Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

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

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

Inspection

		nue Service	▶ Information about Form 990 and its instructions is at www	urs.gov/form990.	Inspection							
A	A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017											
В	Check if applicabl	C Name o	of organization	D Employer identific	ation number							
_	Addre	as ⊓HE	OAKS OF ALEXANDRIA, LLC									
	Name chang		20-56	548934								
	Initial return	Numbe	er and street (or P.O. box if mail is not delivered to street address) Room/sui	ite E Telephone number								
	Final		HWY 71 SOUTH	(318)	473-6402							
	termir ated	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,603,703.							
	Amen return	V VIEW	KANDRIA, LA 71302	H(a) Is this a group re								
	Application pendi	_ j F Name a	and address of principal officer DERON THAXTON	for subordinates'								
		SAME	AS C ABOVE	, 1	oluded? Yes X No							
_			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 7/5		list (see instructions)							
		te: ► N/A		- / H(c) Group exemption								
K	orm of			ear of formation: 2007 M	State of legal domicile; LA							
P	art I	Summary		MITTER HOLIGIA	70 TOD							
به	1		be the organization's mission or most significant activities PREMIER S	STUDENT HOUSIN	IG FOR							
Governance	_		ANA STATE UNIVERSITY AT ALEXANDRIA									
ern	2		ox Lift the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	ets. 25							
Şo	3		oting members of the governing body (Part VI, line 1a)	3	25							
			dependent voting members of the governing body (Part VI, line 1b) r of individuals employed in calendar year 2016 (Part V, line 2a)	5	25							
ties	5			6	0							
Activities &	72		r of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12	7a	0.							
Ą	h		d business taxable income from Form 990-T, line 34	7b	0.							
	 	Trot amounted	· · · · · · · · · · · · · · · · · · ·	Prior Year	Current Year							
	8	Contributions	s and grants (Part VIII, line 1h)	130,875.	89,978.							
Revenue	9			1,272,728.	1,512,759.							
Ş	10	investment in	vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 7d) FEB 1 4 2018 (C) FEB 1 4 2018	126.	966.							
å	11	Other revenu	ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.							
	12		e - add lines 8 through 11 (must equal Part VIII Column (A) line (12)	1,403,729.	1,603,703.							
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.							
	14	Benefits paid	I to or for members (Part IX, column (A), line 4)	0.	0.							
ý	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.							
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)	0.	0.							
XDe	. b	Total fundrais	sing expenses (Part IX, column (D), line 25)									
Ü	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,599,759.	1,643,081.							
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,599,759.	1,643,081.							
	19	Revenue less	s expenses Subtract line 18 from line 12	<196,030.>	<39,378.>							
Net Assets or	9		ſ	Beginning of Current Year	End of Year							
sset	20		(Part X, line 16)	7,688,306.	6,343,045.							
et A	21		s (Part X, line 26)	11,185,111.	9,879,228.							
흄	22 art II	Net assets or Signatur	r fund balances Subtract line 21 from line 20	<3,496,805.>	<3,536,183.>							
			, I declare that I have examined the return, including accompanying schedules and state		knowledge and helpf it in							
					kilowieuge allu bellet, it is							
true, correct, and complete Declaration of prepares to the than officer) is based on all information of which preparer has any knowledge.												
Sig	_	Signatu	re of officer	Date	3073							
He												
1,0			DN THAXTON, VICE CHANCELLOR print name and title									
_		Print/Type pri	eparer's name Preparer)s signature	Date Check C	PTIN							
Pai	d	DEBORAL		self-employe	P01016081							
	- parer	Firm's name	PAYNE, MOORE & HERRINGTON, LLP	Firm's EIN	72-0475011							
	Only		P.O. BOX 13200									
	•		ALEXANDRIA, LA 71315-3200	Phone no (3)	18)443~1893							
Ma	y the I	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes No							
	001 11-1		For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)							



	1 1990 (2016) THE OAKS OF ALEXANDRIA, LLC THE THE OAKS OF ALEXANDRIA, LLC	20-5648934	Page 2
Pai			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	PROVIDES ON CAMPUS STUDENT HOUSING		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	L]Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1,538,030. including grants of \$) (Revenue		725.)
	PROMOTE UNIVERSITY THROUGH STUDENT LIFE AND ON-CAMPUS HOU	JSING.	
			
			
			
41.			
4b	(Code) (Expenses \$	e\$	——- <i>'</i>
			
			
			
			
4c	(Code) (Expenses \$	ie \$	}}
			
			
	Other program convices (Describe in Schodule O.)		
4d	Other program services (Describe in Schedule O)	\	
	(Expenses \$ including greats of \$) (Revenue \$ Total program service expenses ▶ 1,538,030.		
<u>4e</u>	Total program service expenses 1,538,030.		990 (2016)
		roim «	(ZUID)

Form 990 (2016) THE OAKS OF ALEXANDRIA, LLC
Part IV Checklist of Required Schedules

			Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	<u> </u>		_==_
·	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,	l	ا پ	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		[х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	·	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		 ^ -
u	Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ļ		}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	۳.		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	[х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Г		
. •	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? # "Yes."			
	complete Schedule G. Part III	19		Х
			990	

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Form 990 (2016) THE OAKS OF ALEXANDRIA, LLC
Part IV Checklist of Required Schedules (continued)

			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	[1
	Schedule K If "No", go to line 25a	24a	X	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and]		}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠.
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			}
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
-	of any of these persons? If "Yes," complete Schedule L, Part III	27		^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		ļ
	instructions for applicable filing thresholds, conditions, and exceptions)			- <u>-</u> -
a	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		 ^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200-	}	x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	ļ	x
24	contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	ļ	x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 3.		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	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			
54	Part V. line 1	34	х	ł
35a		35a		X
	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]	ł
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	l	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	Γ -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	_38	Х	 _
				(2016)

Par				_
	Check if Schedule O contains a response or note to any line in this Part V			ᆛ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.	{		
С	(gambling) winnings to prize winners?	1c		ŀ
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	c -		
	filed for the calendar year ending with or within the year covered by this return 2a 0			Ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ا ا		
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a		X
ъ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	1	X '
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ī
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
а	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)	.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1]	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 -
	Note. See the instructions for additional information the organization must report on Schedule O.		!	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1		
С 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
	II NO. Provide di Committation in Contradico		990	(2016)

Form 990 (2016) THE OAKS OF ALEXANDRIA, LLC 20-5648934 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 25 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 25 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Νo 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 15a 15b

4	Did the organization have a written document retention and destruction policy?
5	Did the process for determining compensation of the following persons include a review and approval by independent
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
а	The organization's CEO, Executive Director, or top management official
b	Other officers or key employees of the organization
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
	taxable entity during the year?
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's
	exempt status with respect to such arrangements?
ec	tion C. Disclosure

Secti	ion	C.	Disc	losure
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17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website X Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records DERON THAXTON, VICE CHANCELLOR FOR FI - (318)473-6402

8100 HWY 71 SOUTH, ALEXANDRIA, 71302

statements available to the public during the tax year

X

16a

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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

(A) Name and Title	(B) Average hours per week	(do	not c unle	(C Pos heck i	C) Ition more		one n an	d any current officer, de (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Ойгсег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AGNES SOLON-ASHBY	0.00							_	_	_
BOARD MEMBER		X				<u> </u>		0.	0.	0
(2) SPENCER MARTIN	0.00	.						_	_	
CHAIR-ELECT		X	_	X	<u> </u>	—	L	0.	0.	0
(3) EDDIE PONCE	0.00	١.,								
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	├		0.	0.	0
(4) ROBERT J FREEDMAN JR. BOARD MEMBER	0.00	x						0.	0	0
(5) NELL SHEHEE	0.00	₽	 	H	\vdash	┢┈		U .	0.	
BOARD MEMBER	0.00	X						0.	0.	0
(6) BENJAMIN LUKE	0.00	<u> </u>	-		\vdash	╁┈	H			<u> </u>
BOARD MEMBER	- 0.00	x	ŀ					0.	0.	0
(7) MIKE JENKINS	0.00				╫┈	╀	-	•		
BOARD MEMBER	0,00	x						0.	0.	0
(8) MICHAEL CROWELL	0.00	 		Т						
BOARD MEMBER		x			1			0.	0.	0
(9) MARTIN JOHNSON	0.00									
BOARD MEMBER		x			L_			0.	0.	0
(10) STEPHEN WRIGHT	0.00			-						
BOARD MEMBER		X			<u> </u>			0.	0.	0
(11) LAWRENCE SEARCY	0.00									
TREASURER		X	L	X	L_	L		0.	0.	0
(12) LLOYD VAUGHN	0.00	1								
BOARD MEMBER		X	L_		_	╙	Ш	0.	0.	0
(13) DEBORAH RANDOLPH	0.00							_	_	_
BOARD MEMBER		X	<u> </u>	L.	_	ļ		0.	0.	0
(14) DARREN OLAGUES	0.00	↓								_
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>	├		0.	0.	0
(15) DALLAS HIXSON	0.00	١,,	;					_	,	_
BOARD MEMBER	0.00	X		<u> </u>	\vdash	₩	\vdash	0.	0.	0
(16) CHARLIE WEEMS, III	0.00	↓	\	\ _V	Ì	1		^	o.	^
IMMEDIATE PAST-CHAIR	0.00	X	-	X	├-	₩	\vdash	0.	<u>-</u>	0
(17) CHARLES A RIDDLE, III	L 0.00	x	l	l	l	1	ı	0.	0.	0

632007 11-11-16

Form 990 (2016)

the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A) Name and business address NO	NE Descrip	(B) (C Comper					
2	Total number of independent contractors (including but not lim \$100,000 of compensation from the organization	ed to those listed above) who rece	eved more than					

632008 11-11-16

Form 990 (2016)

			Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	1	a	Federated campaigns	1a					
		b	Membership dues	1b			1		İ
S, E		С	Fundraising events	1c			1		
ar (1	d	Related organizations	1d		'			1
J. S.		0	Government grants (contribut	tions) 1e			[1
Ö		f	All other contributions, gifts, gran	nts, and					
ž ę	1		similar amounts not included abo	ve 1f	89,978.				
<u> </u>	1	g	Noncash contributions included in lines	1a-1f \$	89,978.				
<u>ပို န်</u>	_	h	Total. Add lines 1a-1f			89,978.			
	ļ				Business Code				
9	2	а	STUDENT HOUSING		611310	1,512,759.	1,512,759.	L	<u> </u>
<u> </u>		b						L	<u> </u>
Š		C			ļ				<u> </u>
ev an		d			<u> </u>	L 			
Program Service Revenue	1	е			}	L		<u> </u>	
Δ.	1		All other program service reve	enue	L	1 510 550			
		g	Total. Add lines 2a-2f			1,512,759.			
	3		Investment income (including	i dividends, intere	est, and	066	0.66	l	4
	١.		other similar amounts)			966.	966.	<u> </u>	
	5		Income from investment of ta Royalties	ix-exempt bona p	roceeds				
	3		noyaliles	(i) Real	(ii) Personal				
	6		Gross rents	(l) Neal	(ii) Personal				1
	-	-	Less rental expenses		f				•
			Rental income or (loss)					' !	1
			Net rental income or (loss)	<u> </u>					
			Gross amount from sales of	(i) Securities	(ii) Other				<u> </u>
			assets other than inventory						
	,	b	Less cost or other basis						1
	1		and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
evenue	8	а	Gross income from fundraisin including \$	ng events (not of					
eve	ŀ		contributions reported on line	1c). See	}		l		
Other Re			Part IV, line 18	а	<u> </u>				
ŧ		b	Less direct expenses	b					
O	-	С	Net income or (loss) from fund	draising events	> _	·			ļ
	9 :	а	Gross income from gaming a	ctivities See	1	1	İ	i İ	
	1		Part IV, line 19	а		'		ı 	1
			Less direct expenses	b	L				
			Net income or (loss) from gan						 -
	10 :	а	Gross sales of inventory, less	returns	1 1		j		
	١.		and allowances	a .] ,
	1		Less cost of goods sold	b					
	 '	<u>c</u> _	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 :	 a	IVIISCEIIANEOUS Nevent		Business Code		-	-	
	1 .	b							
	`	c							
	,	d	All other revenue						
	J		Total, Add lines 11a-11d		•				
	12	_	Total revenue. See instructions.		▶	1,603,703.	1,513,725.	0.	
				· -				-	Farm 990 (0010)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule 0 contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	}	Ì		
	persons described in section 4958(c)(3)(B)		,		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		Į.		
a	Management				
b	Legal				
C	Accounting	23,750.	23,750.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	100.	100.		
13	Office expenses				
14	Information technology				
15	Royalties	101 000	101 707		
16	Occupancy	171,787.	171,787.		
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	790,671.	790,671.		
20	Interest	130,011.	130,011.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	369,649.	369,649.	 -	
23	Insurance	303,043.	303,043.		
24	Other expenses, Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line			ľ	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	STAFFING SERVICES	100,255.	20,051.	80,204.	
	AFFILIATED ORGANIZATION	89,978.	89,978.		
c	REPAIRS & MAINTENANCE	62,244.	62,244.		
d	GENERAL & ADMINISTRATIV	24,847.		24,847.	
е	All other expenses	9,800.	9,800.		
25	Total functional expenses. Add lines 1 through 24e	1,643,081.	1,538,030.	105,051.	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.	ĺ		ĺ	
	Check here frollowing SOP 98-2 (ASC 958-720)				

ar	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	1,389,070.	1	314,203
	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	42,193.	4	489,841
1	5	Loans and other receivables from current and former officers, directors,		i '	
l		trustees, key employees, and highest compensated employees. Complete	9		
Í		Part II of Schedule L	<u> </u>	5	
ļ	6	Loans and other receivables from other disqualified persons (as defined u	ınder		
ĺ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	puting		
١		employers and sponsoring organizations of section 501(c)(9) voluntary			
l		employees' beneficiary organizations (see instr) Complete Part II of Sch I	-	6_	
J	7	Notes and loans receivable, net		7	
1	8	Inventories for sale or use		8	
Į	9	Prepaid expenses and deferred charges		9_	5,25
1	10 a	Land, buildings, and equipment cost or other			
ļ		basis. Complete Part VI of Schedule D 10a 9,565,	504	-	
ĺ	b	Less accumulated depreciation 10b 4,031,	5,903,150.		5,533,50
1	11	Investments - publicly traded securities	 	11	
1	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets	353 903	14	250
1	15	Other assets. See Part IV, line 11	353,893.	15	6,343,04
+	16	Total assets, Add lines 1 through 15 (must equal line 34)	7,688,306.	16	366,24
1	17	Accounts payable and accrued expenses	430,030.	17	300,24
١	18	Grants payable	1,975.	18 19	66:
1	19	Deferred revenue	10,685,000.	20	9,477,80
	20	Tax-exempt bond liabilities	10,003,000:	21	3,411,00
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, truste	05		
ļ	22	key employees, highest compensated employees, and disqualified person	1		
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
ĺ	24	Unsecured notes and loans payable to unrelated third parties	-	24	
١	25	Other liabilities (including federal income tax, payables to related third		<u> </u>	
ſ		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
1		Schedule D	40,086.	25	34,51
ı	26	Total liabilities. Add lines 17 through 25	11,185,111.	26	9,879,22
7		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
ı		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets	<3,496,805.>	27	<3,536,183
	28	Temporarily restricted net assets		28	
1	29	Permanently restricted net assets		29	
١		Organizations that do not follow SFAS 117 (ASC 958), check here	• 🗀		
1		and complete lines 30 through 34.		l	
l	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	<3,496,805.>	33	<3,536,183
- 1	34	Total liabilities and net assets/fund balances	7,688,306.	34	6,343,04

	990 (2016) THE OAKS OF ALEXANDRIA, LLC	20-	- <u>5648</u>	934	Pag	_{1e} 12
Pai	TXI 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		,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,64		
3	Revenue less expenses. Subtract line 2 from line 1	3		<39		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u><3,</u>	496	<u>, 80</u>	5.>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	_6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					_
	column (B))	10	<u> </u>	<u>536</u>	<u>, 18:</u>	<u>3 ∙></u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				-	Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		<u> </u>		
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					ٔ _ ا
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		Į Į		į
	consolidated basis, or both					,
	Separate basis X Consolidated basis Both consolidated and separate basis					;
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		. 1	~	۱ '
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	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	ed auc	lit]		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2016)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

Open to Public Inspection

înternal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization **Employer identification number** THE OAKS OF ALEXANDRIA, LLC 20-5648934 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 X 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)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

20-5648934 Page 2

Schedule A (Form 990 or 990-EZ) 2016 THE OAKS OF ALEXANDRIA, LLC 20-5648

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

26	ction A. Fubric Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")	1272752.	1364060.	1551730.	1403603.	1602737.	7194882.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1.0.1.0.0.0				
	Total. Add lines 1 through 3	1272752.	1364060.	1551730.	1403603.	1602737.	7194882.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						2
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						=10100
	Public support. Subtract line 5 from line 4						7194882.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012 1272752.	(b) 2013 1364060.	(c) 2014 1551730.	(d) 2015 1403603.	(e) 2016 1602737.	(f) Total
	Amounts from line 4	14/4/54.	1304000.	1551/30.	1403003.	1002/3/.	7194882.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	129.	129.	135.	126.	966.	1 405
^	and income from similar sources	123.	149.	133.	120.	300.	1,485.
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI)						7196367.
	Total support. Add lines 7 through 10					40	/190307.
	Gross receipts from related activities, First five years. If the Form 990 is for		•	d 6adb a. 6646 4a		501(-)(2)	
13	organization, check this box and stop	-	inst, second, triir	J, IOUTH, OF IIIH IA	x year as a section	1 50 1(0)(3)	▶□
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2016 (I		_	olumn (fl)		14	99.98 %
	Public support percentage from 2015	,		5,5, (1)		15	99.99 %
	33 1/3% support test - 2016. If the o			line 13, and line 1			
	stop here. The organization qualifies	_					► X
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	_		• • •	•	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ai	nd see instructions	
						dule A (Form 990	

(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

16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17	Sec	ction A. Public Support	elow, please comp	nete i art ii j				
1 Girls, grants, contributions, and membership feas received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandes acid or services performed, or feditives furnished in any activity that is related to the organization's bare-known purpose 3 Gross receipts from activities that are not an unaffect drade or business under section 513 4 Tax reviews level for the organization'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 in the paid to or expended on its behalf 6. Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disquelified persons be worst reduced in lines 1, 2, and 3 received from disquelified persons be worst reduced in lines 2 and 3 received from disquelified persons be worst reduced in line 2 and 3 received from disquelified persons be worst reduced in line 10 to the upual occasion of the control of the paid of the pai	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Totál
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15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Investment income percentage from 2015 Schedule A, Part III, line 17 Investment income percentage from 2015 Schedule A, Part III, line 17 Investment income percentage from 2015 Schedule A, Part III, line 17 Investment income percentage from 2016 (line 10c, column (f)) Investment income percentage from 2016 (line 10c, column (f)) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2016 (line 1								
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18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			 -					
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			-	•	•			▶ L
	b	• •	-					and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions				-	•		-	▶
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	D

(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)			
Sec	tion A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			!
	class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		ĺ
-	(b) and (c) below	3a	<u> </u>	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		ļ	
•	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	'
	organization made the determination	3b_	L	<u> </u>
_	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	3c	ļ	ļ
4-	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
44	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<u> </u>	<u> </u>
	deciding whether to make grants to the toreign		1	Ì
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
	and the second services appropried organization that does not have an IRS determination			
С	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)		.]	
		4c_		<u> </u>
_	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	1
ba	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	
	numbers of the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted, or removed, by the reasons to deal the supported organizations added, substituted or removed, by the reasons to deal the supported organizations added to the supported organizations added to the supported organizations added to the supported organizations added to the supported organizations and supported organizations added to the supported organizations added to the supported organization and supported organizations added to the supported organizations added to the supported organization and supported organizations added to the supported organization added to the supported organization and supported organizations and supported organizations added to the supported organization and supported organizations added to the supported organization added to the supported organization and supported organizations added to the supported organization added to the supported organization added to the supported organization added to the supported organization and supported organization added to the supported organization and supported organization added to the supported organization added to the supported organization added to the supported organization and supported organization added to the supported organization added to the supported organization added to the supported organization added to the supported organization added to the supported organization added to the supported organization added to the supported organization added to the supported organization added to the supp		1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		
	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already			
þ	Type I or Type II only. Was any added on substituted supported significant party	5b	J	
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		1	1
	benefited by one or more of its supported organizations, (ii) in other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	l		
	• •	6		
_	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		\ _	
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		Ι.	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		$oldsymbol{ol}}}}}}}}}}}}}}}}}$
_	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			_
8	Did the organization make a loan to a disqualified portion (45 common portion)	8_		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more			
98	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	_
		9 <u>a</u>		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		_	
'	the supporting organization had an interest? If "Yes, " provide detail in Part VI	9b		
	the supporting organization had an interest if Tyes, provide detail in Fact via: 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	9c	\bot	
	was the organization subject to the excess business holdings rules of section 4943 because of section			
10:	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a	Ш_	
	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			
1	P. THU LINE CHARLISTING HAVE BUT EVOCAD PROBLEM LIGHTINGS III AND THE TOPE CONFORMS OF LOUIS 11 FOLIO	τ		

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Par	t IV Supporting Organizations (continued)		Vac	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u> </u>	
-	below, the governing body of a supported organization?	11a	<u>'</u>	ł
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1	L	L
			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		ļ	
	controlled the organization's activities. If the organization had more than one supported organization,		İ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	ŀ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1_	_	
	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		•	
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		<u></u>
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	├	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	├	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ſ	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	[- -	-	f
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	15)		
a	The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
b	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nota ictional		
с 2		nsuucuons)	Yes	No
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	1,40
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	[
		ĺ	1	1
		- 1	1	1
	how the organization was responsive to those supported organizations, and how the organization determined	2a	1 -	1
b	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		†	
J	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	- 1		J
		2b	_	1 -
3	activities but for the organization's involvement Parent of Supported Organizations. Answer (a) and (b) below		1	
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
a	trustees of each of the supported organizations? Provide details in Part VI	3a	1 -	1
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
Ŋ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	} -
63300	5 09-21-16 Schedule A (For		90-FZ	2016
03202	Schedule A (Fol	01 3	-	, _0 10

chedule A (Form 990	O or 990-EZ) 2016 THE OAKS OF ALEXANDRIA	LLC		20-5648934 Page
	Il Non-Functionally Integrated 509(a)(3) Supporti			
	re if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructions.
other Typ	e III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	(5) 0
ection A - Adjusted	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term	capital gain	1		
2 Recoveries of p	rior-year distributions	2		ļ
3 Other gross inc	ome (see instructions)	3		
4 Add lines 1 thro	ough 3	4		ļ <u> </u>
5 Depreciation ar	nd depletion	5		ļ
6 Portion of opera	ating expenses paid or incurred for production or			
collection of gro	oss income or for management, conservation, or			
maintenance of	property held for production of income (see instructions)	6		
7 Other expenses	s (see instructions)	7		
8 Adjusted Net I	ncome (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimun			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair i	market value of all non-exempt-use assets (see	ļ		
instructions for	short tax year or assets held for part of year)			
a Average month	ly value of securities	1a		
b Average month	ly cash balances	1b		
c Fair market valu	ue of other non-exempt-use assets	1c		<u> </u>
d Total (add lines	s 1a, 1b, and 1c)	1d		ļ
e Discount claim	ned for blockage or other			
factors (explain	ın detail ın Part VI)			
2 Acquisition ind	ebtedness 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 instruction	s)	4		
5 Net value of no	n-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 l	by 035	6		
7 Recoveries of	orior-year distributions	7		
8 Minimum Asse	et Amount (add line 7 to line 6)	8		<u></u>
Section C - Distribu	table Amount			Current Year
1 Adjusted net in	come for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of la	ne 1	2		
	t amount for prior year (from Section B, line 8, Column A)	3		
	of line 2 or line 3	4		
	posed in prior year	5		
	Amount. Subtract line 5 from line 4, unless subject to			1
	nporary reduction (see instructions)	6		
7 Check h	ere if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anızatıon (see

Schee Par	tule A (Form 990 or 990 EZ) 2016 THE OAKS OF AI	LEXANDRIA , LLC a)(3) Supporting Orga		0-5648934 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	-		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive	<u> </u>	
	(provide details in Part VI) See instructions	•		
9	Distributable amount for 2016 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by Line 9 amount		•	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			,
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	_		
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			,
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			ţ
	Excess from 2014			,
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2010	6 THE OAKS (OF ALEXANDRIA	, LLC	20-5648934 Page
Part VI	line 1, Part IV, Section D, Section D, lines 5, 6, and	i , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3, Part IV	a, 6, 9a, 9b, 9c, 11a, 11b, /, Section E, lines 1c, 2a, 2	and 11c, Part IV, Section b	e 17a or 17b, Part III, line 12, 3, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e; Part V, 7 additional information.
	(See instructions)				
					
-					
	· · · · · · · · · · · · · · · · · · ·				
			 		
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
					
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		_ _			
					
				*	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 6 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

·	THE OAKS OF ALEXAN			20-5648934
Par			or Accou	
	organization answered "Yes" on Form 990, Part IV, Iir			•
		(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			<u> </u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically impo	rtant land area
	Protection of natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization	during the tax
	year >			
4	Number of states where property subject to conservation ear		_	
5	Does the organization have a written policy regarding the pe		i	
	violations, and enforcement of the conservation easements			└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easemer	nts during the year
_	> \$		3/6-\/4\/D\/6\	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(N)(4)(B)(I)	
_	and section 170(h)(4)(B)(ii)?		t.t	Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.			
		tion's imancial statements that describes	s trie Organizat	don's accounting for
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	ther Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under SFAS 116 (AS		ment and bala	ance sheet works of art
ıa	historical treasures, or other similar assets held for public ext	•		
	the text of the footnote to its financial statements that descri		u	corrido, provido, arr arram,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and balance	sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e			
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provid	le
-	the following amounts required to be reported under SFAS 1		3, p	· ·
а	Revenue included on Form 990, Part VIII, line 1	the state of the s	•	\$
	Assets included in Form 990, Part X_		•	\$

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

Schedule D (Form 990) 2016

		S OF ALEXA						<u> 20-56</u>	<u>48934</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi-	on, and other record	ls, check	any of the f	following that	are a sig	ınıficant u	se of its c	ollection	tems
	(check all that apply).									
а	Public exhibition	C	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er sımılar :	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	iization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	'Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other as:	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
c	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	ty?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	pianatio	n has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	rior_year_	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				<u> </u>	L				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment	·	%	-	•					
b	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administe	red for the	e organiza	ation		
	by						• • •		ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	$\neg \neg$
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							(<u> </u>	
Pai										
	Complete if the organization answere		0, Part IV	/, line 11a S	See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value
	er A combined and	basis (investi			(other)		oreciation			
1a	Land									
b	Buildings			8,93	1,960.	3,5	63,1	99.	5,368	3,761.
c	Leasehold improvements									
	Equipment				0,545.	4	168,3	05.		2,240.
	Other				2,500.				162	2,500.
Total	. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X. colun	nn (B). line 1	0c.)			▶	5,533	3,501.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.	ALEXANDKIA	, DDC	20-5648934 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
2) Closely-held equity interests			
3) Other	 		······································
(A)		• • • • • • • • • • • • • • • • • • • •	
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d See Form 990, Part X, li	
	Description		(b) Book value
(1)			
(2)	·		
(3)			
(4)			
(5) (6)			
(7)			-
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV,	·	art X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		34 517	
(2) RENTAL DEPOSITS		34,517.	
(3)			
(4)			
(5)		·	
(6) (7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25)	34,517.	
Liability for uncertain tax positions. In Part XIII, provide			statements that reports the
organization's liability for uncertain tax positions under			
organization's liability for uncertain tax positions under	FIN 40 (ASC 740). Ch	eck here ii the text of the foothot	Schedule D (Form 990) 20

chedule D (Form 990) 2016 THE OAKS OF ALEXANDRIA		20-:	648934	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		per Heturn.		
Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a		1 602	702
Total revenue, gains, and other support per audited financial statements		1-1-1	1,603	, /03.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	1 1		
a 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	 		^
e Add lines 2a through 2d		2e	1,603	703
Subtract line 2e from line 1		3	1,003	, /03
4 Amounts included on Form 990, Part VIII, Inne 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b	الما			
	4a	 		
b Other (Describe in Part XIII) c Add lines 4a and 4b	_ 4b			0
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		4c 5	1,603	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expens			, 103
Complete if the organization answered "Yes" on Form 990, Part IV, II	•	oo por motum	•	
	124.		1,643	0.81
·		1	1,043	, 001
Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ا ما			
	2a			
A	2b 2c			
d Other (Describe in Part XIII)	2d			
e Add lines 2a through 2d	20 [2e		0.
3 Subtract line 2e from line 1		3	1,643	
4 Amounts included on Form 990, Part IX, Ime 25, but not on line 1		-	1,015	<u>, 00±</u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a }	1 1		
b Other (Describe in Part XIII)	4b			
c Add lines 4a and 4b		4c		0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line	10)	5	1,643	
Part XIII Supplemental Information.	100			
				<u> </u>
			 -	
			ula D /Form 6	

financing Yes No (i) Pooled Employer identification number OMB No 1545-0047 2016 Open to Public Inspection (g) Defeased (h) On behalf 20-5648934 Ŷ × × ۵ of Issuer Yes Yes ŝ × × Yes ŝ 11905000. ON-CAMPUS STUDENT (f) Description of purpose TO RETIRE BONDS O CONSTRUCTION OF ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. 9,740,000. ISSUED IN 2006 Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, 149,832. 65,332. 9,625,766. 9,740,000 ٤ 8 Supplemental Information on Tax-Exempt Bonds Yes explanations, and any additional information in Part VI. × (e) Issue price SEE PART VI FOR COLUMN (F) CONTINUATIONS 325,257. 10,685,000. 11,905,000. 10,567,580. 790,156. × ŝ 2008 (d) Date issued 10/10/06 72-0895871|546399AA4| 04/18/17 Yes 72-0895871|546398NYO (c) CUSIP # LIC OF ALEXANDRIA, (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? Working capital expenditures from proceeds THE OAKS A FACILITIES AUTHORITY B FACILITIES AUTHORITY Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds LOUISIANA PUBLIC LOUISIANA PUBLIC (a) Issuer name 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 Internal Revenue Service SCHEDULEK (Form 990) Part Part ø 6 9 ೮ 4 5 ပ ٥ F 12

×

×

532121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

bond-financed property?

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) 2016

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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

Has the final allocation of proceeds been made?

16

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×

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Schedule K (Form 990) 2016 THE OAKS OF ALEXANDRIA, LLC	,		20-	20-5648934				Page 2
				α				•
3a Are there any management or service contracts that may result in private	Yes	No	Yes	%	Yes	N _o	Yes	S _O
business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		٧		4				ľ
- 1		>		>				
		4		4				
d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
Course to review any tesearch agreements reading to the infanced property. 4. Enter the nerrentane of financed property read in a private business use five								
		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of		92		8		8		8
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		8
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
Jo		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-27							-	
9 Has the organization established written procedures to ensure that all nonqualified	:		.					
bonds of the issue are remediated in accordance with the requirements under						•		
Regulations sections 1 141-12 and 1 145-2?		X		×				!
Part IV Arbitrage								
	A	1		В	S		Q	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _O	Yes	Ŷ.	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		×				
2 If "No" to line 1, did the following apply?								i !
a Rebate not due yet?		×		×				
b Exception to rebate?		×		×		j		
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed							Ì	
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?		×		×				ļ
b Name of provider								
c Term of hedge			ļ		ļ			
d Was the hedge superintegrated?						j	İ	
e Was the hedge terminated?								
632122 10-19-16						Sch	Schedule K (Form 990) 2016	n 990) 2016

Part IV Arbitrage (Continued)

20-5648934

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Schedule K (Form 990) 2016 ۵ Yes Yes ŝ £ Yes Yes ŝ £ × × × × œ DESCRIPTION OF PURPOSE: CONSTRUCTION OF ON-CAMPUS STUDENT HOUSING Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K See instructions 9 N ŝ × × × × ISSUER NAME: LOUISIANA PUBLIC FACILITIES AUTHORITY Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? SCHEDULE K, PART I, BOND ISSUES: Procedures To Undertake Corrective Action **b** Name of provider section 1487 c Term of GIC regulations? 632123 10-19-16 Part V (A) (F) 9

SCHEDÜLE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open To Public Inspection

Name of the organization

THE OAKS OF ALEXANDRIA, LLC

Employer identification number 20-5648934

Par	rt i Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution	Method of de		
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition amoui	nts
1	Art - Works of art		Items commented	1 5111 000, 1 410 131, 1110 13			
2	Art · Historical treasures		· · · · · · · · · · · · · · · · · · ·		 		
3	Art - Fractional interests		·				
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	<u> </u>			 		
7	Boats and planes		 				
	•		-				
8	Intellectual property	<u> </u>			 		
9	Securities - Publicly traded	<u> </u>		·	 		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or	Ì	l		1		
	trust interests				ļ		
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	ĺ	[1		
	Historic structures				L		
14	Qualified conservation contribution - Other						
15	Real estate - Residential	<u> </u>	<u> </u>		<u> </u>		
16	Real estate - Commercial	<u> </u>					
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts					····	
25	Other (AFFILIATED OR)	X	1	89,978.	FAIR VALUE	AS RE	PORT
26	Other						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82		-				
	of which the organization completed form oz.	00, 1 art IV, 1	Dones Hoknowied	gernont <u>29</u> 1		Ye	s No
30a	During the year did the accompation received	v contebul-	n any proporty	orted in Part I lines 1 through	sh 28 that it	1 10	3 140
Sua	During the year, did the organization receive by must hold for at least three years from the date					1 1	ł
	•			which isn't required to be u	sed for		X
_	exempt purposes for the entire holding period	<i>(</i>				30a	+≏-
	If "Yes," describe the arrangement in Part II					-	- -
31	Does the organization have a gift acceptance	•	•		iions'/	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	cked,]]	1
	describe in Part II						L
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	D.	Schedule M	(Form 990	(2016)

632141 08-23-16

Schedule M	(Form 990) (2016)	THE OAKS	OF ALE	XANDRIA,	LLC		<u>20-5648934</u>	Page 2
Part II	Supplemental is reporting in Part this part for any actions.	Information t I, column (b), th	Provide the i	nformation requipmentributions, the	ired by Part I, Ii number of iten	nes 30b, 32b, and 3 ns received, or a co	33, and whether the organiz mbination of both Also com	ation plete
								 ·
								
				· · · · · · · · · · · · · · · · · · ·				
								
				-	· <u>-</u> - · · · · · · · · · · · · · · · · · ·			
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Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and Its instructions is at www.irs.gov/form990 **Employer identification number**

THE OAKS OF ALEXANDRIA, LLC 20-5648934
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED FROM BOARD APPROVED AUDITED FINANCIAL STATEMENTS.
THE COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE
CHANCELLOR, AND THE LSUA FOUNDATION PRESIDENT PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
SINCE ALL PERSONNEL OF THE ORGANIZATION ARE DIRECT EMPLOYEES OF LOUISIANA
STATE UNIVERSITY AT ALEXANDRIA, THE UNIVERSITY'S POLICIES GOVERN THE
ORGANIZATION. COMPLIANCE IS MONITORED AND ENFORCED BY THE UNIVERSITY IN
ACCORDANCE WITH ITS POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION DOES NOT HAVE ANY COMPENSATED EMPLOYEES. PERSONNEL
SERVICES FOR OPERATION OF THE ORGANIZATION'S ACTIVITIES ARE PROVIDED BY
LOUISIANA STATE UNIVERSITY AT ALEXANDRIA.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS OR
INDEPENDEDNT ACCOUNTANT SELECTION PROCESS DURING THE TAX YEAR.

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

LLC

THE OAKS OF ALEXANDRIA,

20-5648934

(g) Section 512(b)(13) controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling FOUNDATION, INC. entity LEXANDRIA ALEXANDRIA S.U AT .S.U AT End-of-year assets A/N e status (if section Public charity 501(c)(3)) <u>e</u> 5 LINE 5 LINE Total income Exempt Code Û section 501(C)(3) 501(C)(3) ਢ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) গ্ৰ LOUISIANA OUISIANA ART EXHIBITS & EDUCATION Primary activity Primary activity PROMOTE L.S.U. AT Ð ALEXANDRIA ALEXANDRIA MUSEUM OF ART, LLC - 27-3943710 58-2024467, 8100 HWY 71 SOUTH, ALEXANDRIA, L.S.U AT ALEXANDRIA FOUNDATION, INC. -Name, address, and EIN (if applicable) GENERALS ATHLETHIC ASSOCIATION, LLC Name, address, and EIN of related organization of disregarded entity ALEXANDRIA, LA 71302 8100 HWY 71 SOUTH 71302 Part Part

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

Schedule R (Form 990) 2016

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FOUNDATION, INC.

TINE 2

501(C)(3)

COUISIANA

ATHLETHIC ASSOCIATION

46-4271708, 8100 HWY 71 SOUTH, ALEXANDRIA,

71302

20-5648934

Page 2

LLC THE OAKS OF ALEXANDRIA, Schedule R (Form 990) 2016

Part III organization 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

Genoral or Percentage menaging ownership partne? 3 Code V-UBI amount in box " 20 of Schedule 4 K-1 (Form 1065) Disproportionate Yes No allocations? Ξ (g)
Share of end-of-year assets (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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

									١
(a)	(q)	<u> </u>	(Đ	(e)	E		£	<u> </u>	9
Name, address, and EIN of related organization	Primary activity	icile	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	:£3°
		country)		or trust)				Yes No	2
									1
								_	
							_		
			_						
								_	1
632162 09-06-16						Sche	Schedule R (Form 990) 2016	الا (390 ر	2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	S
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?	ons with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity			1a		×
b Gift, grant, or capital contribution to related organization(s)				\$		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
				1e		×
						[
f Dividends from related organization(s)				*		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				-	\top	×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			ŧ	┪	×
o Sharing of paid employees with related organization(s)				٩	1	×
Daimburgana and An related areas and the consequences						×
				1	†	; ;
q Reimbursement paid by related organization(s) for expenses				P.		4
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				1\$		×
2 If the answer to any of the above is "Yes," see the instructions for information or	who must complete th	is line, including covered i	information on who must complete this line, including covered relationships and transaction thresholds		ļ	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
	(k p) odk)					
(1)						
9						1
(4)						[
(5)						
		i i				
632163 09-06-16			Schedule	Schedule R (Form 990) 2016	68	2016

Page 4

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

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

(h) (i) (j) (k) bispropor Code V-UBI Conneal or Percentage bonate amount in box 20 marnaging ownership ellocations? of Schedule K-1 partner? Schedule R (Form 990) 2016 Share of end-of-year assets 6 (f) Share of total income Predominant income pariesse. (related, unrelated, solicition excluded from tax under sections 512-514) Yes No Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of entity

632164 09-06-16