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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. inspection Internal Revenue Service A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address UNIVERSITY FACILITIES, INC. Name change 72-1417328 Doing Business As Initial Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-985-549-2282 P. O. BOX 10709 Amended 14,016,299. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-HAMMOND, LA 70402 H(a) Is this a group return pendina F Name and address of principal officer: STEPHEN SMITH Yes X No for affiliates? 20039 RIVERCREST DRIVE, HAMMOND, LA H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > Year of formation 1997 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities: THE CORPORATION WAS FORMED TO SCHWEDS PERPOY 7 2002-08 PROMOTE, ASSIST AND BENEFIT THE MISSION OF SOUTHEASTERN LOUISIANA Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0 Contributions and grants (Part VIII, line 1h) 13,996,570. 18,738,147. Program service revenue (Part VIII, line 2g) 19,729. 21,576 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,759,723 14,016,299. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,913,970. 855,761. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0. 1,081,211. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 10,193,231 9,092,918. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,029,890. 12,107,201. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,652,522. 2,986,409. Revenue less expenses. Subtract line_18-from-line_12 Total assets (Part X, line 16) Beginning of Current Year End of Year Assets (120,038,238. 122,356,393. 20 111,277,020. 111,945,274. 21 Total liabilities (PartX, line 26) Set A Net assets or fund balances Subtract line 21 from 4in 8,092,964. 11,079,373. Part II Signature Block

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

Signature of office Sign STEPHEN SMITH, BOARD MEMBER Here Type or print name and title Print/Type preparer's name

Date Preparer's signature 11-6.12 P00317149 ET AL 63-1034180 Firm's EIN

Firm's name - HORTON, LEE, BURNETT, Preparer Firm's address 3800 COLONNADE PKWY SUITE **Use Only** BIRMINGHAM, AL 35243

May the IRS discuss this return with the preparer shown above? (see instructions)

THOMAS GRAINGER

Benefits paid to or for members (Part IX, column (A), line 4)

Phone no 205-967-9744

0.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes ____ Form 990 (2011)

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Form 990 (2011)

Page 3

| | | | Yes | No |
|-----|--|------------------|--|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _ 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | ., |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | Х |
| _ | Schedule D, Part III | 8 | - | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | 9 | | Х |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | A |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 10 | | Х |
| 11 | endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | -10 | | ** |
| • | as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | ! | | |
| • | Part VI | 11a | Х | |
| ь | 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 167 /f "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 446 | | v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 15 | | X |
| 46 | or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 15 | | |
| 16 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | <u> </u> | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| • • | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ' ' ' | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | Γ^- | |
| - | complete Schedule G, Part III | 19 | L_ | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Form | 990 (2011) UNIVERSITY FACILITIES, INC. 72-14 | 17328 | Р | age 4 |
|------|---|-------|----------|-----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | , | | ļ |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | _ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | Ĺ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25 | 24a | Х |] |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | X | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | ed be | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | İ |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 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? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part 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 | | <u>_x</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations |] } | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34_ | <u>X</u> | <u> </u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| þ | 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 | | X |

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

X Form **990** (2011)

36

37

X

X

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 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. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans

14a

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | ,, | | | |
|----------|--|-----------|--------------|----------|
| _ | Check if Schedule O contains a response to any question in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | V | |
| | Estar the number of voting members of the governing body at the end of the tax year | , | Yes | No |
| 1a | Effer the humber of voting members of the governing body at the end of the tax year | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 3 | | |
| | Enter the hember of voting members included in line rejustive, the are mespecially | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 2 | | Х |
| _ | officer, director, trustee, or key employee? | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | 3 | | Х |
| | of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior rolling so was med. Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets. Did the organization have members or stockholders? | 6 | | X |
| 6 | | <u> </u> | | |
| 7a | more members of the governing body? | 7a | | Х |
| . | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| b | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion 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 |
| ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | ł | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | ļ | L |
| 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 | ļ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ļ <u>-</u> - | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | ļ | · · |
| 13 | Did the organization have a written whistleblower policy? | 13 | - | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ļ | <u> </u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | | х |
| | The organization's CEO, Executive Director, or top management official | 15a | - | X |
| b | Other officers or key employees of the organization | 15b | <u> </u> | 1 |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | Ì | x |
| | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | | |
| 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 | Ì | 1 |
| 500 | exempt status with respect to such arrangements? | 1.02 | 1 | 1 |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only |) avaılal | ole | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | and fina | ncıal | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person of the pers | zation: | - | |
| | MR. STEPHEN SMITH - 985-549-2282 | | | |
| | 20039 RIVERCREST DRIVE, HAMMOND, LA 70403 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization n | or any related | orga | ınıza | tion | cor | nper | nsat | ed any current officer, of | , director, or trustee. | | | | | |
|--|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------|-------------------------|---------------|--|--|--|--|
| (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) | | | | |
| Name and Title | , | | | | | | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | , unle | ss pe | rson | than is bot | h an | compensation | compensation | amount of | | | | |
| | week | ⊢- | cer an | dad | irecto | r/trus | tee) | from | from related | other | | | | |
| | (describe | acto | | | | | | the | organizations | compensation | | | | |
| | hours for | 15 15 | , . | ļ | | ated | | organization | (W-2/1099-MISC) | from the | | | | |
| | related | 158 158 | l gg | | ۰ | pers | | (W-2/1099-MISC) | | organization | | | | |
| | organizations | individual trustee or director | institutional trustee | | Key employee | Highest compensated employee | | | | and related | | | | |
| | In Schedule | Į, | 1 | Officer | yem | E S | Former | | | organizations | | | | |
| | 0) | _ <u>=</u> | 블 | ъ | 3 | 코 5 | 윤 | | | | | | | |
| (1) DR. JOSEPH MORRIS | 1.50 | | | | | | | 0. | 139,334. | 0. | | | | |
| EXECUTIVE DIRECTOR | 1.30 | ┝ | - | - | _ | _ | | <u> </u> | 139,334. | | | | | |
| (2) MR. PHIL LIVINGSTON CHAIRMAN | 0.00 | | | | | | ' | o. | 0. | 0. | | | | |
| | 0.00 | | | | | | | <u>.</u> | | | | | | |
| (3) MR. STEPHEN SMITH BOARD MEMBER | 5.00 | ľ | | | | | | 0. | 144,650. | 0. | | | | |
| (4) MR. JACK GAUTIER | 3.00 | | | | | | | | 144/030. | | | | | |
| VICE CHAIRMAN | 0.00 | | | | | | | 0. | 0. | 0. | | | | |
| VICE CHAINEM | | | | | | \vdash | _ | | | | | | | |
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| Par | 1 VII Section A. Officers, Directors, Tr | est | st Compensated Employees (continued) | | | | | | | | | | |
|-----|--|---|--------------------------------------|-----------------------|--------------|--------------|---|--|--|--------------------|---------|--------------|--------------|
| | (A) | (A) (B) (C) | | | | | (D) | (E) | | (F) | | | |
| | Name and title | Average | | | | | | | Reportable | Reportable | | Estima | ted |
| | | hours per | | | | | than is bot | | compensation | compensation | - 1 | amoun | t of |
| | | week | offi | cer ar | nd a d | irecto | or/trus | tee) | from | from related | J | othe | r |
| | | (describe | ફ | | | | 1 | | the | organizations | | compens | sation |
| | | hours for | or director | | | | 8 | | organization | (W-2/1099-MIS | c) | from t | he |
| | | related | 8 | 1 E | | 1 | 翼 | | (W-2/1099-MISC) | | | organiza | ation |
| | | organizations | Indradual trustee | Institutional trustee | | 8 | Ĕ. | | | | | and rela | ated |
| | | in Schedule | d de | 層 | B | Key emptoyee | 1 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | a | 1 | | -) (| organiza | tions |
| | | O) | 들 | 1 15 | G#Ggr | Ş. | Highest compensate employee | 퉏 | | | | | |
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| | | | | | | | | <u>. </u> | | | | | |
| 1 b | Sub-total | | | | | | | | 0. | 283,98 | 4. | | 0. |
| e | Total from continuation sheets to Part \ | /II, Section A | | | | | | | 0. | | 0. | | 0. |
| | Total (add lines 1b and 1c) | , | | | | | > | | 0. | 283,98 | 4. | _ | 0. |
| 2 | Total number of individuals (including but | not limited to ti | hose | e listo | ed a | bov | e) w | ho r | eceived more than \$100 | | | | |
| _ | compensation from the organization | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | •, | | | ., | | | 0 |
| _ | Compensation from the organization | | | | | | | | | | | Yes | |
| 2 | Diddle and make het and forman office | | | 1 | | | | | high and a smanner and a | malayaa aa | Г | | 1 |
| 3 | Did the organization list any former office | | | е, к | ey eı | mpic | oyee | , or | nignest compensated e | mpioyee on | | _ | X |
| | line 1a? If "Yes," complete Schedule J for | | | | | | | | | | | 3 | ^_ |
| 4 | For any individual listed on line 1a, is the s | | | | | | | | | the organization | 1 | | 1 |
| | and related organizations greater than \$1 | | | | | | | | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or | accrue compe | nsa | tion | from | an | y un | relat | ted organization or indiv | idual for services | ł | | |
| | rendered to the organization? If "Yes," con | mplete Schedu | le J | for s | uch | per | son | | | | | 5 | X |
| Sec | ction B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of | ompensated in | dep | end | ent d | cont | ract | ors 1 | that received more than | \$100,000 of comp | pensati | on from | |
| | the organization. Report compensation fo | | | | | | | | | | | | |
| | (A) | , ,,,, | , | | | | | | (B) | | | (C) | |
| | Name and busines | s address | N | ON | F. | | | | Description of s | services | Cor | npensat | ION |
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| | Total number of independent contractors | (including but | no+ | limit | od #4 | th/ | ا مور | JSt A | d above) who received r | nore than | | | |
| 2 | | | 1101 | mine | יי ונ | | 0 | 1316 | a above, who received t | | | | |
| | \$100,000 of compensation from the orga | mzauon 🔽 | | | | | | | | | | | |

Statement of Revenue Part VIII (D) Revenue excluded from (C) (B) (A) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a HOUSING RENTAL INCOME 531110 10,964,780 10,964,780 Program Service Revenue 2641193. 2641193. **DOTHER RENTAL INCOME** 531110 390,597. 531110 390,597. MISCELLANEOUS INCOME f All other program service revenue 13,996,570, Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 19,729. 19,729 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 19,729. 0. 14,016,299. 13,996,570. 12 Total revenue. See instructions Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respon | nse to any question in th | nis Part IX | | |
|----------|--|---------------------------|------------------------------|---------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States See Part IV, line 21 | 855,761. | 855,761. | | |
| 2 | Grants and other assistance to individuals in | | | | ************************************** |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | ************************************** |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 910,456. | 910,456. | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | <u> </u> | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 170,755. | 170,755. | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| C | Accounting | | | | <u> </u> |
| d | , , | <u>.</u> . | | ····· | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other | 289,541. | 289,541. | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 67,965. | 67,965. | · · · · · · · · · · · · · · · · · · · | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | · | |
| 16 | Occupancy | 6 150 | 6 150 | | · · · · · · · · · · · · · · · · · · · |
| 17 | Travel | 6,152. | 6,152. | | <u> </u> |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2 015 720 | 2 015 720 | | |
| 20 24 | Interest | 2,915,739. | 2,915,739. | | - |
| 21 | Payments to affiliates | 2,091,823. | 2,091,823. | | |
| 22 | Depreciation, depletion, and amortization | 1,020,092. | | | |
| 23 24 | Insurance | 1,020,092. | 1,020,092. | | |
| 24 | Other expenses !temize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | UTILITIES | 1,334,031. | 1,334,031. | · · · · · · · · · · · · · · · · · · · | ************************************** |
| ь | REPAIRS | 619,170. | 619,170. | | |
| c | CLEANING AND MAINTENANC | 428,985. | 428,985. | | |
| d | ADMINISTRATIVE | 319,420. | 319,420. | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 11,029,890. | 11,029,890. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | , | | | |
| | educational campaign and fundraising solicitation | | İ | | |
| | Check here Infollowing SOP 98-2 (ASC 958-720) | | <u> </u> | | L |

Part X Balance Sheet (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 245,653. 173,609. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 7 Notes and loans receivable, net 29,418. 25,823. Inventories for sale or use 8 1,900,359. 2,328,192. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 75,614,201. basis. Complete Part VI of Schedule D 10a 18,570,489. 58,707,588. 57,043,712. 10b 10c Less: accumulated depreciation 53,907,081. 53,164,630. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 4,057,647. 3,892,475. 14 Intangible assets 14 1,936,537. 4,981,906. 15 15 Other assets. See Part IV, line 11 120,038,238. 122,356,393. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 66,519. 1,491,842. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 1,056,728. 984,219. 19 19 Deferred revenue 101,856,442. 103,465,000. 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 7,429,536. 6,872,008. 25 Schedule D 111,945,274. 111,277,020. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Assets or Fund Balances** 8,092,964. 11,079,373. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 11,079,373. 8,092,964. 33 33 Total net assets or fund balances 120,038,238. 122,356,393. Total liabilities and net assets/fund balances

Form 990 (2011)

| Form | 990 (2011) UNIVERSITY FACILITIES, INC. | 72-14 | 17328 | Pag | ₁₂ |
|------|---|------------|---------------------------------------|----------------|---------------|
| _ | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,016 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,029 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3_ | 2,986 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,092 | 2,9 | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | <u>0.</u> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 11,079 | , 3 | <u>73.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | · · · · · · · · · · · · · · · · · · · | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | . | | į |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | - / | i |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | ļ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued | d on a | | | ĺ |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> _ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |
| | | | Form | 990 (| (2011) |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

| 201

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

Employer identification number

| | | | UNIVERS | ITY FACILITI | ES, I | NC. | | | | 72 | 2-1417 | 328 | |
|------|----------|------------------|---------------------------------------|---|---------------|--------------------|-------------------|---------------------|--|-------------------|---------------|-------------|----------|
| Pε | rt I | Reason | for Public Char | ity Status (All organiz | zations mu | st complet | e this part | .) See inst | tructions. | | | | |
| Гће | organ | ization is not a | a private foundation | because it is: (For lines | 1 through | 11, check | only one b | ox.) | | | | | |
| 1 | | A church, co | nvention of churche | s, or association of chur | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) |) <u>.</u> | | | | |
| 2 | | A school des | cribed in section 17 | /0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| 3 | | A hospital or | a cooperative hospi | tal service organization | described | n section | 170(b)(1) | (A)(iii). | | | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | pıtal desci | nbed in se | ction 170 | (b)(1)(A)(ii | i). Enter tl | ne hospital' | s name, | |
| | | city, and stat | e: | | | | | | | | | | |
| 5 | | _ | • | benefit of a college or un | niversity ov | wned or op | erated by | a governi | mental uni | t describe | ed in | | |
| _ | | | (b)(1)(A)(iv). (Comple | • | | _ | | | | | | | |
| 6 | \vdash | | - | ent or governmental uni | | | | | | | | | |
| 7 | ш | - | | eives a substantial part | of its supp | ort from a | governme | ental unit c | r from the | general p | oublic desci | 1bed in | |
| 8 | | - | (b)(1)(A)(vi). (Comple | section 170(b)(1)(A)(vi). | (Complete | Dort II \ | | | | | | | |
| 9 | X | • | | eives: (1) more than 33 | | | rom contri | butions n | aembarehi | n face an | d gross rec | sointe fron | - |
| 9 | 44 | | | | | | | | | | | | |
| | | | | nctions - subject to certa axable income (less sec | | | | | | | | | IL |
| | | | 509(a)(2). (Complete | • | lion STI la | x) 110111 00 | 511105505 6 | icquired b | y the orga | ilization a | iller Julie 3 | J, 1975. | |
| 10 | | | | e ran iii.) perated exclusively to te | ot for publi | o cofety S | con contin | n 500/a\/ | 11 | | | | |
| 11 | 片 | - | | perated exclusively for the | • | = | | | | v out the | nurnoses o | f one or | |
| • • | | | | ations described in secti | | | | | | | | | |
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| е | | | | at the organization is not | • • | | - | - | r more disc | gualified r | • • | | |
| • | | - | • | han one or more publicly | | - | • | • | | • | | | |
| f | | | = | tten determination from | | _ | | | | (0)(1) | | (-/(-/- | |
| | | _ | rganization, check th | | | | ,,,,,, | , , , , , | | | | Г | |
| g | 1 | | - | organization accepted ar | ny aift or co | ontribution | from any | of the follo | owing per | sons? | | | |
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| | | | | upported organization? | • | | | | ,,,,,, | • | 11g(i) | | |
| | | (ii) A family | member of a person | n described in (i) above? | • | | | | | | 11g(ii) | | |
| | | • | • | person described in (i) | | ∍? | | | | | 11g(iii) | | |
| h | | Provide the fe | ollowing information | about the supported or | ganizationi | (s). | | | | | | | |
| | | | - | • • • | • | | | | | | | | |
| (i) | Name | of supported | (ii) EIN | (iii) Type of | (iv) Is the o | rganization | (v) Did you | notify the | (vi) Is | the | (vii) Am | ount of | |
| 1. | | inization | (, | organization (described on lines 1-9 | | sted in your | | | organizátic (i) organiz | ed in the | supp | _ | |
| | | | | above or IRC section | governing | document? | | support | US | ? | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
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| | (Complete only if you checked fails to qualify under the tests | | | | n tailed to qualify | under Part III. If the | organization |
|-----|---|---------------------|---------------------------------------|------------------------|---------------------------|---|---------------------------------------|
| ect | ion A. Public Support | | · · · · · · · · · · · · · · · · · · · | | | | T |
| len | lar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| ı | Gifts, grants, contributions, and nembership fees received. (Do not | | | | | | |
| 2 - | reclude any "unusual grants.") Fax revenues levied for the organization's benefit and either paid to be expended on its behalf | | | | | | |
| 3 - | The value of services or facilities urnished by a governmental unit to he organization without charge | | | | | | |
| , · | Fotal. Add lines 1 through 3 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) | '.,, | | ······ iiiiit | | P1.101 101111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | Public support. Subtract line 5 from line 4 tion B. Total Support | | 1 | 1 | ! | <u> </u> | <u></u> |
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | (6) 2001 | (5) 2000 | (0) = 0.00 | (47_5 : 5 | 1.127 | |
| | Gross income from interest, | | - | | | | |
| | | | | | | | 1 |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | - | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | ı | | | 1 | |
| | business is regularly carried on Other income. Do not include gain | <u> </u> | | | | | † |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities | etc (see instruct | tions) | | .1 | 12 | -1 |
| | First five years. If the Form 990 is fo | | | rd. fourth, or fifth t | tax vear as a secti | | |
| | organization, check this box and sto | | , , - · · · | , | • | | [|
| | tion C. Computation of Publ | | ercentage | | | | |
| ļ | Public support percentage for 2011 (| line 6, column (f) | divided by line 11, | column (f)) | | 14 | · · · · · · · · · · · · · · · · · · · |
| | Public support percentage from 2010 | | | | | 15 | |
| | 33 1/3% support test - 2011. if the | | | on line 13, and line | 14 is 33 1/3% or | more, check this b | ox and |
| _ | stop here. The organization qualifies | | | | | | ▶[|
| b | 33 1/3% support test - 2010. If the | | | | d line 15 is 33 1/3 | % or more, check t | his box |
| _ | and stop here. The organization qua | | | | | | ▶[|
| 7a | 10% -facts-and-circumstances tes | | | | ne 13, 16a, or 16b | , and line 14 is 10% | 6 or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | > |
| b | 10% -facts-and-circumstances tes | st - 2010. If the o | rganization did not | check a box on lir | ne 13, 16a, 16b, o | | |
| | more, and if the organization meets t | he "facts-and-circ | cumstances" test, o | heck this box and | d stop here. Expla | in in Part IV how th | ie |

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

| | qualify under the tests listed b | elow, please comp | olete Part II.) | - | | | |
|------|--|----------------------|------------------------|------------------------------|--------------------|---------------------|-------------|
| Sec | ction A. Public Support | | , — — — | | · | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | 1 | | ľ | |
| | include any "unusual grants ") | 366,667. | 40,000. | 50,000. | | | 456,667. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 15,470,855. | 13,153,884. | 13,003,748. | 18,738,147. | 13,996,570. | 74,363,204. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | 1 | | _ 1 | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | i | | | | | |
| | the organization without charge | | 1 | 1 | ! | | |
| 6 | Total. Add lines 1 through 5 | 15,837,522. | 13,193,884. | 13,053,748. | 18,738,147. | 13,996,570. | 74,819,871. |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | 0. |
| | amount on line 13 for the year Add lines 7a and 7b | | | | | | 0. |
| | | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | 74,819,871. |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | 15,837,522. | 13,193,884. | 13,053,748. | 18,738,147. | 13,996,570. | 74,819,871. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 505,062. | | 19,700. | 21,576. | 19,729. | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | : Add lines 10a and 10b | 505,062. | 103,706. | 19,700. | 21,576. | 19,729. | 669,773. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 16,342,584. | 13,297,590. | 13,073,448. | 18,759,723. | 14,016,299. | 75,489,644. |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, third | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | | | | ▶□_ |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2011 (| | | olumn (f)) | | 15 | 99.11 % |
| | Public support percentage from 2010 | | | | | 16 | 98.06 % |
| | ction D. Computation of Inve | | | | | | |
| 17 | | | - | e 13. column (fl) | | 17 | .89 % |
| | Investment income percentage from | • | • • • | . 10, 00idijili (i <i>))</i> | | 18 | 1.94 % |
| | 33 1/3% support tests - 2011. If the | | | on line 14 and line | 15 is more than 3 | | |
| 185 | more than 33 1/3%, check this box a | | | | | | ✓ IS HOL |
| t | 33 1/3% support tests - 2010. If the | | = | | | | |
| | line 18 is not more than 33 1/3%, che | = | | | | | |
| 20 | Private foundation. If the organization | | | | | | ▶□ |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY FACILITIES, INC.

Employer identification number

72-1417328 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| | | TTY FACILI | TILS, | TIMC • | | | 12- | 141/32 | <u> </u> | age 2 |
|--------|--|------------------------|-------------------|-----------------|---------------|---|---------------------|------------------|-------------------------|----------|
| Par | t III Organizations Maintaining C | ollections of A | rt, Histo | orical Tr | easures, c | or Oth | <u>er Similar A</u> | ssets (conti | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the | following tha | t are a s | ignificant use o | f its collection | ıtem: | s |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ı 🗀 L | oan or excl | nange progra | ams | | | | |
| b | Scholarly research | е | o | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | ey further th | ne organizati | on's exe | mpt purpose in | Part XIV. | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, his | torical treas | sures, or oth | er sımıla | r assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organ | ization's co | llection? | | | Yes_ | | No |
| Par | Escrow and Custodial Arran reported an amount on Form 990, Par | | ete if the | organizatio | n answered | 'Yes' to | Form 990, Part | IV, line 9, or | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for c | ontribution | s or other as | sets not | Included | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing ta | able: | | | | | | |
| | , , | • | _ | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990. Part X. line | 21? | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV | ,, | | | | | | | | |
| Par | *************************************** | f the organization ar | swered " | Yes" to Fo | rm 990, Part | IV, line | 10. | | | |
| ****** | | (a) Current year | | or year | (c) Two year | | (d) Three years t | ack (e) Four | years | back |
| 1a | Beginning of year balance | - | | | | | | | | |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | - | | d | '++ ++++++++ | ·******* |
| | Other expenditures for facilities | <u></u> | | | | | | | | |
| Ŭ | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | ~~~~ | |
| ·g | End of year balance | | | | | | | | ********** | H |
| 2 | Provide the estimated percentage of the cur | rent year end balance | e (line 1a | . column (s |)) held as: | | | | | |
| a | Board designated or quasi-endowment | ent year end balanc | .e (iiile 19 % | ,, coluitiii (e | yy ricia as. | | | | | |
| b | Permanent endowment | % | -″ | | | | | | | |
| | Temporarily restricted endowment | % % | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2c shot | | | | | | | | | |
| 32 | Are there endowment funds not in the posses | | ation that | t are held a | nd administe | ered for t | the organization | ı | | |
| Va | | ssion of the organiz | ation that | aro nolo a | na aominista | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ino organization | [| Yes | No |
| | by: (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3a(ii) | | |
| h | If "Yes" to 3a(ii), are the related organization | e lietad se raquirad (| on Sched | ula B? | | | | 3b | - | |
| 4 | _Describe in Part XIV the intended uses of the | • | | | | | | | | |
| | t VI Land, Buildings, and Equipm | | | | | | | | | |
| I GA | Description of property | (a) Cost or o | | | or other | (c) A | Accumulated | (d) Boo | k valu | |
| | Description of property | basis (investi | | | (other) | , , , | preciation | (4) 500 | | • |
| 1- | Land | | | | | | | | | |
| | | | | 71.56 | 6,832. | 18 | 255,294. | 53,31 | 1.5 | 38. |
| | Buildings | | | | 4,419. | | 233,491. | 3,46 | | |
| _ | Leasehold improvements | <u> </u> | | | 2,950. | L | 81,704. | | $\frac{3}{1,2}$ | |
| a | Equipment | | | | _,,,,,,, | | <u> </u> | | -,- | |
| _ | Other | | l l | | | | | | | |

Schedule D (Form 990) 2011

Federal income taxes (1) 1,532,341 ACCRUED INTEREST PAYABLE (2) MISCELLANEOUS CURRENT LIABILITY 477,000 4,745,000 TAXABLE BONDS (4) 117,667 BOND PREMIUM (5) (6) (7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| | dule D (Form 990) 2011 ONIVERSITI FACILITIES, THE. | A 1i4 | ad Cina | noial S | 1010 | | 171/ | <u> </u> | age 4 |
|-----|---|--------|--------------|---------|------------|------|-----------|-------------|-------|
| | Reconciliation of Change in Net Assets from Form 990 to | Audi | led Fina | | tate | ment | | 016,2 | 00 |
| 1 | Total revenue (Form 990, Part VIII, column (A). line 12) | | | 1 | | | 11 (| 029,8 | 99. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | | 21,0 | 986,4 | 70. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | | | | 700,4 | 09. |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | | | | |
| 5 | Donated services and use of facilities | | | 5 | | | | | |
| 6 | Investment expenses | | | 6 | | | | | |
| 7 | Prior period adjustments | | | 7 | | | | | |
| 8 | Other (Describe in Part XIV) | | | 8 | | | | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | _ | | 9 | | | | 206 4 | 00 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | lista Dave | 10 | D | . 4 | | 986,4 | 09. |
| | t XII Reconciliation of Revenue per Audited Financial Statemen | ILS VY | illi neve | enue p | er ni | | | 016,2 | 0.0 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | } | 1 | 14, | <u> </u> | 77. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ۱ ـ | I | | | ļ | | | |
| а | Net unrealized gains on investments | 2a | | | | | | | |
| þ | Donated services and use of facilities | 2b | | | | 1 | | | |
| ¢ | Recoveries of prior year grants | 2c | | | | | | | |
| d | Other (Describe in Part XIV.) | 2d | L | | -∤ | _ | | | ^ |
| е | Add lines 2a through 2d | | | | | 2e | 14 (| 16 0 | 0. |
| 3 | Subtract line 2e from line 1 | | | | | 3 | 14,0 | 016,2 | 99. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ı | 1 | | ļ | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | | |
| | Other (Describe in Part XIV.) | 4b | L.— | | | ı | | | ^ |
| C | Add lines 4a and 4b | | | | } | 4c | 14 / | <u> </u> | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | ACH. F | | | 5 | | 016,2 | 99. |
| Pal | t XIII Reconciliation of Expenses per Audited Financial Stateme | nts v | WITH EXP | enses | per | | <u>rn</u> | <u> </u> | 000 |
| 1 | Total expenses and losses per audited financial statements | | | | } | 1 | 11, | 029,8 | 90. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 _ | 1 | | | 1 | | | |
| а | Donated services and use of facilities | 2a | | | | | | | |
| | Prior year adjustments | 2b | } | | | | | | |
| C | Other losses | 2c | | | | | | | |
| d | Other (Describe in Part XIV.) | 2d | | | | _ | | | ^ |
| е | Add lines 2a through 2d | | | | } | 2e | 31 (| 000 | 0. |
| 3 | Subtract line 2e from line 1 | | | | ŀ | 3 | 11, | 029,8 | 90. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 1 | | 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | ļ | | | 1 | | | |
| b | Other (Describe in Part XIV.) | _4b | L | | | { | | | ^ |
| C | Add lines 4a and 4b | | | | | 4c | -1- | ~~~~ | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | | 5 | 11, | 029,8 | 90. |
| | t XIV Supplemental Information | | | | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also comple | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE (Form 990) Department of the Treasury

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

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

Schedule I (Form 990) (2011) Employer identification number ž 72-1417328 ADMINISTRATIVE EXPENSES Inspection (h) Purpose of grant or assistance OF THE UNIVERSITY X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any GENERAL AND recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of 689,477 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable INC. UNIVERSITY FACILITIES, Enter total number of other organizations listed in the line 1 table 72-6000816 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SOUTHEASTERN LOUISIANA UNIVERSITY 548 WESTERN AVE., SLU 10720 or government Name of the organization HAMMOND, LA 70402 Internal Revenue Service Parti Part # N

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

72-1417328

Page 2

UNIVERSITY FACILITIES, INC.

Schedule I (Form 990) (2011) UNIVERSITY FACILITIES, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| istance | · | : | | | | | | | | |
|---|---|---|--|---|--|-------------------------------------|--|--|--|--|
| (f) Description of non-cash assistance | | | | | | | | | | |
| (e) Method of valuation (book, FMV, appraisal, other) | | | | additional information. | MONITOR THE | | | | | |
| (d) Amount of non- cash assistance | | | | line 2, and any other | ORGANIZATION MONITOR | | | | | |
| (c) Amount of cash grant | | | | on required in Part I, | OF THE ORG | ORGANIZATION. | | | | |
| (b) Number of recipients | | | | de the information | MEMBERS | IG ORGANI | | | | |
| (a) Type of grant or assistance | | | | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | SCHEDULE I, PART I, LINE 2: BOARD MEMB | USE OF GRANT FUNDS TO THE RECEIVING | | | | |

Schedule I (Form 990) (2011)

Employer identification number OMB No 1545-0047 72-1417328 Supplemental information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. See separate instructions. CONTINUATIONS (A) FOR COLUMN INC. UNIVERSITY FACILITIES, SEE PART VI ► Attach to Form 990. Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) Parti

2011 Open to Public Inspection

(i) Pooled Yes No financing × × × £ ŝ (9) Defeased (h) On behalf ŝ × ۵ of Issuer × × ۵ Yes Yes Yes ŝ × × × 25,470,000 1,578,569 862,382 1,011,798 Yes 22,017,251 × × × × ŝ ş O (f) Description of purpose STUDENT HOUSING STUDENT HOUSING STUDENT HOUSING O 76,910,000. AND FACILITIES 8035000. AND FACILITIES O00. AND FACILITIES Yes Yes 8,035,000. 2,775,000 482,969 681,024 6,347,988 × ŝ ş 2009 œ œ Yes × Yes × (e) Issue price 25,470 15,077,450. 925,000. 76,910,000. 44,822,022. 5,265,826. 277,811 6,020,831 × × × ŝ ŝ 2006 (d) Date Issued 08/13/04 11/11/10 03/14/07 Yes Yes 72-1416168546279A91 72-1416168546282FQ2 72-1416168546279UC2 (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? ENVIROMENTAL FACILITIES C ENVIROMENTAL FACILITIES B ENVIROMENTAL FACILITIES Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds Part III Private Business Use (a) Issuer name LA LOCAL GOV'T LA LOCAL GOV'T LA LOCAL GOV'T Other unspent proceeds Amount of bonds retired Total proceeds of Issue Other spent proceeds Proceeds Part II 0 16 N က S 9 œ 위 5 4 5 17 N 4 Ξ 얼

72-1417328 UNIVERSITY FACILITIES, INC.

Schedule K (Form 990) 2011

Page 2

| Part III Private Business Use (Continued) | | | | | | | | |
|--|----------------|--------------|-----------------|--------------|--------------|---------------|---------------|----------------|
| | V | | 8 | | | υ- | | 0 |
| 3a Are there any management or service contracts that may result in private | Yes | No | Yes | 2 | Yes | Š | Yes | Š |
| | | × | | × | | × | | |
| outinely engage bond counse | | | | | | | | |
| counsel to review any management or service contracts relating to the tinanced property? | | \$ | | > | | > | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | × | | ¥ | | 4 | | |
| 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? | | | | | | | | |
| | | | | | | | | , |
| entities other than a section 501(c)(3) organization or a state or local government | į | % | | 8 | | % | | 8 |
| 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 | | % | | % | | % | | % |
| 1 | | | ; | | ; | | | |
| post-issuance compliance of its tax-exempt bond liabilities? | × | | × | | × | | | |
| | | | | | | | | |
| Part IV Arbitrage | | | | | | | | |
| | 4 | | " | 8 | | O | | ۵ |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of | Yes | Š | Yes | 2 | Yes | ž | Yes | S _O |
| Arbitrage Rebate, been filed with respect to the bond issue? | × | i | × | | × | | | |
| 2 Is the bond issue a variable rate issue? | | × | | × | | × | | |
| l _ | | ; | | ; | | | | |
| hedge with respect to the bond issue? | | × | | × | | × | | |
| b Name of provider | ļ | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintergrated? | 1 | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 4a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | × | | × | | × | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | į | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | į | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | × | | × | | × | | |
| 6 Did the bond issue qualify for an exception to rebate? | | × | | × | | × | | |
| | | | | | | ļ | 1 | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| ے ا | eral tax requi | rements are | timely identifi | ed and corre | cted through | the voluntary | rclosing agre | Į. |
| program if self-remediation is not available under applicable regulations | | | | | | | Yes | S X No |
| part 14 Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. | sponses to | questions on | Schedule K. | | ļ | | | |

Schedule K (Form 990) 2011

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME:
01-23-12

| Schedule K (Form 990) 2011 | UNIVERSITY | FACILIT | IES, INC. | | 72-14173 | 28 |
|-----------------------------------|-----------------------|-----------------|--------------------|--------------------|-----------------------|---------------|
| Part VI Supplemental Information. | Complete this part to | provide additio | nal information fo | r responses to que | estions on Schedule K | |
| LA LOCAL GOV'T ENVI | ROMENTAL FA | CILITIES | AND COMM | UNITY DEV | AUTH | - |
| (F) DESCRIPTION OF | PURPOSE: SI | UDENT HO | USING AND | FACILITIE | es | |
| | | | | | | |
| (A) ISSUER NAME: | | | | | | |
| LA LOCAL GOV'T ENVI | ROMENTAL FA | CILITIES | AND COMM | UNITY DEV | AUTH | - |
| (F) DESCRIPTION OF | PURPOSE: ST | UDENT HO | USING AND | FACILITIE | ES | |
| (A) ISSUER NAME: | | | | | | |
| LA LOCAL GOV'T ENVI | ROMENTAL FA | CILITIES | AND COMM | UNITY DEV | AUTH | |
| (F) DESCRIPTION OF | PURPOSE: ST | CUDENT HO | USING AND | FACILITIE | ES | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY FACILITIES, INC.

Employer identification number 72-1417328

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| UNIVERSITY (SLU) THROUGH THE ACQUISITION, CONSTRUCTION, DEVELOPMENT, |
| MANAGEMENT, AND LEASING OF STUDENT HOUSING OR OTHER FACILITIES ON THE |
| CAMPUS OF SLU. THIS ACTIVITY BEGAN IN 1998 THROUGH THE ISSUANCE OF TAX |
| EXEMPT BONDS. THE ACTIVITY WAS CONDUCTED ON THE MAIN CAMPUS OF SLU IN |
| HAMMOND, LA AND WAS PRIMARILY CONDUCTED BY OFFICIALS WHICH WERE ALSO |
| EMPLOYEES OF THE UNIVERSITY. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| THROUGH THE ISSUANCE OF TAX EXEMPT BONDS. THE ACTIVITY WAS CONDUCTED |
| ON THE MAIN CAMPUS OF SLU IN HAMMOND, LA AND WAS PRIMARILY CONDUCTED BY |
| OFFICIALS WHICH WERE ALSO EMPLOYEES OF THE UNIVERSITY. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: CERTAIN BOARD MEMBERS REVIEW FORM |
| 990 BEFORE IT IS FILED. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING |
| DOCUMENTS ARE AVAILABLE UPON REQUEST. |
| |
| FORM 990, PART XI, LINE 2C |
| THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 72-1417328

UNIVERSITY FACILITIES, INC. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part :

| | (a) Name, address, and EIN 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 | trolling :y |
|---------|---|--|---|-------------------------|---------------------------|-------------------------------|----------------|
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| Part II | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | tions (Complete if the organization an | nswered "Yes" to Form 990, | Part IV, line 34 becaus | se it had one or more | s related tax-exemp | |
| | | | | | - | • | 1 |

| organizations duffing the lax years | | | | | | | |
|---|------------------|--------------------------|-------------|----------------------------------|--------------------|---------------------------|---------|
| (e) | (q) | ② | 6 | (e) | £ . | (g) Section 512(b)(13) | (b)(13) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Ulrect controlling | controll | ₽, |
| of related organization | | foreign country) | section | status (ir section 501(c)(3)) | entity | Yes N | 2 |
| SOUTHEASTERN LOUISIANA UNIVERSITY - | | | | | | | |
| 72-6000816, 548 WESTERN AVE. SLU 10720, | | | | | | | ; |
| HAMMOND LA 70402 | UNIVERSITY | LOUISIANA | 501(C)(3) | 170(B)(1)(A) | | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

72-1417328

Page 2

Schedule R (Form 990) 2011 UNIVERSITY FACILITIES, INC.

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

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Yes No S Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>ම</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV

| (a) | (q) | <u></u> | ල | (e) | € | | £ |
|---|------------------|--|--|---|----------------|-----------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Legal domicile Direct controlling Type of entity (C corp, S corp, foreign country) | Type of entity (C corp, S corp, or trust) | Share of total | Share of end-of-year assets | Percentage ownership |
| | | | | | | | |
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Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990. Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011 UNIVERSITY FACILITIES, INC.

| | | | | _ | ┡- | 1 |
|---|-------------------------|-------------------------------|---|----------------------------|------|------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | • | | g '' | |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | lated organizations listed in | Parts II-IV? | | + | ; |
| Because of (i) interest (ii) applitties (iii) royalties or (iv) rent from a controlled entity | | | | 1a | 7 | × |
| | | | | 16 | | × |
| b Giff, grant, or capital contribution to related organization(s) | | | | • | | > |
| e. Giff prant or capital contribution from related organization(s) | | | | ပ | 1 | ۵ |
| | | | | P | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | | | × |
| Loans or loan guarantees by related organization(s) | | | | 9 | | 4 |
| | | | | | -++ | |
| | | | | + | | × |
| f Sale of assets to related organization(s) | | | | | İ | > |
| q Purchase of assets from related organization(s) | | | | <u>6</u> | + | (|
| | | | | ŧ | _ | × |
| | | | | = | | × |
| Lease of facilities, equipment, or other assets to related organization(s) | • | | | : | - | |
| | | | | | • | × |
| Lease of facilities, equipment, or other assets from related organization(s) | | | | F | + | (): |
| י Deformance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | ¥ | | × |
| | anization(s) | | | = | | × |
| Performance of services of members in the policies of services of | (a) (b) (b) (c) (c) (d) | | | 5 | | × |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | , | | > |
| n Sharing of paid employees with related organization(s) | | | | ur. | 1 | 4 |
| | | | | | | |
| | | | | 9 | | × |
| Heimbursement paid to related organization(s) for expenses | • | | | 5 | - | × |
| P Reimbursement paid by related organization(s) for expenses | | | | 2 | | |
| | | | | | • | : |
| Other transfer of cash or property to related organization(s) | | | | 19 | | × |
| - Other transfer of onch or property from related organization(s) | | | | 11 | | × |
| Cities transies of cash of property horn search organization for infer | the telemonate in odw | s line including covered re | matter or who must complete this line including covered relationships and transaction thresholds. | | | |
| 2 If the answer to any of the above is ites, see the instructions for information of the | A LIGHT COLLINIA | 5 | | | | |
| (a) Name of other organization | (b) Transaction | (c) Amount involved | (d) Method of determining | | | |
| | type (a-r) | | amount involved | | | |
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| (F) | | | | | | |
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| (5) | | | | | 1 | |
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| (9) | | | | | | |
| CF CC FC CCFCC | | | Schedu | Schedule R (Form 990) 2011 | (066 | 2011 |

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Schedule R (Form 990) 2011 UNIVERSITY FACILITIES, INC.

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | Are all partners sec 501(c)(3) ongs? | Share of total | (g) Share of end-of-year assets | (h) Disproportonate allocations? | (h) (i) (k) (k) Dspropor- borate amount in box 20 managing ownership slications2 of Schedule K-1 partner/ Yes No (Form 1065) Yes No | General o managing partner? Yes NO | (k) Percentage · ownership |
|--------------------------------------|-------------------------|---|--|--------------------------------------|----------------|--|----------------------------------|--|---|----------------------------|
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| | | | | | | | | Schedule | R (For | Schedule R (Form 990) 2011 |

| <u>Schedule R</u> | (Form 990) 2011 | UNIVERSITY | FACILITIES, | INC. | /2-141/328 Pag | ge 5 |
|-------------------|--------------------------------------|---------------------------------------|---------------------------------------|--|----------------|-------------|
| Part VII | (Form 990) 2011 Supplemental Info | rmation | | | | |
| | Complete this part to pro | ovide additional informa | tion for responses to qu | iestions on Schedule R (see instr | uctions). | |
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