization	<b>(b)</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		12(b)(13) rolled
						Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION, INC. 16-0865182							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UBF CORP. 51-0164454							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		X
(3) FNUB, INC. 16-1537468							
BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(4) UNIV AT BUFFALO FOUND INCUBATOR, INC. 16-1301210 BOX 900 BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	12C III-FI	N/A		х
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

	11 (ff. f. 10 14 10 1 f. T. 11	
Dow4 III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
Part III	handling it had and ar mare related arganizations tracted as a partnership during the tay year	
	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>(b)</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		h) portionate ations?			code V - UBI amount in box 20 of Schedule K-1		Code V - UBI amount in box 20 of Schedule K-1		eral or aging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No					
(1)																
(2)																
(3)																
(4)																
(5)	_															
(6)	_															
(7)																

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (I	Form 990) 2019	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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 re-	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			L	1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		Χ
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)			L	1f		X
g	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•	(//////////////////////////////////////						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
	3 (, , , , , , , , , , , , , , , , , , ,						
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)			[	1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete the				holds		
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amoun			g
(1)							
(2)							
(3)							
(4)							
<b></b> `							
(5)							
<b>(6)</b>							
(6)							

JSA

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under			(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.