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SCANNED NOV 2 7 2017

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)

OMB No 1545-0047

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

Information	about Form	DOO and its	inotructions	is at www.lrs.	aculform000
miormation	about rom	990 and its	msuucuons	15 at www.#3.	govnomiaso.

Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning JUL 1, 2016 and ending	<u>JUN 30, 2017</u>
В	Check if applicab	C Name of organization	D Employer identification number
Γ	Addre	UNIVERSITY FACILITIES, INC.	•
ř	Name		72-1417328
Ĕ	Initial		
F	Final	EAR MED MOCEURE DRIVE DAGON WALL DO	985-549-3772
_	termir	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 19,949,194
	Amen	ded HANGOND IN 70402	H(a) Is this a group return
一	Appli		for subordinates? Yes X No
	pendi	548 NED MCGEHEE DRIVE, DYSON HALL, ROOM 15	
1	Tax∙ex		27 If "No," attach a list. (see instructions)
		te: N/A	H(c) Group exemption number
			ear of formation: 1997 M State of legal domicile: L.
	art I	Summary	
	1	Briefly describe the organization's mission or most significant activities THE CORPO	DRATION WAS FORMED TO
Governance	1	PROMOTE, ASSIST AND BENEFIT THE MISSION OF SO	
rna	2	Check this box If the organization discontinued its operations or disposed of m	
o e	3	Number of voting members of the governing body (Part VI, line 1a)	3
		Number of independent voting members of the governing body (Part VI, line 1b)	4
SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5
ž	6	Total number of volunteers (estimate if necessary)	6
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
_		Net unrelated business taxable income from Form 990-T, line 34	76 0
	}		Prior Year Current Year
g.	8	Contributions and grants (Part VIII, line 1h)	0.
nue Pue	9	Program service revenue (Part VIII, line 2g)	16,626,260. 19,857,287
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,078. 91,907
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,658,338. 19,949,194
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	803,575. 570,715
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,086,741. 1,957,470.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,670,105. 9,715,660
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A); line 25)	12,560,421. 12,243,845
- 0	19	Revenue less expenses Subtract line 18 from line 12	4,097,917. 7,705,349
Net Assets or	2	Total labelities (Part X, line 16) Total labelities (Part X, line 26)	Beginning of Current Year End of Year
SSE	20	Total assets (Part X, line 16)	117,508,409. 161,934,484
et A	21	Total labilities (Fart X, line 20)	87,930,661. 124,651,387
2	22	Net assets or fund balances Subtract line 21 from line 20	29,577,748. 37,283,097
	art II	Signature Block	
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and state	
nue	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge
_		Signature of officer	Date
Sig		,	Date
He	re	JOHN PAUL DOMIANO, EXECUTIVE DIRECTOR Type or print name and title	
			Date Check PTIN
Da:	d	Print/Type preparer's name Preparer's signature	\ \ \ \ \——
Pai		J. THOMAS GRAINGER 9. Thomas Draing	11/02/17 self-employed P00317149
	parer Only	Firm's name HORTON, LEE, BURNETT, ET AL, PC Firm's address 3800 COLONNADE PKWY SUITE 500	Firm's EIN 63-1034180
USE	Unity	Firm's address 3800 COLONNADE PKWY SUITE 500 BIRMINGHAM, AL 35243	Phone 20E 067 0744
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	Phone no. 205 – 967 – 9744 X Yes No
	001 11-1		X Yes No. Form 990 (2016
032		— i or i operation headedon Activotice, see the separate instructions.	FOIII 330 (2016

	1990 (2016) UNIVERSITY FACILITIES, INC. 72-1417328 Page 2	_
Pa	rt III Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	<u>J</u>
1	Briefly describe the organization's mission	
	THE CORPORATION WAS FORMED TO PROMOTE, ASSIST AND BENEFIT THE MISSION	_
	OF SOUTHEASTERN LOUISIANA 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	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	_
4a	(Code) (Expenses \$ 12,243,845. including grants of \$ 570,715.) (Revenue \$ 19,949,194.)
	PROVIDER OF STUDENT HOUSING	
		_
		_
		_
		_
		_
		_
		-
		-
		-
		_
		-
4b	10.	_
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	1
		_
		-
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
→u		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 12,243,845	-

Form **990** (2016)

			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_	<u> </u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	}		.,
	public office? 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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		۱,,
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ì		ĺ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	} _		7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			١.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>		ł
_	as applicable]]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	}
	Part VI	11a	X	├
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٠,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			١.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Ì		1
	Schedule D, Parts XI and XII	12a	X	 —
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	Ì]_,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
р	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	}		Ì
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 -	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	·	}	١.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	7
6	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		\ <u>\</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,]	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	}	.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	ł	_
	complete Schedule G, Part III	19	l	<u>X</u>

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ì	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X	
	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
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part i	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u> _
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		<u>X</u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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		<u> X</u>
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?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
_	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
þ	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	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	22	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2016)
		LOUD	SOL	(2010)

Form 990 (2016) UNIVERSITY FACILITIES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part V			لل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	의] :	}
ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	<u>0</u>	!	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		} '	
_	(gambling) winnings to prize winners?	1c	 	
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	_	}	}
ь	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)		} '	v
	• • • • • • • • • • • • • • • • • • •	. 3a	 	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		!!!	v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	} -	X
D	If "Yes," enter the name of the foreign country	.	1	
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Ua	any contributions that were not tax deductible as charitable contributions?	6-	<u> </u>	х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	 	
-	were not tax deductible?	6b		}
7	Organizations that may receive deductible contributions under section 170(c).	00	<u> </u>	
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	7 7a	-	X _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c	}	X _
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3	7 <u>h</u>	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	i	'	}
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	ł	'	}
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
11	Section 501(c)(12) organizations. Enter	- }	}	
a	Gross income from members or shareholders Gross income from ether sources (Do not not ground to all a supplied to a supplied to all a supplied to a	-{	}	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	1	<u> </u>
120	, , , , , , , , , , , , , , , , , , ,	ا ا	1	[
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yos " enter the amount of tax exempt interest received or secret diving the year.	12a	├	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			[
	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	134	 	
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1	ł
~	organization is licensed to issue qualified health plans	1	1	}
c	Enter the amount of reserves on hand	7		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 -
	The second of th		n 990	(2016)
				,/

Form 990 (2016) UNIVERSITY FACILITIES, INC. 72-1417328 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		<u>X</u>
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		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
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		<u>X</u>
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	<u> </u>	
ь	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 in Schedule O	9		X
<u>Sec</u>	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_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X	
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		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	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 records			
	MR. JOHN PAUL DOMIANO - 985-549-3772			
	548 NED MCGEHEE DRIVE DYSON HALL ROOM 153 HAMMOND LA 70402			

•	•					•
Form 990 (20	16) UNIVERSI	ry FACII	LITIES, INC.		72-1417	328 'Page
Part VII C	compensation of Officers, I	Directors, T	rustees, Key Empl	oyees, Highest C	ompensated	
E	mployees, and Independer	nt Contract	tors			
C	heck if Schedule O contains a resp	onse or note to	any line in this Part VII			
Section A.	Officers, Directors, Trustees, Key	Employees, a	nd Highest Compensat	ed Employees		
_	this table for all persons required to				with or within the orga	anization's tax ye
Enter -0- in co List all (List the able compens List all (reportable co List all (more than \$1) List persons i and former su	of the organization's current officers lumns (D), (E), and (F) if no compens of the organization's current key en organization's five current highest contains (Box 5 of Form W-2 and/or Box of the organization's former officers in the organization's former director 0,000 of reportable compensation in the following order individual trus chips box if neither the organization of the box if neither the organization of the source of the contains the con	sation was pai iployees, if any ompensated e ox 7 of Form 10 , key employed nd any related rs or trustees rom the organi tees or director	d y See instructions for de imployees (other than an 099-MISC) of more than es, and highest compens organizations. I that received, in the cap zation and any related or ors; institutional trustees,	finition of "key employed officer, director, trusted \$100,000 from the organizated employees who repactly as a former directorganizations. officers; key employee	ee." e, or key employee) when the control of the c	no received repo ed organizations 00,000 of ganization,
Oneck i	(A)	(B)	(C)	(D)	(E)	(F)
	Name and Title	Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation

Name and Title	Average hours per week	box	not c , unle cer ar	ss pe	more	than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. JOSEPH MORRIS EXECUTIVE DIRECTOR	1.50							0.	132,044.	45,794.
(2) MR. MARCUS NAQUIN CHAIRMAN	0.00							0.	0.	0.
(3) MR. JOHN PAUL DOMIANO BOARD MEMBER	5.00							0.	95,000.	33,856.
(4) MR. CAMERON B. BARR SECRETARY/TREASURER	0.00							0.	0.	0.
									·	

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
ira		Membership dues	1b					
s, G	С	Fundraising events	1c					
a it		Related organizations	1d					
S,E		Government grants (contribu						
rion Si		All other contributions, gifts, gran						
t be		similar amounts not included abo	1 1					
E 0	g	Noncash contributions included in line	s 1a-1f, \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total, Add lines 1a-1f						
				Business Code				
မွ	2 a	HOUSING RENTAL INCOME		531110	13,311,843.	13,311,843,		
Program Service Revenue	b	OTHER RENTAL INCOME		531110	6,114,180.	6,114,180,		
SE	С	MISCELLANOUS INCOME		531110	431,264.	431,264,		
eve	d	l						
<u>6</u>	е							
مة	f	All other program service reve	enue					
	_ 9	Total, Add lines 2a-2f			19 857 287			
	3	Investment income (including	dividends, inter	est, and				
)		other similar amounts)		▶	91,907.			91,907,
Ì	4	Income from investment of ta	x-exempt bond	oroceeds >				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents			į			
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)			İ			
Į	d	Net gain or (loss)						
a	8 a	Gross income from fundraising	ng events (not					
		including \$	of					
ě		contributions reported on line	1c) See			İ		
Other Reven		Part IV, line 18	а	·				
Ĕ.	b	Less direct expenses	b					
٠	c	Net income or (loss) from fun-	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b	·				
		Net income or (loss) from gan	•	•				
- {	10 a	Gross sales of inventory, less	returns					
		and allowances	а			İ		
	b	Less cost of goods sold	b	· L				
	<u>c</u>	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	16	Business Code				
	11 a	·						
Ì	b	·						
	C	·						
	d	I All other revenue						-
ì	е	Total. Add lines 11a-11d		▶				
	12	Total revenue See instructions.			19,949,194,	19.857.287.	0	91 907.

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 (B) Program service (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 570,715. 570,715 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 967,389. 967,389 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 706,731 706,731 Other employee benefits 283,350. 283,350. Payroll taxes 10 11 Fees for services (non-employees) Management 10,916. 10,916 **b** Legal 50,957. 50,957. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 19,250. 19,250. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 9,378 9,378 Advertising and promotion 12 66,145. 66,145. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 7.284 7,284. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,853,406. 2,853,406. 20 Payments to affiliates 21 3,149,001 3,149,001 Depreciation, depletion, and amortization 22 360,730. 360,730. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a BUILDING MAINTENANCE 1,465,346 1,465,346. 781,909. 781,909. **b UTILITIES** c TELEPHONE 583,650. 583,650. d ADMINISTRATIVE 357,688. 357,688. e All other expenses 12,243,845. 12,243,845 0. 0. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. ____ if following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X | Balance Sheet

Par	ιχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	2.	1	4.
	2	Savings and temporary cash investments	201,157.	2	186,516.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	730,077.	4	1,258,967
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
ı	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ı		employers and sponsoring organizations of section 501(c)(9) voluntary			
က္ဆ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use	54,063.	8	63,147
	9	Prepaid expenses and deferred charges	52,638.	9	52,710
	10a	Land, buildings, and equipment cost or other		_	
		basis Complete Part VI of Schedule D 10a 124, 988, 257.			
	b	Less accumulated depreciation 10b 31,763,679.	89,895,926.	10c	93,224,578
	11	Investments - publicly traded securities	18,459,989.	11	61,215,616
	12	Investments - other securities See Part IV, line 11	20, 200, 300,	12	01/110/010
	13	Investments - program-related See Part IV, line 11		13	-,-
	14	Intangible assets	2,070,226.	14	3,050,968
	15	Other assets. See Part IV, line 11	6,044,331.	15	2,881,978
	16	Total assets. Add lines 1 through 15 (must equal line 34)	117,508,409.	16	161,934,484
T	17	Accounts payable and accrued expenses	1,848,992.	17	1,676,579
	18	Grants payable		18	
	19	Deferred revenue	46,526.	19	86,524
	20	Tax-exempt bond liabilities	82,707,994.	20	120,182,025
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			7.
1	_	parties, and other liabilities not included on lines 17-24) Complete Part X of			
-		Schedule D	3,327,149.	25	2,706,259
	26	Total liabilities. Add lines 17 through 25	87,930,661.		124,651,387
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ς,		complete lines 27 through 29, and lines 33 and 34.			
၌	27	Unrestricted net assets	29,577,748.	27	37,283,097
alai	28	Temporarily restricted net assets	<u> </u>	28	
9	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5		and complete lines 30 through 34.			
ا ي	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	29,577,748.	33	37,283,097
			117,508,409.		161,934,484

	990 (2016) UNIVERSITY FACILITIES, INC.	<u> 72-14</u>	<u> 117328</u>	Pag	_{1e} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		[]			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,24		
3	Revenue less expenses Subtract line 2 from line 1	3	7,70	5,3	<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,57	<u>7,7</u>	<u>48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses ,	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37,28	3,0	<u>97.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-		!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) O			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

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

2016

Open to Public

Name of the organization Employer identification number 72-1417328 UNIVERSITY FACILITIES, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (ii) EIN (III) Type of organization (vi) Amount of other in your governing document? organization (described on lines 1 10 support (see instructions) support (see instructions) Yes No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						<u> </u>
	membership fees received (Do not		l				
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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			-			
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					ļ	
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support			1	!	1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(8) 2012	(6) 2013	(0) 2014	(0) 2013	(e) 2010	(i) iotai
8	Gross income from interest,		. <u>-</u> .				
Ů	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the					i	
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata /aaa :=at=:=t		L	<u> </u>		
			·			12 - 501(-)(0)	
13	First five years. If the Form 990 is for organization, check this box and stop		s iirst, second, triii	ra, iourth, or litth to	ax year as a section	n 501(c)(3)	. □
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2016 (li			column (fl)		14	%
	Public support percentage from 2015		•	Joidinin (i))		15	
	33 1/3% support test - 2016. If the o	· ·	•	in line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies a				14 15 00 1/0/0 01 1	nore, check this be	ıx and ⊾□
b	33 1/3% support test - 2015. If the o		•		l line 15 ie 33 1/3%	or more check th	ne hov
-	and stop here. The organization quali					of more, check to	IIS DOX
17a	10% -facts-and-circumstances test				a 13 16a or 16h	and line 14 is 100/	or more
	and if the organization meets the "fact					rt vi now the organ	ization
L	meets the "facts-and-circumstances" f						▶
D	10% -facts-and-circumstances test						
	more, and if the organization meets th						· ——
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶ 📙

Schedule A (Form 990 or 990-EZ) 2016 UNIVERSITY FACILITIES, INC. 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

Se	ction A. Public Support	elow, please comp	nete Fait II.j				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				X-7		
	membership fees received (Do not						
	include any "unusual grants ")			1			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21 173 006.	22,260,982,	15,462,802,	16,626,261,	19,902,827,	95,425,878,
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
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 the organization without charge						
6	Total. Add lines 1 through 5	21 173 006.	22,260,982.	15,462,802.	16,626,261.	19 902 827.	95,425,878,
	Amounts included on lines 1, 2, and		22,200,302,	15,402,802.	10,020,201,	19,902,027,	95,425,676,
	3 received from disqualified persons	1					0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						95,425,878,
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	21,173,006,	22,260,982,	15,462,802,	16,626,261,	19,902,827,	95,425,878,
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,516.	12,914.	9,025.	32,078.		165,440.
t	Unrelated business taxable income	-		<u> </u>	•	•	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	19,516.	12,914.	9,025.	32,078.	91,907.	165,440.
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 VI)						
	Total support (Add lines 9, 10c, 11, and 12)	21,192,522.	22,273,896.	15,471,827.	16,658,339,	19,994,734.	95,591,318,
14	First five years. If the Form 990 is for	the organization'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						<u> </u>
	ction C. Computation of Publi	···					
	Public support percentage for 2016 (li		-	olumn (f))		15	<u>99.83 %</u>
	Public support percentage from 2015					16	99.90 %
	ction D. Computation of Inves						
	Investment income percentage for 20		•	e 13, column (f))		17	.17 %
	Investment income percentage from 2		•			18	.10 %
19a	33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar	_					17 is not ► X
b	33 1/3% support tests - 2015. If the				· · · -		
	line 18 is not more than 33 1/3%, che-						▶□
20	Private foundation If the organization						

Schedule A (Form 990 or 990 EZ) 2016 UNIVERSITY FACILITIES, INC.

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)

2~~	tion	A A	II C			A		_
JUL	illon	м. м	แ อน	וטטט	runa	Orga	nizations	3

- Yes No 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3ь 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 Зс 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 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations <u>4b</u> 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 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- 10a 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
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

8

9a

9b

9c

10a

De		<u>-141/32</u>	O Pa	iye 5
ra	rt IV Supporting Organizations (continued)		TV 1	
44	Use the exceptration excepted a settle except by the fellowing a second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
	etion B. Type I Supporting Organizations	1_110		
	y, company of the second of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì	<u>'</u>	
	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		li	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in		'	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	[
	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	11		<u> </u>
Sec	tion D. All Type III Supporting Organizations			ı——
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	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 1	-	
2			1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	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		l
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instruction	one)		
a	The organization satisfied the Activities Test Complete line 2 below.	O110j.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (si	ee instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a			1	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

	edule A (Form 990 or 990-EZ) 2016 UNIVERSITY FACILITIES,	INC.		72-1417328 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must con-	omplete Se	ctions A through E	
Sect	ion 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	1 1		
	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		
Sect	ion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	<u>1</u> d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_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-functional	illy integrate	ed Type III supporting or	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

	rt V Type III Non-Functionally Integrated 509			2-1417328 Page 7
		(a)(3) Supporting Orga	anizations (continuea)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organization	IS	
5	Qualified set-aside amounts (pnor IRS approval required)			
<u> </u>	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 ti	he organization is responsive		
0	(provide details in Part VI). See instructions	no organization is responsive	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
10	Line of amount divided by Line 9 amount	(i)	(ii)	(ui)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
_b				
С	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
_i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$		<u> </u>	
a	Applied to underdistributions of prior years		L	
b	Applied to 2016 distributable amount			·
С	Remainder Subtract lines 4a and 4b from 4	} 	 	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			<u></u> _
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		 	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7		<u> </u>	<u> </u>
a				
b	Excess from 2013			
	Excess from 2014			
ď	Excess from 2015	<u> </u>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016	UNIVERSITY	FACILITIES,	INC.	72-1417	328 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3, Part IV,	e explanations required by , 6, 9a, 9b, 9c, 11a, 11b, a , Section E, lines 1c, 2a, 2l n E, lines 2, 5, and 6 Also	Part II, line 10, Part II, I and 11c, Part IV, Section a. 3a, and 3b, Part V, Im	ine 17a or 17b, Part III, line B, lines 1 and 2, Part IV, S e 1, Part V, Section B, line	e 12, Section C,
						
				<u></u>		
			,			
			•••	· · · · · · · · · · · · · · · · · · ·	49.0	
		, , , ,				
		·		, , , , , , , , , , , , , , , , , , , ,		
			···			
						
						
						<u> </u>
			,			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY FACILITIES

Employer identification number 72-1417328

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
——	organization answered "Yes" on Form 990, Part IV, lin		
		(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 advise	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	,	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, P	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
Pa	conservation easements rt III Organizations Maintaining Collections or	Art Historical Treasures or Ot	hor Similar Assets
	Complete if the organization answered "Yes" on Form	•	ilei Silillai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ont and halance sheet works of art
10	historical treasures, or other similar assets held for public exh	·	
	the text of the footnote to its financial statements that descri		ice of public service, provide, in Fart Am,
b	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	• •	·
	relating to these items	deation, or research in fatherance of pub	inc service, provide the following amounts
			L ¢
	(ii) Assets included in Form 990, Part XIII, line 1		► \$ ► \$
a	If the organization received or held works of art, historical treations	seurae, or other similar assets for financial	
2	the following amounts required to be reported under SFAS 1		gam, provide
_	Revenue included on Form 990, Part VIII, line 1	TO (NOO 300) relating to these items	• •
a h	Assets included in Form 990, Part X		5

		TTY FACILI							417328		<u>je 2</u>
	Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at are a s	ignificant i	use of it	s collection	n items	
	(check all that apply):										
а	Public exhibition	d	ı 🗀	Loan or exc	hange progra	ams					
b	Scholarly research	e	. 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Pa	art XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımıla	r assets				
_	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				☐ Yes		No
Pai	t IV Escrow and Custodial Arran					"Yes" or	Form 990), Part I	/, line 9, or		
	reported an amount on Form 990, Pai			·							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?		•					Г	Yes		No
h	If "Yes," explain the arrangement in Part XIII		 Mowing t	tahle:							
	" '' '' Oxplain the amangement in all Alli	and complete the ro	moving .	abio.					Amount	,	
_	Reginaring halance						100		Amount	·	
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
1	Ending balance						1f				
	Did the organization include an amount on Fo						•	L	Yes	닉	No
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete	f the organization ar			1	-					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	rears bac	k (e) Four	years b	ack
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				<u> </u>						
f	Administrative expenses										
g	End of year balance								<u> </u>		
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment	·	%								
b	Permanent endowment										
-	Temporarily restricted endowment ▶	<u></u> %									
•	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	="	ation the	at are held a	and administe	ered for t	the organiz	zation			
ou	by	Solon or the organiz	anon in	21 010 11010 0	ara aorimion	3.00 101	ino organia	Lation	ſ	Yes	No
	(i) unrelated organizations								3a(i)	100	110
	(ii) related organizations								3a(II)		
_	If "Yes" on line 3a(ii), are the related organizations	strong ligted as regul	d oo C	ahadula D2						-	
									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas					······································		—
1 41			0 0-4 1	/ lma 11a 6	Coo Form 000	n Dom V	line 10				
	Complete if the organization answere							.			
	Description of property	(a) Cost or o		, , ,	t or other		ccumulate		(d) Bool	k value	
		basis (investi	ment)	Dasis	(other)	ue	preciation	'	 -		
	Land			405 4-	0 04 5		206 =	+		2 4 -	
b	Buildings				9,916.		<u>326,7</u>		79,13		
С	Leasehold improvements				7,856.		088,6		13,68		
d	Equipment			<u> 7</u> 5	0,485.		<u>348,3</u>	15.	40	2,17	<u> </u>
<u>е</u>	Other			L		L					
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c)				93,22	4,57	<u> 18.</u>

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			<u> </u>
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<u></u>		
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c See Form 990, Part X, lii	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d See Form 990, Part X, li	ne 15
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	···	 	
(7)	-,		
(8) (9)			
otal. (Column (b) must equal Form 990, Part X, col (B) Irr	20.15.)		
Part X Other Liabilities.	16 10)		
Complete if the organization answered "Yes"	" on Form 990. Part IV.	line 11e or 11f See Form 990. Pa	art X. line 25
(a) Decorretion of liability	0111 01111 000, 1 011111,	(b) Book value	
(1) Federal income taxes		(2)	
10000000 TITEDDOOM DIVIDIO		1,137,259.	
	N D T I T T T T T	34,000.	
(3) MISCELLANEOUS CURRENT LIA	UDITILI .	1,535,000.	
(4) TAXABLE BONDS		1,333,000.	
(5)			
(6)			
(7)			
(8)			
(9)		0.505.050	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25)	2,706,259.	

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

	dule D (Form 990) 2016 UNIVERSITY FACILITIES, INC			1417328 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per l	Retur	ո.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·		
1	Total revenue, gains, and other support per audited financial statements		1	19,949,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	╛	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	_j	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	19,949,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	19,949,194.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1_1_	12,243,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b		
C	Other losses	2c	╛	
d	Other (Describe in Part XIII)	2d	4	
е	Add lines 2a through 2d		2e_	0.
3	Subtract line 2e from line 1		3_	12,243,845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b	_	
С	Add lines 4a and 4b		4c	0.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	· · · · · · · · · · · · · · · · · · ·	5	12,243,845.
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		4, Parl	t X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information		
				·
				
				

632054 08-29-16

Schedule D (Form 990) 2016

Schedule I (Form 990) (2016) **Employer identification number** 72-1417328 ADMINISTRATIVE EXPENSES Open to Public OMB No 1545-0047 2016 Inspection (h) Purpose of grant or assistance OF THE UNIVERSITY X Yes 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 GENERAL AND 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 noncash assistance . ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 570,715 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 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 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

Page 2

72-1417328

UNIVERSITY FACILITIES, INC.

Schedule I (Form 990) (2016)

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.

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

INC

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY FACILITIES,

Employer identification number

72-1417328

Questions Regarding Compensation Yes_ No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (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 explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b **b** Any related organization? 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 payments 7 X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

INC UNIVERSITY FACILITIES,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2016_

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 of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	1 "
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	ın column (B) reported as deferred on prior Form 990
(1) DR JOSEPH MORRIS	€	0	0	0.	0	0.	0	0.
EXECUTIVE DIRECTOR) <u>(</u>	132,04	0	0.		45,794.	177,83	0
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							Schedu	Schedule J (Form 990) 2016

ENTITY

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

å (g) Defeased (h) On behalf (i) Pooled financing Employer identification number × × × × 2016 Open to Public Inspection Yes 72-1417328 ŝ × of issuer Yes ŝ × Yes × STUDENT HOUSING STUDENT HOUSING STUDENT HOUSING STUDENT HOUSING (f) Description of purpose leformation about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. AND FACILITIES AND FACILITIES AND FACILITIES AND FACILITIES explanations, and any additional information in Part VI. 76,910,000 25,470,000, 40,910,000, CONTINUATIONS 8,035,000 (e) Issue price 72-1416168546279UC2 08/13/04 72-1416168546279A91 03/14/07 11/17/10 11/13/13 (d) Date issued (A) FOR COLUMN 72-1416168546282FQ2 72-1416168546282YT8 (c) CUSIP# INC UNIVERSITY FACILITIES, SEE PART VI (b) Issuer EIN Attach to Form 990. FACILITIES ENVIROMENTAL FACILITIES C ENVIROMENTAL FACILITIES FACILITIES (a) Issuer name LA LOCAL GOV'T LA LOCAL GOV'T LA LOCAL GOV'T LOCAL GOV D ENVIROMENTAL B ENVIROMENTAL Name of the organization Bond Issue Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part II Part

		A		В		၁		O	
1 An	Amount of bonds retired								
2 An	Amount of bonds legally defeased	52,23	52,230,000.						
S To	Total proceeds of issue	76,91	76,910,000.	8,03	8,035,000.	25,47	25,470,000.	40,9	40,910,000.
4	Gross proceeds in reserve funds	1,50	,506,916.	38	386,138.	1,57	,579,681.	2,0	2,049,772.
5 Ca	Capitalized interest from proceeds								
6 Pro	Proceeds in refunding escrows								
7 Iss	Issuance costs from proceeds	2,77	2,771,811.	.89	681,024.	98	862,382.		
8 C	Credit enhancement from proceeds								
6 0	Working capital expenditures from proceeds								
ნ	Capital expenditures from proceeds	46,03	46,031,180.	28'9	6,871,007.	23,02	23,028,786.		
₹	Other spent proceeds					!		40,9	40,910,000.
₽	Other unspent proceeds	2,40	2,400,556.						
13 Ye	Year of substantial completion	2	2006	2	2009	2	2015		
		Yes	No	Yes	No	Yes	No	Yes	No
4. W	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 We	Were the bonds issued as part of an advance refunding issue?		×		×		×		×
16 Ha	Has the final allocation of proceeds been made?		×	×		×		×	
17 Doc	Does the organization maintain adequate books and records to support the final allocation of proceeds?	×		×		×		×	
Part III	Private Business Use								
		A		В		C		٥	
,	1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
w	which owned property financed by tax-exempt bonds?		×		×		×		×

632121 10-19-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements that may result in private business use of

bond-financed property?

Schedule K (Form 990) 2016

Supplemental Information on Tax-Exempt Bonds

2016 Open to Public Inspection

OMB No 1545-0047

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ENTITY

Employer identification number

(g) Defeased (h) On behalf (i) Pooled No Yes No Yes No financing 72-1417328 of issuer Yes (f) Description of purpose STUDENT HOUSING explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. 35,465,000, AND FACILITIES ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, CONTINUATIONS (e) Issne buce (d) Date issued 72-1416168233809805 06/07/17 (A) FOR COLUMN (c) CUSIP # INC. UNIVERSITY FACILITIES, SEE PART VI (b) Issuer EIN A ENVIROMENTAL FACILITIES (a) Issuer name LA LOCAL GOV'T Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part

Proceeds

Part II

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		/	A	B	8	o			
-	1 Amount of bonds retired								
8	Amount of bonds legally defeased								
ო	Total proceeds of issue	35,46	35,465,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	2,63	2,630,321.						
9	Proceeds in refunding escrows								
7	Issuance costs from proceeds	35	354,681.						
8	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
5	Capital expenditures from proceeds	72	729,504.						
11	Other spent proceeds								
12	Other unspent proceeds								
5	13 Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		×						
16	Has the final allocation of proceeds been made?		X						
17	17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	×							
Par	Part III Private Business Use								
		4		8	3	O	>	D	
-	1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	Š
	which owned property financed by tax-exempt bonds?		×						

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements that may result in private business use of

bond-financed property?

Schedule K (Form 990) 2016

ENTITY 1

72-1417328

Page 2

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Schedule K (Form 990) 2016 UNIVERSITY FACILITIES, INC.

Part III Private Business Use (Continued)

Yes % % % % Ŷ × × × × Yes ፠ શ્ર % ፠ ŝ × × × × × 8 Yes % % % % ŝ × × × × Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any management or service contracts that may result in private Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1 145-27 business use of bond-financed property? 1 141-12 and 1 145-27 Total of lines 4 and 5 Part IV Arbitrage 3a ß 9 6

%

×

		A	1	В	O		۵	
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		×		×	
2 If "No" to line 1, did the following apply?								:
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×		X		X		`
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×		×		^
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?						,		

Schedule K (Form 990) 2016

632122 10-19-16

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			72-1	72-1417328	i		,	Page 2
Part III Private Business Use (Continued)								
3a Are there any management or service contracts that may result in private	Yes	92	Yes	2	Yes	Š	Yes	Š
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside			_					
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								<u> </u>
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entitles other than a section 501(c)(3) organization or a state or local government		%		%		%		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		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-							-	
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
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?	1				<u>-</u> -			:
9 Has the organization established written procedures to ensure that all nonqualified								
		-	-					
Requiations sections 1 141·12 and 1 145·29		X						
Part IV Arbitrage								
	A		8			S	۵	}
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _o	Yes	No	Yes	N _o
Penalty in Lieu of Arbitrage Rebate?	×							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?							l l	
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		Ì						
e Was the hedge terminated?								
632122 10-19-16						Sch	Schedule K (Form 990) 2016	m 990) 2016

ENTITY 1

Page 3

72-1417328 UNIVERSITY FACILITIES, INC. Part IV Arbitrage (Continued) Schedule K (Form 990) 2016

ŝ ٩ Yes Yes S ş × × Yes Yes £ ş × × ω Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions 2 × ŝ × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Procedures To Undertake Corrective Action b Name of provider section 148? c Term of GIC regulations? Part V

632123 10-19-16

Page 3

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

Open to Public Inspection

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 11B:
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 XII, LINE 2C:
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 72-1417328Direct controlling entity End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity UNIVERSITY FACILITIES, INC. Name, address, and EIN (if applicable)

of disregarded entity

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 Part II

(a)	(q)	(0)	(p)	(e)	E	Ď,	
Name, address, and EIN	Primary activity	Legal domicile (state or		Public chamty	Direc	controlled	Z(C) (C)
of related organization		foreign country)	section	status (if section	entity	entity?	٧2
				501(c)(3))		Yes	No
SOUTHEASTERN LOUISIANA UNIVERSITY -							
72-6000816, 548 WESTERN AVE, SLU 10720,	ı						
HAMMOND LA 70402	UNIVERSITY	LOUISIANA	501(C)(3)	170(B)(1)(A)			×
	···						

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

Schedule R (Form 990) 2016

72-1417328 Page 2

Schedule R (Form 990) 2016 UNIVERSITY FACILITIES, INC.

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

General or Percentage managing ownership 3 Code V.UBI camount in box 20 of Schedule - K-1 (Form 1065) Ξ Disproportionate Yes No 2 Cocatoons? 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) e (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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 freated as a corporation or frust during the tax year. Part IV

ı			,	اہا	l		j		l		1		l	
	Ξ,	2(b)(13)	ntrolled ntity?	Yes No			<u> </u>		_	_				
ļ		23,4	ğē	Yes		 	L		_			 		
	ε	entage	ership											
		Perc	OW L			 	_	_	_			 		
			end-of-year								i			i
	9	Share of total	income											
	(e)	Type of entity	(C corp, S corp,	O class)										
	(a) (b) (c)	Direct controlling	entity											
	(၁)	Legal domicile	(state or foreign	country)										
ing the tax year.	(q)	Primary activity												
organizations treated as a corporation of trust during the lax year.	(a)	Name, address, and EIN	of related organization											

Schedule R (Form 990) 2016

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	٥
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?	<i>ر</i> خ			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1 a	×	,
b Gift, grant, or capital contribution to related organization(s)		1b	X	
c Gift, grant, or capital contribution from related organization(s)		10	X	
d Loans or loan guarantees to or for related organization(s)	:	þ	×	ابدا
e Loans or loan guarantees by related organization(s)	,	16	X	u
f Dividends from related organization(s)		;	×	اہ
g Sale of assets to related organization(s)	:	19	×	
h Purchase of assets from related organization(s)	:	ŧ	×	الم
i Exchange of assets with related organization(s)		;=	×	اہ
j Lease of facilities, equipment, or other assets to related organization(s)		; -	×	
k Lease of facilities, equipment, or other assets from related organization(s)	•	¥	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)		=	×	اہ
m Performance of services or membership or fundraising solicitations by related organization(s)	;	£	×	اہ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. !!	Ę	×	اد
o Sharing of paid employees with related organization(s)		9	×	u
			-	
p Heimbursement paid to related organization(s) for expenses		<u>-</u>	4	ار
q Reimbursement paid by related organization(s) for expenses	: ::::	19	×	
r Other transfer of cash or property to related organization(s)		<u>,</u>	×	~
s Other transfer of cash or property from related organization(s)		4s	×	اب
2 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including covered relationships and transaction thresholds	s and transaction thresholds			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			
632163 09-06-16			Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 UNIVERSITY FACILITIES, INC.

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) (b) (c) (d)	(q)	(0)		(e)	(£)	(6)	ε	9	3	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec	Share of	Share of	Orspropor- bonate	Code V-UBI	General	Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Ves No	total	end-of-year assets	Mes No	of Schedule K-1 (Form 1065)	Yes No	ownership
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Part VII	(Form 990) 2016 Supplemental Infor	mation			
L	Provide additional informa	tion for recognises to a	wastions on Schodula D	2 See instructions	
	Provide additional informa	don for responses to d	destions on Scriedule r	See instructions	
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