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Form	990

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

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Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

- **7** (4)

A F	or the	e 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	<u>JUN 30, 2018</u>						
В	heck if	C Name of organization	D Employer identific	cation number					
	Addre chang	UNIVERSITY FACILITIES, INC.							
	Name chang		72-1	72-1417328					
]initial return	Number and street (or P 0. box if mail is not delivered to street address) Room/su		E Telephone number					
	Final	548 NED MCGEHEE DRIVE, DYSON HALL, RO	985-	<u>549-3772</u>					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>16,713,508.</u>					
	Amen	HAMMOND, LA 70402	H(a) Is this a group re						
L	Applic	F Name and address of principal officer OOTH TAGE DOMITATO	for subordinates						
	pendii	548 NED MCGEHEE DRIVE, DYSON HALL, ROOM 15							
			 /	list (see instructions)					
		te: N/A	H(c) Group exemption						
K F	orm of		ear of formation: 199/[N	1 State of legal domicile, LA					
	rt I	Summary	ODAMION MAG	ODMED MO					
Activities & Governance 2		Briefly describe the organization's mission or most significant activities THE CORP							
Jan		PROMOTE, ASSIST AND BENEFIT THE MISSION OF S							
-j-	Į.	Check this box if the organization discontinued its operations or disposed of m	1 _ 1	3					
į ģ	1	Number of voting members of the governing body (Part VI, line 1a)	3 4	3					
_ %	l .	Number of independent voting members of the governing body (Part VI, line 1b)	5	0					
ĕ	[Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary)	6						
Ž	I	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
ĕ		Net unrelated business taxable income from Form 990 T, line 34	7b	0.					
)		Tot difficulted business taxaste indente norm converse in interest	Prior Year	Current Year					
4	8	Contributions and grants (Part VIII, line 1h)	0.	0.					
ng.	ı	Program service revenue (Part VIII, line 2g)	19,857,287.	16,384,251.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,907.	329,257.					
ď	j .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.					
	!	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,949,194.	16,713,508.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	570,715.	1,110,566.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,957,470.	<u>2,032,005.</u>					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,715,660.	10,116,225.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,243,845.	13,258,796.					
	19	Revenue less expenses Subtract line 18 from line 12	7,705,349.	3,454,712.					
Net Assets or Fund Balances		}	Beginning of Current Year	End of Year					
Sset	20	Total liabilities (Part X, line 16) RECEIV	161,934,484	164,507,858.					
et A	21	Total liabilities (Fair X, line 20)	124,651,387.	124,233,888.					
		Net assets or fund balances Subtract line 21 from line 20	376283,097.	40,273,970.					
	art II	Signature Block To NOV 1 4 20 Itilities of perjury, I declare that I have examined this return, including accompanying schedules and sta		v knowledge and helief it is					
				y knowledge and belief, it is					
ii ue	CONTEC	t, and complete Declaration of preparer (other than officer) is based on all information of which, prep	U IVRI	18					
Sici	_	Signature of officer	Date	1-0					
Sign		JOHN PAUL DOMIANO, EXECUTIVE DIRECTOR							
1101		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN .					
Paid	l	J. THOMAS GRAINGER & Thomas Grainge	- 11/05/18 self-employ	P00317149					
	arer	Firm's name HORTON, LEE, BURNETT, ET AL, PC	Firm's EIN	63-1034180					
Use Only Firm's address 3800 COLONNADE PKWY SUITE 500									
		BIRMINGHAM, AL 35243	Phone no 20	5-967-9744					
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

Form 990 (2017)

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Form.	990	(2017)

Form 990 (2017) UNIVERSITY FACILITIES, INC.
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	2	<u>X</u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. [
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	.		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-19		- 47
	complete Schedule G, Part III	19		Х
	to the second se		000	

Form 990 (2017) UNIVERSITY FACILITIES, INC.

Part IV Checklist of Required Schedules (continued)

	The Constitution of the Co		1	ı
			Yes	1
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	v	ĺ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	x	
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	244		X
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	252		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١,,
	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			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(0017)
		Form	330	(2017)

	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	i I		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b 0			
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,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	i I	:	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			3.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		v
5a	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?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_	:	Х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	· · ·		
С	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax exempt interest received or accrued during the year	12a		\vdash
		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			200	(0047)

UNIVERSITY FACILITIES, 72-1417328 INC. Form 990 (2017) 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 $\overline{\mathbf{x}}$

	Creck if Scredule O contains a response or note to any line in this Part Vi		···-			بنفعي
Sec	tion A. Governing Body and Management		 -		V	NI.
			3		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	_1a_		ł		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			'		
_	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					
2	officer, director, trustee, or key employee?	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arry ourier	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following.			
а	The governing body?			_8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)		.,	
	Dilli			40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	ontor	offiliatos	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	apter	s, anniates,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, hefo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, belo	ic ming the form	110	- 11	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		<u>X</u>
	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 arrangements	nent w	nth a			
	taxable entity during the year?			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıo	n's	40.		
202	exempt status with respect to such arrangements? tion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed NONE		-			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only) s	ıvaılah	le	
10	for public inspection. Indicate how you made these available. Check all that apply	,0001	on do nonors only a	·······································		
	Own website Another's website X Upon request Other (explain	ın Sch	redule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	l financ	cial	
	statements available to the public during the tax year		a de prompti de la			

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

70402 548 NED MCGEHEE DRIVE, DYSON HALL, ROOM 153 HAMMOND

Form 990 (72-1417328	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Higher	st Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

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

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

Check this box if neither the organization no (A) Name and Title	(B) Average			((Pos	C) rtior	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	box	not c unle	heck ss pe	more rson	than is bot x/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	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 BOARD MEMBER	1.50							0.	135,719.	49,526.
(2) MR. MARCUS NAQUIN	0.00		\vdash		-	-	-		2007720	13,3200
CHAIRMAN								0.	0.	0.
(3) MR. JOHN PAUL DOMIANO	5.00									
EXECUTIVE DIRECTOR								0.	98,124.	37,152.
(4) MR. CAMERON B. BARR SECRETARY/TREASURER	0.00							0.	0.	0.
					 	_	_			<u> </u>
						_				
										7
						-				
						-	_			
						-	_			
						1				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued	1)			
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	/do		Pos		than	000	Reportable	Reporta	able	Es	timate	ed
		hours per	рох	, unle	ss pe	rson	ıs bot	h an	compensation	compens	ation	an	nount	of
		week	_	cer an	o a d	irecto	r/trus	tee)	from	from rela			other	
		(list any hours for	recto						the	organiza			pensa	
		related	5 G	93			sated		organization (W-2/1099-MISC)	(W-2/1099	-MISC)		om th	
		organizations	ruster	Institutional trustee		9	преп		(44-271099-141130)			_	anızat d relat	
		below	galt	rtrous	_	nploy	st co	₅₅				Į.	ınızatı	
		line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	E E						
							_							
						Ì								
		•		_			_							
									_					
						_								
	ì													
			-											
						_								
									0	222	0.4.2	0	<u> </u>	70
	Sub-total								0.	233,	843.	8	<u>6,6</u>	
	Total from continuation sheets to Part VII	i, Section A							0.	000	0.	_		<u>0</u> .
d	Total (add lines 1b and 1c)							<u> </u>	0.		843.	8	6,6	78
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100	,000 of repor	table			
	compensation from the organization												V	A 1-
											1		Yes	No
3	Did the organization list any former officer,		iste	e, ke	y en	nplo	yee,	or h	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for su											3		<u> X</u>
4	For any individual listed on line 1a, is the su	•							*	the organizati	ion			
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or indivi	dual for servi	ces			
	rendered to the organization? If "Yes," comp	olete Schedule	e J f	or st	ıch j	oers	on					5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor										compens	ation f	rom	
	the organization Report compensation for t	he calendar y	ear e	endi	ng w	/ith (or w	thin	the organization's tax	/ear				
	(A)								(B)			(C		
	Name and business	address	N	ONE	<u> </u>			4	Description of s	ervices	1 0	ompe	nsatio	n
								\dashv			_			
										_				
2	Total number of independent contractors (in	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				()							
	· · · · · · · · · · · · · · · · · · ·											Eorm '	000 //	יב דית

			Check if Schedule O cont	ains a res	ponse	or note to any line	e in this Part VIII			
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1	a	Federated campaigns		la					
ira		b	Membership dues		1b			į		
ğ,		С	Fundraising events		1c			1		
ar it		d	Related organizations		ld					
S E		е	Government grants (contribut	ions)	1e					
อีเร		f	All other contributions, gifts, gran	· · -						
캶			similar amounts not included abo		lf					
ĘÓ.		q	Noncash contributions included in lines	1a-1f \$						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			<u> </u>				
						Business Code				
e e	2	2 a	HOUSING INCOME			531110	13,249,532,	13,249,532.		
ه کِ		b	RENTAL INCOME			531110	2,776,512,	2,776,512,		_
S Š		С	LEASE PROCESSING & ADM	IN FEE		531110	297,900.	297,900,		
Program Service Revenue		d	DAMAGES/MISCELLANEOUS			531110	60,304.	60,304.		
ρœ		е	MISCELLANEOUS INCOME	,		531110	3.	3.		
ř		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f			•	16 384 251.			
	3	}	Investment income (including	dividends	, inter	est, and				
			other similar amounts)			> [329,257,			329,257.
	4	ŀ	Income from investment of tax	x-exempt I	ond (oroceeds 🕨				
	5	,	Royalties			>				
				(ı) Re	al	(II) Personal				
	6	а	Gross rents							
		b	Less rental expenses							
		С	Rental income or (loss)	L						
		d	Net rental income or (loss)			•			·	
	7	а	Gross amount from sales of	(ı) Secu	rities	(II) Other				
			assets other than inventory							
		b	Less cost or other basis							
			and sales expenses			ļ				
		С	Gain or (loss)							
		d	Net gain or (loss)			•				
ne	8	а	Gross income from fundraising	g events (ı	not					
			including \$	of						
3ev			contributions reported on line	1c) See						
Other Reven			Part IV, line 18		а					
oth			Less direct expenses		b	L				
-			Net income or (loss) from fund			•				
	9	а	Gross income from gaming ac	tivities Se	e					
			Part IV, line 19		а					
			Less direct expenses		b					
			Net income or (loss) from gam		es			_		ļ- -
	10	а	Gross sales of inventory, less	returns						
			and allowances		а					
			Less cost of goods sold		b	<u> </u>				
		С	Net income or (loss) from sale		ory	<u> </u>				
			Miscellaneous Revenu	e		Business Code				
	11									
		b				-				
		C	All sales as a second			-				<u></u>
			All other revenue							
	40		Total Add lines 11a-11d			?				
	12		Total revenue See instructions.			▶	16 713 508	16 384 251	0.	329 257.

Form 990 (2017) UNIVERSITY FACILITIES, INC.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mplete column (A)	
		(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,110,566.	1,110,566.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 007 062	1 007 062		
7	Other salaries and wages	1,007,962.	1,007,962.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	726 550	726 550		
9	Other employee benefits	736,558.	736,558.		
10	Payroll taxes	287,485.	287,485.		
11	Fees for services (non-employees)				
	Management	45.	45.		· · · · · · · · · · · · · · · · · · ·
b	<u> </u>	56,647.	56,647.		
	Accounting	30,047.	30,047.		
	Lobbying Professional fundrousing persuage See Part IV line 17			·	
	Professional fundraising services. See Part IV, line 17 Investment management fees	10,400.	10,400.		
f			10,400.		
g	column (A) amount, list line 11g expenses on Sch 0)	13,400.	13,400.		
12	Advertising and promotion	13,400.	13,400.		
13	Office expenses	1,487,876.	1,487,876.		
14	Information technology	1,10,10,0	1,107,070	·····	
15	Royalties				
16	Occupancy	,			
17	Travel	8,968.	8,968.	·	
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,765,535.	2,765,535.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,363,815.	3,363,815.		
23	Insurance	354,375.	354,375.		
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 0)				
а	DUTT DING NATHEBURATOR	1,681,929.	1,681,929.		
b	ADMINISTRATIVE	338,973.	338,973.		
С	DENIENT ENDENIED	34,262.	34,262.		
d				-	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	13,258,796.	13,258,796.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here I if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		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	4.	1	
	2	Savings and temporary cash investments	186,516.	2	203,497.
	3	Pledges and grants receivable, net		_3_	
	4	Accounts receivable, net	1,258,967.	4	1,492,032.
i	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	
	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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L	<u> </u>	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	63,147.	8	60,614. 50,023.
	9	Prepaid expenses and deferred charges	52,710.	9_	50,023.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 124,658,003.			
	b	Less accumulated depreciation 10b 35,138,860.	93,224,578.	10c	89,519,143.
	11	Investments - publicly traded securities	61,215,616.	11_	37,386,940.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	3,050,968.	14	2,892,088.
	15	Other assets See Part IV, line 11	2,881,978.	15	32,903,521.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	161,934,484.	16	164,507,858.
	17	Accounts payable and accrued expenses	1,676,579.	17	5,004,895.
	18	Grants payable		18	
	19	Deferred revenue	86,524.	19	344,627.
	20	Tax exempt bond liabilities	120,182,025.	20	116,304,014.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Sa	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	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			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	2,706,259.		2,580,352.
	26	Total liabilities. Add lines 17 through 25	124,651,387.	26	124,233,888.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
es		complete lines 27 through 29, and lines 33 and 34.			40 050 050
auc	27	Unrestricted net assets	37,283,097.		40,273,970.
Bal	28	Temporarily restricted net assets	· ·	28	
뒫	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30_	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	_
et	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	40.050.050
Z	33	Total net assets or fund balances	37,283,097.	33	40,273,970.
	34	Total liabilities and net assets/fund balances	161,934,484.	34	164,507,858.

orm	990 (2017) UNIVERSITY FACILITIES, INC.	<u> 72-</u>	<u>-1417</u>	<u> 328</u>	<u>Pa</u>	ge 12
Pa	rt 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		<u>,71</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 13</u>	, 25	<u>8,7</u>	<u>96.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		, 45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	,28	<u>3,0</u>	<u>97.</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		<u>-46</u>	<u>3,8</u>	
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	40	,27	<u>3,9</u>	<u>70.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> X </u>
				_	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs				
	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	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			l
	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	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization 72-1417328 UNIVERSITY FACILITIES, Part I 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) 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 8 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 university 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1 10 support (see instructions) support (see instructions) organization Yes No above (see instructions):

_	fails to qualify under the tests li	sted below, ple	ase complete Part I	II)			
	ection A. Public Support		 		· · · · · · · · · · · · · · · · · · ·		/
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tota
2	Include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf					1	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5							
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						!
_6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support			/			
Cale	endar year (or fiscal year beginning in) ► 🔼	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tota
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		/				
	and income from similar sources						
9	Net income from unrelated business				·		
	activities, whether or not the		/			1	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	_/_					
	Total support. Add lines 7 through 10					 	
	Gross receipts from related activities, ef	<i>)</i> .				12	
13	First five years. If the Form 990 is for the		's first, second, third	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	_
Se	organization, check this box and stop∕hection C. Computation of Public		ercentage				
	Public support percentage for 2017 (line			olumo (fi)		14	
	_			olamin (ij)		15	
15	Public support percentage from 2016 S a 33 1/3% support test - 2017. If the org			line 13 and line :	14 is 33 1/30/ or		v and
106	stop here. The organization qualifies as			i iii e 13, and iii e	14 15 33 17370 01	more, check this bo	x and
ŧ	b 33 1/3% support test - 2016. If the org		-	ne 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	ııs box
	and stop here. The organization qualifie	s as a publicly	supported organiza	ition			•
17 a	a 10% -facts-and-circumstances test -		=				
	and if the organization meets the "facts meets the "facts-and-circumstances" te			-		art VI how the organ	ization
	b 10% -facts and-circumstances test -					17a and line 15 ie	10% or
	more, and if the organization meets the		_				
	more, and in the organization meets the	.45.5 4110-0110		CON THIS DOX AND	otop nele. Lapial		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	<u>, p</u>					
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,260,982.	15,462,802.	16,626,261,	19,902,827,	16,384,251,	90,637,123,
3	Gross receipts from activities that are not an unrelated trade or business 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	22,260,982.	15,462,802,	16,626,261.	19,902,827.	16,384,251.	90,637,123,
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ı	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) ction B. Total Support						90 637 123.
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	22,260,982.	15,462,802,	16,626,261,	19,902,827,	16,384,251,	90,637,123,
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,914.	9,025.	32,078.			475,181.
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	12,914.	9,025.	32,078.	91,907.	329,257.	475,181.
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)						
13	Total support (Add lines 9, 10c, 11, and 12)	22,273,896.	15,471,827.	16,658,339,	19,994,734.	16,713,508.	91,112,304.
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 section	n 501(c)(3) organız	ation,
_	check this box and stop here					·····	
	ction C. Computation of Publ						00.40
	Public support percentage for 2017 (I		-	olumn (f))		15	99.48 %
	Public support percentage from 2016					16	99.83 %
	ction D. Computation of Inves					T	
	Investment income percentage for 20		• • • • • • • • • • • • • • • • • • • •	e 13, column (f))		17	.52 %
	Investment income percentage from 2				45	18	.17 %
198	33 1/3% support tests - 2017. If the	-					
ł	more than 33 1/3%, check this box as 33 1/3% support tests - 2016. If the	organization did no	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%, a	▶ X
	line 18 is not more than 33 1/3%, che			•		-	> -
20	Private foundation if the organization	n aid not chack a h	20 v on line 14 19s	or 19h chack th	ie nav and see ins	tructions	

Part IV Suppo

Supporting Organizations

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

• ••			
Section A.	All Supp	porting C	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I. answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	_4c	_	
	5a		
	5b		
	5c		
	6		
	6		
	7	ļ	
	8		
	9a		
	9b		
	9c		
	<u> </u>		
	10a		
n a	10b 90 or 99	n-F7\	2017

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

Sche	dule A (Form 990 or 990 EZ) 2017 UNIVERSITY FACILITIES,	INC.	<u>'</u>	<u>72-1417328 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	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			
	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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		****
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non exempt-use assets (subtract line 4 from line 3)	5	_	
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

	edule A (Form 990 or 990 EZ) 2017 UNIVERSITY FA			/2-141/328_Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	,
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6	 		
8	Distributions to attentive supported organizations to which to	he organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Т	<u> </u>	
Sect	iọn E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	·		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
	From 2015			
	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>i</u> _	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	<u> </u>		· · · · · · · · · · · · · · · · · · ·
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			-
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
a	Excess from 2016		ı	1

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Scriedule A	(Total 950 of 950 L2/2017 ONI VIROLITI TREE HITTING THE THE TELL T	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	ction C,
	`	·
		
-		
	, and the state of	
		
		
		-

SCHEDULE D

Department of the Treasury Internal Revenue Servic

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY FACILITIES, INC.

Employer identification number

72-1417328 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		ITY FACILI				O4b			141/328	
L										
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following the	at are a	significan	it use of	its collection	n items
	(check all that apply)									•
a	Public exhibition	•	╸├┤		hange progr	ams				
p	Scholarly research	•	e 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exe	empt pur	pose in	Part XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	isures, or oth	ner sımıla	ar assets			<u> </u>
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	e organizatio	on answered	"Yes" o	n Form 9:	90, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets no	t include	d		
	on Form 990, Part X?								Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
¢	Beginning balance						1c			
q	Additions during the year						1d	<u> </u>		
е	Distributions during the year						1e	-		
f	Ending balance						1f			
	Did the organization include an amount on F						•		Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete		T		1					
		(a) Current year	(b) F	Prior year_	(c) Two yea	rs back	(d) Three	years b	ack (e) Four	years back
1a	Beginning of year balance	<u> </u>	ļ							
ь	Contributions	<u> </u>	 		 					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships				 -		ļ			
е	Other expenditures for facilities									
	and programs		<u> </u>				_			
f	Administrative expenses		 	····	 					
9	End of year balance		J				<u></u>		l	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
¢	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neid a	ina aaministe	erea for	ine orgar	uzation	Г	V N-
	by									Yes No
	(i) unrelated organizations								3a(i)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	ations listed as room	rod on S	Schadula D2					3a(ii) 3b	
ь 4	Describe in Part XIII the intended uses of the	· ·							30	
	t VI Land, Buildings, and Equipm		OWINGIA	101103	•					
	Complete if the organization answere		0. Part I	V. line 11a S	See Form 990). Part X	. line 10			
	Description of property	(a) Cost or o			or other		ccumula	ted	(d) Book	value
	Boson priority	basis (investi		, ,	(other)	' '	preciatio		(-,	
1a	Land						- ,	-		
b	Buildings			107.45	9,916.	30.	441,6	555.	77,018	3,261.
-	Leasehold improvements				7,602.		245,0		12,202	
	Equipment	-	•		0,485.		452,1			3,305.
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B), line 1	10c)			•	89,519	,143.

Schedule D (Form 990) 2017

Complete if the org	anization answered "Yes" or	n Form 990, Part IV, line	e 11b See Form 990, Part	X, line 12
(a) Description of security or categ		(b) Book value		tion Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				100 100
(C)			<u> </u>	
(D)				
(E)		<u>-</u>		
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990 Part VIII Investments -		<u> </u>		
	anization answered "Yes" or			
(a) Description of	investment	(b) Book value	(c) Method of valuat	tion Cost or end-of-year market value
(1)				
(2)			 -	
(3)				
			 	
(5)				
(6)				
(7)				
(8)			 	
	Dest V and (D) line 40)			
Total (Col (b) must equal Form 990 Part IX Other Assets.	, Part X, col (B) line 13)			
	anization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part	X line 15
Complete ii the orgi		escription	ind oceronnoso, rait	(b) Book value
(1) CONSTRUCTION	`_i _			32,903,521
(2)	IN TROOKEDD			32,303,323
(3)		· ·		
(4)				
(5)				
(6)				
(7)				
(8)			 	
(9)				
Total. (Column (b) must equal Fo		15)		▶ 32,903,521
	anization answered "Yes" or	n Form 990. Part IV. line	11e or 11f See Form 990). Part X. line 25
	escription of liability		(b) Book value	,, , , , , , , , , , , , , , , , , , , ,
(1) Federal income taxes			`	
(2) ACCRUED INTE	REST PAYABLE		1,698,687.	
	S CURRENT LIAB	ייד. דידע	34,000.	
(4) TAXABLE BOND:			830,000.	
(5) ACCRUED PAYR			17,665.	
(6)			= - , , , , , ,	
(7)				
(8) (9)				

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.

Sche	dule D (Form 990) 2017 UNIVERSITY FACILITIES, IN	NC.	72-1417328 Page 4
	t XI Reconciliation of Revenue per Audited Financial States	ments With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements		1 16,713,508.
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	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 16,713,508.
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 16,713,508.
Pa	t XII Reconciliation of Expenses per Audited Financial State		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	12 250 706
1	Total expenses and losses per audited financial statements		1 13,258,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	,	2d	
е	Add lines 2a through 2d		3 13,258,796.
3	Subtract line 2e from line 1		3 13,258,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)	_4b	
_	Add lines 4a and 4b		5 13,258,796.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5 13,258,796.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	Part IV lines 1h and 2h F	Part V line 4 Part X line 2 Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		art v, mio v, v art x, mio z, v art x,
11103	20 and 45, and 1 are xii, into 20 and 45 7 1100 complete title part to provide any c		
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732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or

► Attach to Form 990.

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

בו בוני סווונים סומנים	Form 990, Part IV, line 21 or 22.	
	990, Part IV	
	Form (S

2017	
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Open to Public Inspection

2 Employer identification number 72-1417328 X Yes 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 INC. UNIVERSITY FACILITIES, Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Comestic Organizations and Domestic Governments. Complete in the organization answered the Orini 990, Part IV, line 21, 101 any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	dedress of organization (b) EIN (c) IRC section (d) Amount of e) Amount of government (f) Method of valuation (book, ron-cash grant assistance other)	OUISIANA UNIVERSITY E., SLU 10720 72-6000816 1,110,566. 0.N/A N/A OF THE UNIVERSITY.			
Part II Control of the Assessment	٦	1 (a) Name and address of organization or government	SOUTHEASTERN LOUISIANA UNIVERSITY 548 WESTERN AVE., SLU 10720 HAMMOND, LA 70402		j	

Enter total number of section 50 I(C)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2017)

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72-1417328 Schedule I (Form 990) (2017) UNIVERSITY FACILITIES, INC.

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

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

Page 2

(f) Description of noncash assistance (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. PART I, LINE 2: BOARD MEMBERS OF THE ORGANIZATION MONITOR THE USE OF GRANT FUNDS TO THE RECEIVING ORGANIZATION.
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Schedule I (Form 990) (2017)

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.

2017

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OMB No 1545-0047 '

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number 72-1417328

UNIVERSITY FACILITIES, INC.

га	It 1 Questions negariting 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		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u>X</u>
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		<u>X</u>
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

INC.

UNIVERSITY FACILITIES,

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	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(III) Other reportable compensation	compensation	Denems		in column (5) reported as deferred on prior Form 990
(1) DR. JOSEPH MORRIS	Ξ	0	0	0	0	0	0	0
EXECUTIVE DIRECTOR	(11)	135,719.	0	0.	0	49,526.	185,245	0
	Ξ							
	(ii)							
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Schedule J (Form 990) 2017

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Supplemental Information on Tax-Exempt Bonds

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

2017 Open to Public Inspection

OMB No 1545-0047

■ Explanations, and any additional information in Part VI.

Attach to Form 990. ► Go to www.irs.gov/Form990_for instructions and the latest information.

Department of the Treasury Internal Revenue Service

SCHEDULE K (Form 990)

40,910,000. (g) Defeased (h) On behalf (i) Pooled Yes No 11,260,000 38,251,223 × × × × 2,069,183 613,277 Employer identification number ŝ ŝ 72-1417328 Yes No × × × × of issuer Yes Yes × × × ŝ × × 25,470,000. 1,582,225 826,164 36,218 23,029,049 Yes × × × ŝ ŝ 2015 O STUDENT HOUSING STUDENT HOUSING STUDENT HOUSING Ç (f) Description of purpose STUDENT HOUSING AND FACILITIES AND FACILITIES 25,470,000.AND FACILITIES 40 910 000 AND FACILITIES Yes Yes × × 8,035,000. 4,065,000. 603,820. 71,630. 102,474. ,007 389,751 × × ŝ ž 2009 811 8 Yes ဖ Yes 76,910,000 CONTINUATIONS 8,035,000 × × (e) Issue price 76,910,000. 9,680,000. 52,230,000. 3,748,933 3,403,523 48,177,880 18,843,288 2,757,568 × × × ٥ ŝ 2006 (d) Date issued ENVIROMENTAL FACILITIES |72-1416168|546279UC2| 08/13/04 B ENVIROMENTAL FACILITIES |72-1416168|546279A91| 03/14/07 c ENVIROMENTAL FACILITIES |72-1416168|546282FQ2| 11/17/10 11/13/13 Yes Yes × (A) FOR COLUMN FACILITIES |72-1416168|546282YT8| (c) CUSIP # INC. Does the organization maintain adequate books and records to support the final allocation of proceeds? Was the organization a partner in a partnership, or a member of an LLC, UNIVERSITY FACILITIES, SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use LA LOCAL GOV'T LA LOCAL GOV'T LA LOCAL GOV'T LA LOCAL GOV'T Amount of bonds retired Other unspent proceeds Total proceeds of issue D ENVIROMENTAL Other spent proceeds Name of the organization Bond Issues Proceeds Part Parti N ო 4 3 9 ø 6 ₽ 2 5 4 15 9

732121 10-18-17 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?

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Schedule K (Form 990) 2017

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Supplemental Information on Tax-Exempt Bonds

SCHEDULEK (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

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OMB No 1545-0047

Yes No (g) Defeased (h) On behalf (i) Pooled × Employer identification number ŝ Inspection 72-1417328 Yes of issuer Yes °Z × Yes ŝ STUDENT HOUSING O (f) Description of purpose AND FACILITIES Yes ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information ŝ œ Yes 465,000 CONTINUATIONS (e) Issue price 35 1,152,613 6,950 35,465,000 1,106,014 26,330,212 6,869,211 × × å (d) Date issued 06/07/17 Yes (A) FOR COLUMN 72-1416168233809805 (c) CUSIP # INC UNIVERSITY FACILITIES, SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? Has the final allocation of proceeds been made? A ENVIROMENTAL FACILITIES Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name LA LOCAL GOV'T Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury nternal Revenue Service Part II Part

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732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. bond-financed property?

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

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

×

Schedule K (Form 990) 2017

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Yes

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Yes

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Yes

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Yes

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Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use

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Page 2 Schedule K (Form 990) 2017 × × × ŝ ۵ Yes Yes % % % % ₽× ŝ × × × × × Yes Yes × 72-1417328 % % % % 2 ⋈ ŝ × × × × × ω Yes Yes × % % % % ŝ ŝ × × × × × × Yes 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? A 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 INC b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c 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 8a Has there been a sale or disposition of any of the bond-financed property to a non 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 UNIVERSITY FACILITIES, unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was 3a Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified 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? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? Schedule K (Form 990) 2017 1 141 12 and 1 145 27 Total of lines 4 and 5 a Rebate not due yet? b Exception to rebate? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed 8 က 4 S 6 9

ENTITY 2

Schedule K (Form 990) 2017 UNIVERSITY FACILITIES, INC.			72-	72-1417328		ENTTIE	7	Page 2
Part III Private Business Use (Continued)								
3. Are there any management or service contracts that may result in private	Yes	A	X A	8	Yes	Š	Yes	, No
	3	×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
Countset to teview any fittal agente that may recult in private histories use of hond-financed property?		×						
d If "Yes" to line 3c does the organization routinely engage bond counsel or other outside		;					,	
								!
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
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?		×						1
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		à		8		76		8
TO OT		%		8		0,		8
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141·12 and 1 145·2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145 27		×						
Part IV Arbitrage								
		A		8		S	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Sə	No	Yes	No	Yes	No
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?								
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?								
e Was the hedge terminated?								1,
732122 10-18-17						Sct	nedule K (Fo	Schedule K (Form 990) 2017

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Page 3 ŝ ŝ ۵ ۵ Yes Yes \vdash ₽× ŝ × × × Yes Yes 72-1417328 2 ⋈ ŝ × × × 8 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? UNIVERSITY FACILITIES, INC. 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 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2017 b Name of provider section 1487 c Term of GIC

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Page 3

Schedule K (Form 990) 2017 UNIVERSITY FACILITIES, INC.			72-	72-1417328	8		:	Page 3
Part IV Arbitrage (Continued)								
	A			88		O	۵	
	Yes	No	Yes	Š	Yes	Š	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
8		ļ						
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of section 148?		×						
Part V Procedures To Undertake Corrective Action					 	=		
	A			8		C	G	
	Yes	2	Yes	CZ.	Yes	Z	Yes	Z
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		×						
	on Schedule	K See instructions	nctions					
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) ISSUER NAME:								
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Schedule K (Form 990) 2017

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.

► Attach to Form 990 or 990-E2.

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

2017
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)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2017

OMB No 1545-0047

Open to Public Inspection

entity

foreign country)

Employer identification number 72-1417328 Direct controlling 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 Primary activity UNIVERSITY FACILITIES, INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service

Parti

Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year		f the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt), Part IV, line 34, b	ecause it had one c	or more related tax-exel	mpt	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)) (2(b)(13)
of related organization	,	foreign country)	section	status (if section	entity	entity?	y 2
				501(c)(3))		Yes	٩ ٧
SOUTHEASTERN LOUISIANA UNIVERSITY -							
72-6000816, 548 WESTERN AVE, SLU 10720,							
HAMMOND, LA 70402	UNIVERSITY	LOUISIANA	501(C)(3)	170(B)(1)(A)			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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INC. Schedule R (Form 990) 2017 UNIVERSITY FACILITIES, 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

3	rcentage vnership			related	Section 512(b)(13) controlled entity?				1001000
9	General or Percentage managing ownership partner? Yes No			one or more	(h) Percentage 5 ownership 0				Schedule R (Form 990) 2017
Θ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had c	(g) Share of Perend-of-year ow assets				Schedule
Ē	Disproportionate allocations?			ırt IV, line 34					
(6)	Share of end-of-year assets			orm 990, Pa	(f) Share of total income				
				l "Yes" on F	(e) Type of entity (C corp. S corp. or trust)				
	Share of total income			on answered		-	 		
	Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organizatic	(d) Direct controlling entity				
(e)	Predomina (related, u excluded fro sections (mplete if the	(c) Legal domicile (state or foreign country)				
	Direct controlling entity	•		oration or Trust. Co	(b) Primary activity		 	 	
<u></u>	Legal domicile (state or foreign country)			as a Corpoing the tax)	Prim				
(q)	Primary activity			janizations Taxable poration or trust duri	2 -				
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization				R2162 09-11-17

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

						ı
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ျ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?	ns with one or more re	elated organizations listed	in Parts II IV?		-	ı
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ.			1	×	اد
b Gift, grant, or capital contribution to related organization(s)				1b	×	امر
c Gift, grant, or capital contribution from related organization(s)				5	×	L.4
d Loans or loan quarantees to or for related organization(s)				2	×	
				1	×	L.
						l
f Dividends from related organization(s)			•	=	×	امي
g Sale of assets to related organization(s)				1g	× _	L.4
			•	ŧ	×	L.
				;=	×	1.4
Lease of facilities, equipment, or other assets to related organization(s)				÷	×	1
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	X	M
m Derformance of sequence or membership or fundraising solicitations by related organization(s)	anization(s)			£	×	k-
	tion(s)			Ę	×	4 64
				,	>	1
Sharing of paid employees with related organization(s) Reimblingement hard to related organization(s) for expenses.				9 \$	< ×	بد ام
Control of the second of the s				2	1	، ا
 Reimbursement paid by related organization(s) for expenses 				10	×	الب
r Other transfer of cash or property to related organization(s)				+	×	امر
s Other transfer of cash or property from related organization(s)				1s	×	امہ
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	who must complete t	his line, including covered	relationships and transaction thresholds			
(a), Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1)						1 1
(2)			ļ			I
(3)						
(4)						
(5)						
732183 09-11-17			Schedul	Schedule R (Form 990) 201	990) 20	1 =

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Schedule R (Form 990) 2017 UNIVERSITY FACILITIES, INC.

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

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

(k) centage nership					0) 2017
Perc					96 L
(j) neral or naging					Forn
(j) General or managing partner?	3		 _		B (
(h) (i) (j) (k) Ospropor- Code V-UBI General or Percentage Unante amount in box 20 managing ownership of Schedule K-1 pariners Ves No (Form 1065) Yes No					Schedule R (Form 990) 2017
c sie c			 		
Onsproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Solici(3) Jer Ves No					z.
(d) Predominant incomi (related, unrelated, excluded from tax und sections 512-514)					,
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Part VII Supplemental Information.		
Provide additional information for responses to question	ns on Schedule R See instructions	
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