|                           |                             |                | EXTENDED TO MAY 15, 2019   |   |                               |  |  |
|---------------------------|-----------------------------|----------------|--|---|-------------------------------|--|--|
|                           | ົກດ                         | 0              | Return of Organization Exempt From   | Income Tax                              | OMB No 1545-0047              |  |  |
| For                       | m- <b>3</b> 3               | ľ              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e   |   | ns) <b>2017</b>               |  |  |
|                           | rtment of th                |                | Do not enter social security numbers on this form as it ma   |   | Open to Public                |  |  |
|                           | nal Revenue                 |                | Go to www.irs.gov/Form990 for instructions and the late  |   | Inspection                    |  |  |
| _                         |                             | T              | ar year, or tax year beginning JUL 1, 2017 and ending  | 1                                       |                               |  |  |
|                           | Check if<br>ipplicable      | Name of        | forganization  | D Employer identifi                     | cation number                 |  |  |
|                           | Address                     | THE_           | OAKS OF ALEXANDRIA, LLC  |   |                               |  |  |
|                           | Name<br>change              | Doing bi       | usiness as   | 20-5                                    | 648934                        |  |  |
|                           | Initial                     | Number         | and street (or P 0 box if mail is not delivered to street address)  Room/su  |   |                               |  |  |
|                           | Final<br>return/<br>termin- |                | HWY 71 SOUTH   | (318                                    | ·                             |  |  |
| _                         | ated<br>Amended             |                | own, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$                     | 1,418,063.<br>etum STMT 1     |  |  |
| 늗                         | Ireturn<br>Applica-         | I WHEV         | ANDRIA, LA 71302 nd address of principal officer MELINDA ANDERSON  | H(a) Is this a group refor subordinates |                               |  |  |
|                           | tion<br>pending             |                |  | H(b) Are all subordinates               |                               |  |  |
| 7                         | Tax-exem                    |                | X 501(c)(3) 501(c) ( ) ◀ (Insert no ) 4947(a)(1) or Q  | <del>_</del> ₩ `'                       | list (see instructions)       |  |  |
| _                         |                             | ▶ N/A          |  |   | n number ▶ 5828               |  |  |
| K                         | orm of or                   | ganization     | X Corporation  | ear of formation; 2007 r                | M State of legal domicile: LA |  |  |
| iPa                       |                             | Summary        |  |   |                               |  |  |
| ø                         |                             |                |  | STUDENT HOUSI                           | NG FOR                        |  |  |
| Activities & Governance   | _                           |                | NA STATE UNIVERSITY AT ALEXANDRIA  |   |                               |  |  |
| ē                         |                             |                | x if the organization discontinued its operations or disposed of me<br>ting members of the governing body (Part VI, line 1a)   | ore than 25% or its net as:             | 25                            |  |  |
| હુ                        | I                           | umber of vol   | 4  | 25                                      |                               |  |  |
| •ජ<br>ග                   | I                           |                | 5  | 0                                       |                               |  |  |
| Ĕ                         |                             |                | of individuals employed in calendar year 2017 (Part V, line 2a) of volunteers (estimate if necessary)  | 6                                       | 0                             |  |  |
| Ş                         |                             |                | d business revenue from Part VIII, column (C), line 12   | 7a                                      | 0.                            |  |  |
| _ <del> </del>            | b Ne                        | et unrelated   | business taxable income from Form 990-T, line 34   | 7b                                      | 0.                            |  |  |
|                           |                             |                |  | Prior Year                              | Current Year                  |  |  |
| ā                         | 8 C                         |                | and grants (Part VIII, line 1h)  | 89,978.                                 | 91,402.                       |  |  |
| Revenue                   | 9 Pr                        | •              | ce revenue (Part VIII, line 2g)  | 1,512,759.<br>966.                      | 1,326,172.                    |  |  |
| æ                         | 10 In                       |                | come (Part VIII, column (A), lines 3, 4, and 7d)<br>e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0.                                      | 0.                            |  |  |
|                           |                             |                | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,603,703.                              | 1,418,063.                    |  |  |
|                           | <del></del>                 |                | milar amounts paid (Part IX, column (A), lines 1-8)  | 0.                                      | 0.                            |  |  |
|                           |                             |                | to or for members (Partik Comphy (20) Dine 4)  | 0.                                      | 0.                            |  |  |
| တ                         | 15 Sa                       | alaries, other | r compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.                                      | 0.                            |  |  |
| nses                      | 16a Pr                      | ofessional fi  | undraising fee Part IX, column (A), line 11e 0   | <u> </u>                                | 0.                            |  |  |
| Expens                    | <b>b</b> To                 | otal fundrais  | ing expenses (2 rt IX, delumin (B), ime 25)  | 1 (42 001                               | 1 206 525                     |  |  |
| ш                         | 1 ., 0                      |                | es (Part IX, colum <u>n (A), lines 11a 11d, 11f 24b)</u>   | 1,643,081.<br>1,643,081.                | 1,386,535.<br>1,386,535.      |  |  |
| •                         |                             |                | s Add lines 3-17 (much put little little little (A), line 25)  | <39,378.>                               | 31,528.                       |  |  |
| ; —                       |                             | evenue less    | expenses Subtract line 18 from line 12   | Beginning of Current Year               | End of Year                   |  |  |
| ets c                     | <b>20</b> To                | otal assets (f | Part X, line 16)   | 6,343,045.                              | 5,861,722.                    |  |  |
| Assets or                 | 21 To                       |                | s (Part X, line 26)  | 9,879,228.                              | 9,792,257.                    |  |  |
| 2                         | 22 N                        | et assets or   | fund balances Subtract line 21 from line 20  | <3,536,183.>                            | <3,930,535.>                  |  |  |
|                           |                             | Signature      |  |   | <del></del>                   |  |  |
|                           |                             |                | I declare that I have examined this return, including accompanying schedules and state   |   | y knowledge and belief, it is |  |  |
| truo                      | , correct,                  | and complete   | Declaration of proposition (other than officer) is based on all information of which proposition is the first of the first | arer has any knowledge.                 | dia                           |  |  |
| Signature of officer Date |                             |                |  |   |                               |  |  |
| Sig                       |                             | _              | NDA ANDERSON, EXECUTIVE DIRECTOR-LSUA  |   |                               |  |  |
| Her                       | ·                           |                | print name and title   |   | <del></del>                   |  |  |
|                           | F                           | rint/Type pre  | parer's name Areparer's signature  | Date Check                              | PTIN                          |  |  |
| Paid                      |                             | EBORAH         | DUNN DULLER AFTERMAN   | 30 10 II self-emplo                     |                               |  |  |
| Pre                       | parer F                     | irm's name     | PAYNE, MOORE & HERRINGTON, LLP   | Firm's EIN                              | 72-0475011                    |  |  |
| Use                       | Only F                      | irm's address  | P.O. BOX 13200   |   |                               |  |  |

ALEXANDRIA, LA 71315-3200

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

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

9-36

Form 990 (2017)

No

Phone no. (318)443-1893

X Yes

| Form       | 1 990 (2017) THE OAKS OF ALEXANDRIA, LLC   | 20-5648934 Page 2               |
|------------|--|---------------------------------|
| Pa         | rt III Statement of Program Service Accomplishments  |                                 |
|            | Check if Schedule O contains a response or note to any line in this Part III   |                                 |
| 1          | Briefly describe the organization's mission  | -                               |
|            | PROVIDES ON CAMPUS STUDENT HOUSING   |                                 |
|            |  | <del></del>                     |
|            |  |                                 |
| 2          | Did the organization undertake any significant program services during the year which were not listed on th  | e                               |
|            | prior Form 990 or 990-EZ?  | 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 service   | ces? 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to  |                                 |
|            | and the state of t | others, the total expenses, and |
| 4a         | 4 005 460  | (Revenue S 1,326,661.)          |
|            | PROMOTE UNIVERSITY THROUGH STUDENT LIFE AND ON-CAMPUS  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  | <del></del>                     |
|            |  |                                 |
|            |  |                                 |
|            | The state of the s |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
| 4b         | (Code) (Expenses \$) (   | (Revenue \$)                    |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  | ·                               |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
| 4c         | (Code) (Expenses \$  | (Revenue \$)                    |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            |  |                                 |
|            | Other present and (December in Schedule O.)  |                                 |
| 4d         | Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$  | 1                               |
| - <u>-</u> | 1 275 462  |                                 |
|            |  | Form <b>990</b> (2017)          |

|     | 990 (2017) THE OAKS OF ALEXANDRIA, LLC 20-5648   | 934  | P        | age 3         |
|-----|--|--|----------|---------------|
| Pal | TIVI Checklist of Required Schedules   |  | T        | 1             |
|     |  |  | 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        | X             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2  |          | <u> </u>      |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3  |          | x             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | ۳  |          | <del></del> - |
| 7   | during the tax year? If "Yes," complete Schedule C, Part II  | 4  |          | x             |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | <del>                                     </del> | <u> </u> | <del></del>   |
| 3   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5  |          | x             |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |  |          |               |
| Ū   | 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,  | ۳  |          |               |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7  |          | x             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | <b>–</b>   | -        | <del></del> - |
| Ū   | Schedule D, Part III   | 8  |          | х             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | _  | l        |               |
| J   | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  |  |          |               |
|     | If "Yes," complete Schedule D, Part IV   | 9  |          | х             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  | Ť  |          |               |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   |          | х             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  |  |          |               |
| • • | as applicable  |  |          |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |  |          |               |
| •   | Part VI  | 11a  | х        |               |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 111  |          |               |
| -   | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  | 11b  |          | х             |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |  |          |               |
| ·   | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII   | 11c  | İ        | х             |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |  |          |               |
| _   | Part X, line 16? if "Yes," complete Schedule D, Part IX  | 11d  |          | Х             |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  | X        |               |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | -  |          |               |
| -   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X  | 11f  | l        | Х             |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete  |  |          |               |
|     | Schedule D, Parts XI and XII   | 12a  | Х        |               |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |  |          |               |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  | X        |               |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |          | X             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |          | X             |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |  |          |               |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |  |          |               |
|     | or more? If "Yes." complete Schedule F. Parts I and IV   | 14b  |          | 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  |  |          |               |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |          | Х             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |  |          |               |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |          | Х             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |  |          |               |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   | <u> </u> | Х             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |  |          |               |
|     | 1c and 8a? If "Yes." complete Schedule G. Part II  | 18   |          | Х             |

Form 990 (2017)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"

Page 4

|     |   |     | Yes  | No           |
|-----|---|-----|--|--------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a |  | Х            |
|     |   | 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                   |     |  |              |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |  | Х            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |     |  |              |
|     | and former officers, directors, trustees, key employees, and highest compensated 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         |     |  | Ī            |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |     |  |              |
|     | Schedule K If "No", go to line 25a  | 24a | Х  |              |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |  | X            |
| 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 |  | Х            |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |  | Х            |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |     |  |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a |  | Х            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |     |  |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |     |  |              |
|     | Schedule L. Part I  | 25b |  | Х            |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |     |  |              |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."          |     |  |              |
|     | complete Schedule L, Part II  | 26  |  | X            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |     |  |              |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |     |  |              |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |  | Х            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |     |  |              |
|     | instructions for applicable filing thresholds, conditions, and exceptions)  |     |  |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |  | X            |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |  | Х            |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |     |  |              |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |  | X            |
| 29  | Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  | Х  |              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |     |  |              |
|     | contributions? If "Yes," complete Schedule M  | 30  |  | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |  | l            |
|     | If "Yes," complete Schedule N, Part I   | 31  |  | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |  | l            |
|     | Schedule N, Part II   | 32  |  | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |  |              |
|     | sections 301 7701-2 and 301 7701-37 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       |     | 7.   |              |
|     | Part V, line 1  | 34  | Х  | 77           |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |  | Х            |
| þ   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |     |  |              |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |  | -            |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |     |  | <sub>v</sub> |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36  | ļ  | Х            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |  | <sub>v</sub> |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  | <del>                                     </del> | X            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |     | - V  |              |
|     | Note: All Form 990 filers are required to complete Schedule O   | 38  | X  | 1            |

Form 990 (2017)

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance   |             | -   |             |
|-----|---|-------------|-----|-------------|
|     | Check if Schedule O contains a response or note to any line in this Part V  |             |     |             |
|     | •   |             | Yes | No          |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11  |             |     |             |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |             | 1   |             |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |             |     |             |
|     | (gambling) winnings to prize winners?   | 1c          |     |             |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |             |     | $\Box$      |
|     | filed for the calendar year ending with or within the year covered by this return 2a 0  |             |     |             |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b          |     |             |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | $\Box$      |     |             |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a          |     | X           |
| b   | 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           |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c          |     |             |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |             |     |             |
|     | any contributions that were not tax deductible as charitable contributions?   | 6a          |     | X           |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |             |     |             |
|     | were not tax deductible?  | 6b          |     |             |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |             |     |             |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a          |     | <u>X</u>    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          |     |             |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | .           |     |             |
|     | to file Form 8282?  | 7c          |     | <u>X</u>    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   |             |     |             |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e          |     |             |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f          |     |             |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g          |     |             |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h          |     |             |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |             |     |             |
|     | sponsoring organization have excess business holdings at any time during the year?  | 8           |     | <del></del> |
| 9   | Sponsoring organizations maintaining donor advised funds.   |             |     |             |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          |     |             |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b          |     |             |
| 10  | Section 501(c)(7) organizations. Enter  | ŀ           |     |             |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |             |     |             |
| þ   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |             |     |             |
| 11  | Section 501(c)(12) organizations. Enter   |             |     |             |
|     | Gross income from members or shareholders   |             |     |             |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |             |     |             |
|     | amounts due or received from them)  |             |     |             |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a         |     |             |
|     | 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.  | <del></del> |     |             |
| 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  |             | į   |             |
|     | organization is licensed to issue qualified health plans  |             |     |             |
|     | Enter the amount of reserves on hand  | 40-         |     | x           |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14a         |     |             |
| -   | IT "YOU " BOOK IT THOO IS HOPEN AND TO PORT TO SEE DEVITIONS A MANUAL OF AVAILABLE OF CARACULA ()   | . IGN I     |     |             |

Form **990** (2017)

THE OAKS OF ALEXANDRIA, LLC 20-5648934 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\overline{\mathbf{x}}$ Check & 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 12 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 X 2 officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 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.) Yes No 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 X 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? X 12ს c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? Х 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MELINDA ANDERSON, EXECUTIVE DIRECTOR-LSUA FOUNDATION - (318) 619-2916

Form 990 (2017)

71302

11-28-17

8100 HWY 71 SOUTH, ALEXANDRIA, LA

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

Check of 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)                                     | (B)                  |                       |  | (C<br>Posi | C)<br>ition  | 1  |          | (D)<br>Reportable                     | (E)<br>Reportable                       | (F)<br>Estimated         |  |
|---|----------------------|-----------------------|--|------------|--------------|--|----------|---------------------------------------|---|--------------------------|--|
| Name and Title                          | Average<br>hours per |                       | (do not check more than or<br>box, unless person is both |            |              | than o   |          | compensation                          | compensation                            | amount of                |  |
|   | week                 | offi                  | officer and a director/truste                            |            |              |  | (00)     | from                                  | from related                            | other                    |  |
|   | (list any hours for  | director              |  |            |              | 9  |          | the organization                      | organizations<br>(W-2/1099-MISC)        | compensation<br>from the |  |
|   | related              | se or                 | ustee  |            |              | nsate  |          | (W-2/1099-MISC)                       | (** = * * * * * * * * * * * * * * * * * | organization             |  |
|   | organizations        | Irus                  | nal trı  |            | loyee        | E O  |          |                                       |   | and related              |  |
|   | below                | Individual trustee or | Institutional trustee                                    | Officer    | Key employee | Highest compensated employee                     | Former   |                                       |   | organizations            |  |
| (1) AGNES SOLON-ASHBY                   | 0 • 0 0              | Ě                     | Ë  | 5          | *            | ± 5  | 8        |                                       |   |                          |  |
| BOARD MEMBER                            | 3,733                | x                     |  |            |              | ĺ  |          | 0.                                    | 0.                                      | ο.                       |  |
| (2) KYLE DRERUP                         | 0.00                 |                       |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            |                      | x                     |  |            |              |  |          | 0.                                    | 0.                                      | 0.                       |  |
| (3) CHARLIE WEEMS, III                  | 0.00                 | Γ                     |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            |                      | $\mathbf{x}$          |  |            |              |  |          | 0.                                    | 0.                                      | 0.                       |  |
| (4) DARREN OLAGUES                      | 0.00                 |                       |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            |                      | X                     |  |            |              |  |          | 0.                                    | 0.                                      | 0,                       |  |
| (5) DEBORAH RANDOLPH                    | 0.00                 |                       |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            |                      | X                     |  |            |              |  |          | 0.                                    | 0.                                      | 0.                       |  |
| (6) JASON COBB                          | 0.00                 |                       |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            |                      | X                     |  | Ш          |              | _  |          | 0.                                    | 0.                                      | 0.                       |  |
| (7) LAWRENCE SEARCY                     | 0.00                 |                       |  |            |              |  |          |                                       |   | _                        |  |
| TREASURER                               |                      | X                     | <u> </u>   | Х          |              |  | _        | 0.                                    | 0.                                      | 0.                       |  |
| (8) MARTIN JOHNSON                      | 0.00                 |                       |  |            |              |  |          | _                                     |   | _                        |  |
| BOARD MEMBER                            |                      | Х                     |  |            | L.,          | <u> </u>   | L        | 0.                                    | 0.                                      | 0.                       |  |
| (9) MICHAEL CROWELL                     | 0.00                 | ļ                     |  |            |              |  | ŀ        |                                       |   |                          |  |
| BOARD MEMBER                            |                      | Х                     |  | igsquare   | _            | <del>  _ </del>                                  |          | 0.                                    | 0.                                      | 0                        |  |
| (10) MIKE JENKINS                       | 0.00                 | l                     |  |            |              |  |          |                                       |   |                          |  |
| BOARD MEMBER                            | 0.00                 | Х                     | ļ  |            | _            | -  |          | 0.                                    | 0.                                      | 0 .                      |  |
| (11) BENJAMIN LUKE                      | 0.00                 | ١.,                   |  |            |              | ŀ  |          |                                       |   |                          |  |
| BOARD MEMBER                            | 0.00                 | X                     |  |            |              | ├  | ┝        | 0.                                    | 0.                                      | 0.                       |  |
| (12) NELL SHEHEE                        | 0.00                 | x                     |  |            |              | ļ  |          | 0.                                    | ٥.                                      | 0.                       |  |
| BOARD MEMBER (13) ROBERT J FREEDMAN JR. | 0.00                 | ^                     | H  | -          |              | ├  | }—       | <u> </u>                              | U .                                     | J                        |  |
| BOARD MEMBER                            | 0.00                 | X                     |  |            |              |  |          | 0.                                    | ٥.                                      | 0.                       |  |
| (14) EDDIE PONCE                        | 0.00                 | ┢                     |  | -          | <del> </del> |  | $\vdash$ | · · · · · · · · · · · · · · · · · · · |   |                          |  |
| BOARD MEMBER                            | 0.00                 | X                     |  |            |              |  |          | 0.                                    | 0.                                      | 0.                       |  |
| (15) SPENCER MARTIN                     | 0.00                 | ┢                     | <del>                                     </del>         | $\vdash$   | <u> </u>     | $\vdash$   | -        | <del> </del>                          |   |                          |  |
| CHAIRMAN ELECT                          | 0.00                 | X                     |  | x          |              |  |          | 0.                                    | 0.                                      | 0.                       |  |
| (16) STEPHEN WRIGHT                     | 0.00                 | <del>  ^</del>        | $\vdash$   | <u> </u>   | $\vdash$     | 一  | ┢        | · · · · · · · · · · · · · · · · · · · | •                                       |                          |  |
| BOARD MEMBER                            | 0.00                 | x                     |  |            |              |  |          | 0.                                    | 0.                                      | ο.                       |  |
| (17) GLENDA STOCK                       | 0.00                 | <del>  **</del>       | T  | $\vdash$   | $\vdash$     | <del>                                     </del> | $\vdash$ | <u> </u>                              |   |                          |  |
| BOARD MEMBER                            |                      | x                     | ľ  |            | l            | 1  | ĺ        | 0.                                    | ٥.                                      | 0.                       |  |

732007 11-28-17 Form **990** (2017)

| Part VII Section A. Officers, Directors, Trus   | tees, Key Emp     | oloy                                    | ees,   | and      | Hig          | ghes   | st C              | ompensated Employee                   | s (continued)                 |                |                       |
|---|-------------------|---|--|----------|--------------|--|-------------------|---------------------------------------|-------------------------------|----------------|-----------------------|
| (A) (B  |                   |   | (C)  |          |              |  |                   | (D)                                   | (E)                           |                | (F)                   |
| Name and title  | Average           | Position<br>(do not check more than one |  |          |              |  | one               | Reportable                            | Reportable                    |                | Estimated             |
|   | hours per         | box                                     | , unle   | ss per   | rson I       | ıs botl  | n an              | compensation                          | compensation                  |                | amount of             |
| •   | week<br>(list any | $\vdash$                                | T a  |          | T            | T  | 100,              | fiom<br>the                           | from related<br>organizations | ĺ              | other compensation    |
|   | hours for         | director                                |  |          |              | _  |                   | organization                          | (W-2/1099-MISC                | a I            | from the              |
|   | related           | 5                                       | stee   |          |              | nsale  |                   | (W-2/1099-MISC)                       | (** 2) 1000 111100            | ′              | organization          |
|   | organizations     |   | al tru   |          | yee          | ed EC  |                   | `                                     |                               |                | and related           |
|   | below             | Individual                              | Institutional trustee                            | ,<br>55  | Key employee | Highest compensated employee                     | 늘                 |                                       |                               |                | organizations         |
|   | line)             | Ę                                       | finst  | Отпсел   | ķ            | 돌를   | Former            |                                       |                               | _              |                       |
| (18) MARK BROWN   | 0.00              | ļ                                       |  |          |              | 1  |                   |                                       |                               |                |                       |
| BOARD MEMBER  |                   | Х                                       | _  |          | _            | ļ  | _                 | 0.                                    |                               | 2.             | 0.                    |
| (19) JULIA CALLIS   | 0.00              |   |  |          |              |  |                   |                                       | ,                             | ,              | 0                     |
| BOARD MEMBER  | 0.00              | Х                                       | ┝  | <u> </u> | <u> </u>     | -  | ⊢                 | 0.                                    |                               | <u> </u>       | 0.                    |
| (20) ROD HILL   | 0.00              | х                                       |  |          |              | ļ  |                   | 0.                                    | ,                             |                | 0.                    |
| BOARD MEMBER (21) GUIYOU HUANG  | 0.00              | ^                                       | -  | Н        |              |  | ⊢                 |                                       |                               | <del>'</del> + | <u> </u>              |
| EX-OFFICIO MEMBER   | 0.00              | х                                       |  |          |              | l  |                   | 0.                                    |                               | .              | 0.                    |
| (22) BLAKE CHATELAIN  | 0.00              | ^                                       |  | Н        |              | 1  | ┢                 | 0.                                    |                               | <u>'</u> +     |                       |
| EX-OFFICIO MEMBER   | 0.00              | ł                                       | x  |          |              |  |                   | 0.                                    | (                             | ).             | 0.                    |
| (23) DERON THAXTON  | 0.00              | _                                       | ^  | $\vdash$ | $\vdash$     | -  | ┢                 | · · · · · · · · · · · · · · · · · · · | · · · · · ·                   | <del>'</del>   |                       |
| EX-OFFICIO MEMBER   | 0.00              | 1                                       | X  |          |              |  |                   | 0.                                    | (                             | ).             | 0.                    |
| (24) MELINDA ANDERSON   | 0.00              |   | <del>                                     </del> | Н        |              | <del>                                     </del> |                   |                                       |                               |                |                       |
| EX-OFFICIO MEMBER   |                   | 1                                       | x  |          |              |  |                   | 0.                                    | (                             | ).             | 0.                    |
| (25) ALOYSIA DUCOTE   | 0.00              | _                                       | -  |          |              |  | _                 |                                       |                               | ヿ              |                       |
| CHAIRWOMAN  |                   | 1                                       |  | x        |              |  |                   | 0.                                    | (                             | ).             | 0.                    |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   | <u> </u>                                |  |          |              |  | L.                |                                       |                               |                |                       |
| 1b Sub-total  |                   |   |  |          |              |  | <b>&gt;</b>       | 0.                                    |                               | ).             | 0.                    |
| c Total from continuation sheets to Part VI   | l, Section A      |   |  |          |              |  | ▶                 | 0.                                    |                               | ).             | 0.                    |
| d Total (add lines 1b and 1c)   |                   |   |  |          |              |  | ▶                 | 0.                                    |                               | ).             | 0.                    |
| 2 Total number of individuals (including but n  | ot limited to th  | ose                                     | liste  | d ab     | ove          | ) wh   | o re              | eceived more than \$100,              | 000 of reportable             |                | _                     |
| compensation from the organization  |                   |   |  |          |              |  |                   |                                       |                               |                | 0                     |
|   |                   |   |  |          |              |  |                   |                                       |                               | _              | Yes No                |
| 3 Did the organization list any former officer,   |                   | ustee                                   | e, ke  | y en     | nplo         | yee,   | or                | highest compensated er                | nployee on                    | -              |                       |
| line 1a? If "Yes," complete Schedule J for s  |                   |   |  |          |              |  |                   |                                       |                               | F              | 3 X                   |
| 4 For any individual listed on line 1a, is the su   |                   |   |  |          |              |  |                   |                                       | ne organization               | -              | 4 X                   |
| and related organizations greater than \$150  |                   |   |  |          |              |  |                   |                                       |                               | -              | 4 X                   |
| 5 Did any person listed on line 1a receive or a   |                   |   |  |          |              |  | elati             | ed organization or individ            | iuai for services             | -              | 5 X                   |
| rendered to the organization? If "Yes." com<br>Section B. Independent Contractors           | piete Schedul     | e_ <i>J_</i>                            | or si  | ich i    | <u>oers</u>  | on   |                   |                                       |                               |                |                       |
| Complete this table for your five highest contains.   | mnensated inc     | lene                                    | nde  | nt co    | ntra         | acto   | re tl             | hat received more than \$             | 100 000 of compe              | nsatu          | on from               |
| the organization Report compensation for  |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
| (A)   | ino calcinoal y   | Ju. 0                                   |  | .5       |              |  | ,,,,,             | (B)                                   |                               |                | (C)                   |
| Name and business   | address           | N                                       | INC  | 3        |              |  |                   | Description of s                      | ervices                       | Co             | mpensation            |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   | · ·                                   |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   | -  |          |              |  |                   |                                       |                               |                |                       |
|   |                   |   |  |          |              |  |                   |                                       |                               |                |                       |
| 2 Total number of redesendant contractors 5   | anludina but a    | ot le-                                  | nuta:  | 1 + ^ -  | tha          | so lis   | +~~               | l abough who recoved m                | ore than                      |                |                       |
| Total number of independent contractors (ii     \$100,000 of compensation from the organia) |                   | . III                                   | mee  | . (O)    |              | se iis<br>)                                      | ıı <del>u</del> u | above) who received mi                | Jie triait                    |                |                       |
| #100,000 of compensation from the organia   | Lation            |   |  |          |              | <del>-</del>                                     |                   |                                       |                               | F              | orm <b>990</b> (2017) |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (B) Unrelated Total revenue Related or exempt function business -revenuerevenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 91,402 similar amounts not included above 91,402 g Noncash contributions included in lines 1a-1f \$ 91,402. h Total. Add lines 1a-1f Business Code 2 a STUDENT HOUSING 326,172.1,326,172. 611310 1. Program Service Revenue f All other program service revenue 326,172. Total. Add lines 2a-2f Investment income (including dividends, interest, and 489. 489 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ \_ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 1,418,063.1,326,661. 0. Total revenue See instructions.

732009 11-28-17

# Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX |  |                       |                     |                       |                                       |  |  |  |  |
|---|--|-----------------------|---------------------|-----------------------|---------------------------------------|--|--|--|--|
|   | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII                    | (A)<br>Total expenses | (B) Program service | (C)<br>Management and | (D)<br>Fundraising                    |  |  |  |  |
|   | · · · · · · · · · · · · · · · · · · ·  |                       | expenses            | general expenses      | 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   |                       |                     | ĺ                     | 1                                     |  |  |  |  |
|   | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16    |                       |                     |                       | }                                     |  |  |  |  |
|   | · ·  |                       |                     |                       |                                       |  |  |  |  |
| 4   | Benefits paid to or for members  |                       |                     |                       |                                       |  |  |  |  |
| 5   | Compensation of current officers, directors,   |                       |                     |                       |                                       |  |  |  |  |
| •   | trustees, and key employees  |                       |                     |                       |                                       |  |  |  |  |
| 6   | Compensation not included above, to disqualified   |                       |                     |                       |                                       |  |  |  |  |
|   | persons (as defined under section 4958(f)(1)) and  |                       |                     |                       |                                       |  |  |  |  |
| -   | persons described in section 4958(c)(3)(B)   |                       |                     |                       |                                       |  |  |  |  |
| 7   | Other salaries and wages   |                       |                     |                       |                                       |  |  |  |  |
| 8   | Pension plan accruals and contributions (include   |                       |                     |                       |                                       |  |  |  |  |
| •   | section 401(k) and 403(b) employer contributions)  |                       |                     |                       | <del></del>                           |  |  |  |  |
| 9   | Other employee benefits  |                       |                     |                       | <del> </del>                          |  |  |  |  |
| 10  | Payroll taxes  |                       |                     |                       |                                       |  |  |  |  |
| 11  | Fees for services (non-employees)  |                       |                     |                       |                                       |  |  |  |  |
|   | Management   |                       |                     |                       |                                       |  |  |  |  |
| b   | Legal  | 23,750.               | 23,750.             |                       |                                       |  |  |  |  |
|   | Accounting   | 23,750.               | 23,750.             |                       |                                       |  |  |  |  |
| d   | Lobbying   |                       |                     |                       |                                       |  |  |  |  |
| e   | Professional fundraising services See Part IV, line 17                                       |                       |                     | -                     |                                       |  |  |  |  |
| f   | Investment management fees   |                       |                     |                       |                                       |  |  |  |  |
| g   |  |                       |                     | ĺ                     |                                       |  |  |  |  |
| 40  | column (A) amount, list line 11g expenses on Sch O)  | 306.                  | 306.                |                       |                                       |  |  |  |  |
| 12  | Advertising and promotion  | 300.                  |                     | <del></del>           | <del>.</del>                          |  |  |  |  |
| 13  | Office expenses Information technology   |                       |                     |                       |                                       |  |  |  |  |
| 14<br>15  | Royalties  |                       |                     |                       |                                       |  |  |  |  |
| 16  | Occupancy  | 228,646.              | 228,646.            | <del></del>           | <del> </del>                          |  |  |  |  |
| 17  | Travel   | 220,0401              | 220,040.            | <del></del>           |                                       |  |  |  |  |
| 18  | Payments of travel or entertainment expenses   | ,                     |                     |                       |                                       |  |  |  |  |
| 10  | for any federal, state, or local public officials  |                       |                     |                       |                                       |  |  |  |  |
| 19  | Conferences, conventions, and meetings   |                       |                     |                       |                                       |  |  |  |  |
| 20  | Interest   | 298,637.              | 298,637.            |                       | · · · ·                               |  |  |  |  |
| 21  | Payments to affiliates   |                       | ====,00,11          |                       |                                       |  |  |  |  |
| 22  | Depreciation, depletion, and amortization  | 366,368.              | 366,368.            |                       |                                       |  |  |  |  |
| 23  | Insurance  | ,,                    |                     |                       |                                       |  |  |  |  |
| 24  | Other expenses, Itemize expenses not covered   |                       |                     |                       | 1                                     |  |  |  |  |
|   | above. (List miscellaneous expenses in line 24e If line                                      |                       | İ                   |                       |                                       |  |  |  |  |
|   | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                       |                     | `                     | ,                                     |  |  |  |  |
| а   | REPAIRS & MAINTENANCE  | 236,326.              | 236,326.            |                       | <u>`</u>                              |  |  |  |  |
| b   | STAFFING SERVICES  | 108,693.              | 21,739.             | 86,954.               | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| С   | AFFILIATED ORGANIZATION  | 89,978.               | 89,978.             |                       |                                       |  |  |  |  |
| d   | GENERAL & ADMINISTRATIV  | 24,119.               |                     | 24,119.               |                                       |  |  |  |  |
| е   | All other expenses   | 9,712.                | 9,712.              |                       |                                       |  |  |  |  |
| 25  | Total functional expenses Add lines 1 through 24e  | 1,386,535.            | 1,275,462.          | 111,073.              | 0.                                    |  |  |  |  |
| 26  | Joint costs Complete this line only if the organization                                      |                       |                     |                       |                                       |  |  |  |  |
|   | reported in column (B) joint costs from a combined   |                       |                     |                       |                                       |  |  |  |  |
|   | educational campaign and fundraising solicitation.   |                       |                     |                       |                                       |  |  |  |  |
|   | Check here if following SOP 98-2 (ASC 958-720)   |                       |                     |                       |                                       |  |  |  |  |
| 732010  | ) 11-28-17   |                       |                     |                       | Form <b>990</b> (2017)                |  |  |  |  |

| Pai           |               | Check if Schedule O contains a response or note  | e to any line in this Part X            | ·····                    |             |                        |
|---------------|---------------|--|---|--------------------------|-------------|------------------------|
|               |               | •  |   | (A)<br>Beginning of year |             | (B)<br>End of year     |
| -             | 1"            | Cash non-interest-bearing  |   | 314,203.                 | 1           | - 584,969.             |
|               | 2             | Savings and temporary cash investments   |   | 521,2001                 | 2           | 30273031               |
|               | 3             | Pledges and grants receivable, net   |   | 3                        |             |                        |
|               | 4             | Accounts receivable, net   | 489,841.                                | 4                        | 106,645.    |                        |
|               | 5             | Loans and other receivables from current and for   | 205,0221                                | -                        |             |                        |
|               | -             | trustees, key employees, and highest compensa  |   |                          |             |                        |
|               |               | Part II of Schedule L  |   | 5                        | <del></del> |                        |
|               | 6             | Loans and other receivables from other disqualif   | ed persons (as defined under            |                          |             |                        |
|               |               | section 4958(f)(1)), persons described in section  | '                                       |                          |             |                        |
|               |               | employers and sponsoring organizations of secti  |   |                          |             |                        |
| <u>"</u>      |               | employees' beneficiary organizations (see instr)   | • |                          | 6           |                        |
| Assets        | 7             | Notes and loans receivable, net  |   |                          | 7           |                        |
| As            | 8             | Inventories for sale or use  |   |                          | 8           |                        |
|               | 9             | Prepaid expenses and deferred charges  |   | 5,250.                   | 9           | 2,725.                 |
|               |               | Land, buildings, and equipment cost or other   |   |                          |             |                        |
|               |               | basis Complete Part VI of Schedule D   | 10a 9,565,005.                          |                          |             |                        |
|               | b             | Less accumulated depreciation  | 10b 4,397,872.                          | 5,533,501.               | 10c         | 5,167,133.             |
|               | 11            | Investments - publicly traded securities   |   |                          | 11          |                        |
|               | 12            | Investments - other securities See Part IV, line 1   | 1                                       |                          | 12          |                        |
|               | 13            | Investments - program-related See Part IV, line 1  |   | 13                       |             |                        |
|               | 14            | Intangible assets  |   | 14                       |             |                        |
|               | 15            | Other assets See Part IV, line 11  | 250.                                    | 15                       | 250.        |                        |
|               | 16            | Total assets. Add lines 1 through 15 (must equa  | l line 34)                              | 6,343,045.               | 16          | 5,861,722.             |
|               | 17            | Accounts payable and accrued expenses  | 366,243.                                | 17                       | 523,281.    |                        |
|               | 18            | Grants payable   |   | 18                       |             |                        |
|               | 19            | Deferred revenue   |   | 662.                     | 19          | 0.                     |
|               | 20            | Tax-exempt bond liabilities  |   | 9,477,806.               | 20          | 9,209,254.             |
|               | 21            | Escrow or custodial account liability Complete F   | Part IV of Schedule D                   | •                        | 21          |                        |
| ş             | 22            | Loans and other payables to current and former   | officers, directors, trustees,          |                          |             |                        |
| Liabilitres   |               | key employees, highest compensated employees   | s, and disqualified persons             |                          |             |                        |
| iabi          |               | Complete Part II of Schedule L   |   |                          | 22          |                        |
| _             | 23            | Secured mortgages and notes payable to unrela-   | ted third parties                       |                          | 23          |                        |
|               | 24            | Unsecured notes and loans payable to unrelated   | third parties                           |                          | 24          |                        |
|               | 25            | Other liabilities (including federal income tax, pay   |   |                          |             |                        |
|               |               | parties, and other liabilities not included on lines   | 17-24) Complete Part X of               | 24 515                   |             | F0 700                 |
|               |               | Schedule D   |   | 34,517.                  | 25          | 59,722.                |
|               | 26            | Total liabilities. Add lines 17 through 25   | , (3Z)                                  | 9,879,228.               | 26          | 9,792,257.             |
|               |               | Organizations that follow SFAS 117 (ASC 958)   |   |                          |             |                        |
| es            |               | complete lines 27 through 29, and lines 33 and   | 34.                                     | <3,536,183.>             |             | <3,930,535.>           |
| auc           | 27            | Unrestricted net assets  |   | <3,330,103.>             | 27          | <b>43,930,333.</b> 2   |
| Bal           | 28            | Temporarily restricted net assets  |   |                          | 28          |                        |
| Fund Balances | 29            | Permanently restricted net assets  | 20.050) shardshare                      |                          | 29          |                        |
| F             |               | Organizations that do not follow SFAS 117 (AS  |   |                          |             |                        |
| 2 01          | 20            | and complete lines 30 through 34.  |   |                          | 30          | *                      |
| set           | 30            | Capital stock or trust principal, or current funds<br>Paid-in or capital surplus, or land, building, or eq | unment fund                             |                          | 31          | <u> </u>               |
| As            | 31            | Retained earnings, endowment, accumulated inc  | •                                       |                          | 32          |                        |
| Net Assets or | 32            | Total net assets or fund balances  | Joine, or other fullus                  | <3,536,183.>             | 33          | <3,930,535.>           |
|               | 33<br>34      | Total liabilities and net assets/fund balances   |   | 6,343,045.               | 34          | 5,861,722.             |
|               | <del>5+</del> | Total liabilities and her assets/fully balances  | ***                                     | , 0,010,010.             |             | Form <b>990</b> (2017) |

| Form | 1 990 (2017) THE OAKS OF ALEXANDRIA, LLC  | 20-     | -5648934     | Pa    | ige 12           |
|------|---|---------|--------------|-------|------------------|
| Рa   | rt XI Reconciliation of Net Assets  |         |              | •     |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |         |              |       |                  |
|      | •   |         |              |       |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 1,41         |       |                  |
| 2 ~  |   | 2       | 1738         |       |                  |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3       |              |       | 28.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4       | <3,536       | ,18   | <u>3.&gt;</u>    |
| 5    | Net unrealized gains (losses) on investments  | 5       | <u> </u>     |       |                  |
| 6    | Donated services and use of facilities  | 6       |              |       |                  |
| 7    | Investment expenses   | 7       |              |       |                  |
| 8    | Prior period adjustments  | 8       | <425         | ,88   |                  |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |              |       | 0.               |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                   |         | 2 22         |       | _                |
|      | column (B))   | 10      | <3,930       | ,53   | 5.>              |
| Ра   | rt XII Financial Statements and Reporting   |         |              |       | (T.)             |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |         |              | T.,   |                  |
|      |   |         |              | Yes   | No               |
| 1    | Accounting method used to prepare the Form 990 Cash X Accrual Other   |         | <del></del>  |       |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | 0       |              | ·     | <del> </del>     |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |         | <u>2a</u>    |       | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a    | ٠            |       |                  |
|      | separate basis, consolidated basis, or both   |         |              | ,     |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         |              | ·     | X                |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |         | 2b           | -     | ┼ <u>^</u>       |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basis,  |              | 1     | l i              |
|      | consolidated basis, or both   |         |              |       |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         | İ            |       |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audit,  | - <u>-</u> - | ·     | اــــا،          |
| ٠    | review, or compilation of its financial statements and selection of an independent accountant?                      |         | 2c           | ┼     | ┼;               |
| _    | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  |         |              |       |                  |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gie Aud |              | ┧     | ∖ <del>_</del> x |
|      | Act and OMB Circular A-133?   | ⊐       | 3a           |       | ┼ <u>^</u>       |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | rea aua | i i          |       |                  |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |         | 3b           | 990   | (2017)           |
|      |   |         | rorr         | 1 220 | (2017)           |

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

THE OAKS OF ALEXANDRIA, LLC 20-5648934

| ra  | irt i         | Reason for Public C                   | narity Status (                               | All organizations must co                          | mplete th                           | is part ) Se                     | ee instructions.                      |                            |  |  |  |  |
|-----|---------------|---------------------------------------|---|--|-------------------------------------|----------------------------------|---------------------------------------|----------------------------|--|--|--|--|
|     | organ         | zation is not a private found         | •   |  |                                     | -                                |                                       |                            |  |  |  |  |
| 1   | =             | A church, convention of ch            |   |  |                                     |                                  | <sup>1)(A)(1).</sup>                  | )                          |  |  |  |  |
| 2   | $\sqsubseteq$ | A school described in sect            | ion 170(b)(1)(A)(ii). (                       | Attach Schedule E (Forn                            | n 990 or 99                         | 90-EZ))                          | ( ) (                                 |                            |  |  |  |  |
| 3   | Ш             | A hospital or a cooperative           | hospital service orga                         | anization described in se                          | ection 170                          | (b)(1)(A)(ii                     |                                       | •                          |  |  |  |  |
| 4   |               | A medical research organiz            | ation operated in cor                         | njunction with a hospital                          | described                           | ın sectio                        | n 170(b)(1)(A)(iii). Enter            | the hospital's name,       |  |  |  |  |
|     |               | city, and state                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
| 5   | X             | An organization operated for          | or the benefit of a col                       | llege or university owned                          | or operate                          | ed by a go                       | vernmental unit describe              | ed in                      |  |  |  |  |
|     |               | section 170(b)(1)(A)(iv). (C          | section 170(b)(1)(A)(iv). (Complete Part II ) |  |                                     |                                  |                                       |                            |  |  |  |  |
| 6   |               | A federal, state, or local gov        | vernment or governm                           | nental unit described in                           | section 17                          | '0(b)(1)(A)                      | (v).                                  |                            |  |  |  |  |
| 7   |               | An organization that norma            | lly receives a substai                        | ntial part of its support fr                       | om a gove                           | ernmental                        | unit or from the general p            | oublic described in        |  |  |  |  |
|     |               | section 170(b)(1)(A)(vi). (C          | omplete Part II)                              |  |                                     |                                  |                                       |                            |  |  |  |  |
| 8   | $\square$     | A community trust describe            | d in section 170(b)(                          | 1)(A)(vi). (Complete Par                           | t II )                              |                                  |                                       |                            |  |  |  |  |
| 9   |               | An agricultural research org          | anization described                           | in section 170(b)(1)(A)(                           | ix) operate                         | ed in conju                      | inction with a land-grant             | college                    |  |  |  |  |
|     |               | or university or a non-land-g         | rant college of agric                         | ulture (see instructions)                          | Enter the r                         | name, city                       | , and state of the college            | or                         |  |  |  |  |
|     |               | university                            |   |  |                                     |                                  |                                       |                            |  |  |  |  |
| 10  |               | An organization that norma            | lly receives (1) more                         | than 33 1/3% of its supp                           | oort from o                         | ontributio                       | ns, membership fees, an               | d gross receipts from      |  |  |  |  |
|     |               | activities related to its exem        | npt functions - subjec                        | ct to certain exceptions,                          | and (2) no                          | more than                        | 33 1/3% of its support t              | from gross investment      |  |  |  |  |
|     |               | income and unrelated busin            | ess taxable income                            | (less section 511 tax) fro                         | m busines                           | ses acqui                        | red by the organization a             | ifter June 30, 1975        |  |  |  |  |
|     |               | See section 509(a)(2). (Cor           | mplete Part III )                             |  |                                     |                                  |                                       |                            |  |  |  |  |
| 11  |               | An organization organized a           | and operated exclusi                          | vely to test for public sat                        | ety See :                           | section 50                       | )9(a)(4).                             |                            |  |  |  |  |
| 12  | $\equiv$      | An organization organized a           | •   |  | -                                   |                                  |                                       | purposes of one or         |  |  |  |  |
|     |               | more publicly supported org           |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               | lines 12a through 12d that            | <del>.</del>                                  |  |                                     |                                  |                                       |                            |  |  |  |  |
| а   | <u> </u>      | Type I. A supporting orga             | • •   |  |                                     |                                  | · · · · · · · · · · · · · · · · · · · | aivina                     |  |  |  |  |
| -   | L             | the supported organization            | •   | •  | -                                   | _                                |                                       |                            |  |  |  |  |
|     |               |                                       |   |  | majority o                          | i tile dilec                     | tors or trustees or the st            | pporting                   |  |  |  |  |
|     |               | organization You must o               | •   |  | بد مادین می                         |                                  | ed avanamentania), bu bas             |                            |  |  |  |  |
| D   | _             | Type II. A supporting org             |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               | control or management o               |   |  | ime persoi                          | ns that co                       | ntrol or manage the supp              | оопеа                      |  |  |  |  |
|     |               | organization(s). You mus              | •   |  |                                     |                                  |                                       |                            |  |  |  |  |
| С   | L             | Type III functionally inte            | -   |  |                                     |                                  |                                       | d with,                    |  |  |  |  |
|     | _             | its supported organization            | n(s) (see instructions)                       | You must complete F                                | Part IV, Se                         | ctions A,                        | D, and E.                             |                            |  |  |  |  |
| d   |               | Type III non-functionally             | integrated. A supp                            | orting organization oper                           | ated in cor                         | nection w                        | vith its supported organiz            | zation(s)                  |  |  |  |  |
|     |               | that is not functionally int          | egrated The organiz                           | ation generally must sat                           | isfy a distri                       | bution rec                       | juirement and an attentiv             | /eness                     |  |  |  |  |
|     |               | requirement (see instructi            | ons) You must con                             | nplete Part IV, Sections                           | A and D,                            | and Part                         | V.                                    |                            |  |  |  |  |
| e   | l             | Check this box if the orga            | inization received a v                        | written determination fro                          | m the IRS                           | that it is a                     | Type I, Type II, Type III             |                            |  |  |  |  |
|     |               | functionally integrated, or           | Type III non-function                         | nally integrated supporti                          | ng organiz                          | ation                            |                                       |                            |  |  |  |  |
| f   | Ente          | r the number of supported o           | rganizations                                  |  |                                     |                                  |                                       |                            |  |  |  |  |
| д   | Prov          | ide the following information         | about the supporte                            | d organization(s)                                  |                                     |                                  |                                       |                            |  |  |  |  |
|     | (1            |                                       | (II) EIN                                      | (iii) Type of organization                         | (iv) Is the orga<br>in your governi | inization listed<br>ng document? | (v) Amount of monetary                | (vi) Amount of other       |  |  |  |  |
|     |               | organization                          |   | (described on lines 1-10 above (see instructions)) | Yes                                 | No                               | support (see instructions)            | support (see instructions) |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   | · · · · · · · · · · · · · · · · · · ·              |                                     |                                  |                                       |                            |  |  |  |  |
|     |               | · · · · · · · · · · · · · · · · · · · |   |  |                                     |                                  |                                       |                            |  |  |  |  |
|     |               |                                       |   |  |                                     |                                  |                                       |                            |  |  |  |  |
| ota |               |                                       |   | <del></del>  | <u> </u>                            |                                  |                                       |                            |  |  |  |  |
| ULE | 41            |                                       |   |  |                                     | i                                | ı                                     | ł                          |  |  |  |  |

# Schedule A (Form 990 or 990-EZ) 2017 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)

| Sec  | ction A. Public Support   |                         |                      |                        |                      |                      |                       |
|------|---|-------------------------|----------------------|------------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2013                | (b) 2014             | (c) 2015               | (d) 2016             | (e) 2017             | (f) Total             |
| 1    | Gifts, grants, contributions, and membership fees received (Do not                                      | 1264060                 | 1551520              | 1402602                | 1600727              | 1 4 1 7 5 7 4        | 7220704               |
|      | include any "unusual grants ")  | 1364060.                | 1551730.             | 1403603.               | 1602737.             | 1417574.             | 7339704.              |
| 2    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf |                         |                      |                        |                      |                      |                       |
| 3    | The value of services or facilities furnished by a governmental unit to                                 |                         |                      |                        |                      |                      |                       |
|      | the organization without charge   | 1364060.                | 1551730.             | 1403603.               | 1602737.             | 1417574.             | 7339704.              |
|      | Total. Add lines 1 through 3  | 1304000.                | 1331730.             | 1403003.               | 1002/3/*             | 131/3/4.             | 7333704.              |
| 5    | The portion of total contributions  | ŀ                       |                      |                        |                      | 1                    |                       |
|      | by each person (other than a governmental unit or publicly  |                         |                      |                        |                      |                      |                       |
|      | supported organization) included  |                         |                      |                        |                      |                      |                       |
|      | on line 1 that exceeds 2% of the  |                         |                      |                        |                      |                      |                       |
|      | amount shown on line 11.  |                         |                      |                        |                      |                      |                       |
|      |   |                         | i                    |                        |                      |                      |                       |
| _    | column (f)  | ļ                       |                      |                        |                      | •                    | 7339704.              |
|      | Public support. Subtract line 5 from line 4 ction B. Total Support                                      | <u></u>                 |                      |                        |                      | ,                    | 7339704.              |
|      |   | 1 1 2010                | " > 004.4            | 4 3 0045               | (  ) 0010            | (-) 0017             | (f) Total             |
|      | ndar year (or fiscal year beginning in)   | (a) 2013<br>1364060.    | (b) 2014<br>1551730. | (c) 2015<br>1403603.   | (d) 2016<br>1602737. | (e) 2017<br>1417574. | (f) Total<br>7339704. |
|      | Amounts from line 4   | 1304000.                | 1331/30.             | 1403003.               | 1002/3/-             | 141/3/4.             | 7333704.              |
| 8    | Gross income from interest,   |                         |                      |                        |                      |                      |                       |
|      | dividends, payments received on   |                         |                      | ,                      |                      |                      |                       |
|      | securities loans, rents, royalties,   | 120                     | 125                  | 126.                   | 966.                 | 489.                 | 1,845.                |
|      | and income from similar sources   | 129.                    | 135.                 | 140.                   | 300.                 | 409.                 | 1,043.                |
| 9    |   |                         |                      |                        |                      |                      |                       |
|      | activities, whether or not the  |                         |                      |                        |                      |                      |                       |
|      | business is regularly carried on  |                         |                      |                        |                      |                      | <del></del>           |
| 10   | Other income Do not include gain  |                         |                      |                        |                      |                      |                       |
|      | or loss from the sale of capital  |                         |                      |                        |                      |                      |                       |
|      | assets (Explain in Part VI)   |                         |                      |                        |                      |                      | 7241540               |
|      | Total support. Add lines 7 through 10   |                         |                      |                        |                      |                      | 7341549.              |
|      | Gross receipts from related activities,   |                         |                      |                        |                      | 12                   |                       |
| 13   | First five years. If the Form 990 is for  | -                       | first, second, third | d, fourth, or fifth ta | x year as a section  | 1 501(c)(3)          |                       |
| 50   | organization, check this box and storection C. Computation of Publi                                     | o here<br>c Support Per | centage              |                        |                      |                      |                       |
|      |   |                         |                      | -1 (0)                 |                      |                      | 99.97 %               |
|      | Public support percentage for 2017 (I   |                         | •                    | olumn (T))             |                      | 14                   | 0000                  |
|      | Public support percentage from 2016   |                         |                      |                        | 14 - 00 4 (00)       | 15                   |                       |
| 16a  | 33 1/3% support test - 2017. If the   |                         |                      | i line 13, and line    | 14 IS 33 1/3% or m   | ore, cneck this box  |                       |
|      | stop here. The organization qualifies   |                         | -                    | 40 40                  | 1 - 4" - 00 4/00/    |                      | <b>▶</b> X            |
| b    | 33 1/3% support test - 2016. If the   |                         |                      |                        | line 15 is 33 1/3%   | or more, check thi   | s box                 |
|      | and stop here. The organization qual  |                         | .,                   |                        | 40.40 40             |                      | , <b>▶</b> □          |
| 17a  | 10% -facts-and-circumstances test   |                         |                      |                        |                      |                      |                       |
|      | and if the organization meets the "fac  |                         |                      |                        |                      | rt VI how the organ  | nization              |
|      | meets the "facts-and-circumstances"   | -                       |                      |                        |                      |                      | ▶∟                    |
| b    | 10% -facts-and-circumstances test   |                         |                      |                        |                      |                      |                       |
|      | more, and if the organization meets the   |                         |                      |                        |                      |                      | ,                     |
|      | organization meets the "facts-and-circ  |                         | -                    | •                      |                      |                      |                       |
| 18   | Private foundation. If the organization   | on did not check a      | box on line 13, 16a  | a, 16b, 17a, or 17b    |                      |                      |                       |
|      |   |                         |                      |                        | Sche                 | dule A (Form 990     | or 990-EZI 2017       |

| che<br>Pai | dule A (Form 990 or 990-EZ) 2017 Trt III   Support Schedule for C  | HE OAKS O            | F ALEXAND  Described in | RIA, LLC<br>Section 509(a) | (2)                 | 20-564                | 18934 Page 3    |
|------------|--|----------------------|-------------------------|----------------------------|---------------------|-----------------------|-----------------|
| <u>,</u>   | (Complete only if you checked qualify under the tests listed b   | I the box on line 10 | of Part I or if the     |                            | •                   | Part II If the organi | zation fails to |
| ec         | tion A. Public Support   | elow, please comp    | nete Fait II )          |                            |                     |                       |                 |
|            | idar year (or fiscal year beginning in)  | (a) 2013             | (b) 2014                | (c) 2015                   | (d) 2016            | (e) 2017              | (f) Total       |
|            | Gifts, grants, contributions, and  | (a) 2013             | (b) 2014                | (6) 2013                   | (4) 2010            | (e) 2017              | /(i) Total      |
|            | membership fees received (Do not   |                      |                         |                            |                     | 1                     | X               |
|            | include any "unusual grants ")   |                      |                         |                            |                     | /                     |                 |
|            |  |                      | <del> </del>            | 1                          |                     | <del> /-</del>        |                 |
|            | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                         |                            |                     |                       | -               |
| 3          | Gross receipts from activities that  |                      |                         |                            | /                   | 1                     |                 |
|            | are not an unrelated trade or bus-   | 1                    |                         |                            |                     | İ                     |                 |
|            | iness under section 513  |                      |                         |                            |                     |                       |                 |
| 4          | Tax revenues levied for the organ-   |                      |                         |                            |                     |                       |                 |
|            | ization's benefit and either paid to   |                      |                         |                            | /                   |                       |                 |
|            | or expended on its behalf  |                      |                         | 1                          | /                   | İ                     |                 |
| 5          | The value of services or facilities  |                      |                         |                            | 7                   |                       |                 |
|            | furnished by a governmental unit to  |                      |                         |                            |                     |                       |                 |
|            | the organization without charge  |                      |                         |                            |                     |                       |                 |
|            | Total, Add lines 1 through 5   |                      | <del></del>             | /                          | <del></del>         | 1                     | <del></del>     |
|            | Amounts included on lines 1, 2, and  |                      | ··                      |                            |                     |                       |                 |
|            | 3 received from disqualified persons   |                      |                         |                            |                     |                       |                 |
| b          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the                                    |                      | /                       |                            |                     |                       |                 |
|            | amount on line 13 for the year   |                      | /                       |                            |                     |                       |                 |
| -          | Add lines 7a and 7b  |                      | <del> /-</del>          | <u> </u>                   | ļ                   | <del> </del>          |                 |
|            | Public support. (Subtract line 7c from line 6)   |                      |                         | 1                          | L                   | 1                     | <u> </u>        |
|            | tion B. Total Support  | T                    |                         | 1                          |                     | 1                     | 1               |
|            | dar year (or fiscal year beginning in)   | (a) 2013             | (6) 2014                | (c) 2015                   | (d) 2016            | (e) 2017              | (f) Total       |
| 0a         | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                      |                      |                         |                            |                     |                       |                 |
| b          | Unrelated business taxable income  |                      |                         |                            |                     |                       |                 |
|            | (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                         |                            |                     |                       |                 |
| С          | Add lines 10a and 10b  |                      |                         |                            |                     |                       |                 |
| 1          | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      | -                       |                            |                     |                       |                 |
|            | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                      |                         |                            |                     |                       |                 |
|            | Total support (Add lines 9, 10c, 11, and 12)   |                      | L                       |                            |                     | <u> </u>              |                 |
| 4          | First five years. If the Form 990 is for   | r the organization's | s first, second, thir   | d, fourth, or fifth ta     | ıx year as a sectio | n 501(c)(3) organi    | zation,         |
|            | check this box and stop here   | -                    |                         |                            |                     |                       | <b>&gt;</b>     |
|            | tion C. Computation of Publi   | ic Support Per       | rcentage                |                            |                     |                       |                 |
| 5          | Public support percentage for 2017 (I  | line 8, column (f) d | ivided by line 13. c    | column (f))                |                     | 15                    | %               |
|            | Public support percentage from 2016  |                      |                         |                            |                     | 16                    | %               |
|            | tion D. Computation of Inves   |                      |                         |                            |                     |                       |                 |
|            | Investment income percentage for 20  |                      |                         | ne 13, column (fl)         |                     | 17                    | %               |
|            | Investment income percentage from  |                      |                         | . ,,,,                     |                     | 18                    | %               |

19a 33 1/3% support tests - 2017. 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 - 2016. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

# Part IV Supporting Organizations

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

| C~~+ ~~~AA  | II-C       | g⁻Organizations⁻ |
|-------------|------------|------------------|
| SECHON A. A | u auooorum | u Organizations  |
|             |            | g g              |

| 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  | ļ           |             |             |
|     | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported   |             |             |             |
|     | organization was described in section 509(a)(1) or (2)  | 2           |             |             |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer  |             |             |             |
|     | (b) and (c) below   | 3a          |             |             |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |             |             |             |
|     | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the  |             |             |             |
|     | organization made the determination   | 3b          |             |             |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  |             |             |             |
|     | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use   | Зс          |             |             |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If  |             |             |             |
|     | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below  | 4a          |             |             |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign   |             |             |             |
|     | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion  |             |             |             |
|     | despite being controlled or supervised by or in connection with its supported organizations   | 4b          |             |             |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination   |             |             |             |
|     | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used   |             |             |             |
|     | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)  |             |             |             |
|     | purposes  | 4c          |             |             |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes,"  | ,           |             |             |
|     | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN   | <u></u>     |             |             |
|     | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,   |             |             |             |
|     | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action   | l           |             |             |
|     | was accomplished (such as by amendment to the organizing document)  | 5a          |             |             |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already   |             |             |             |
| _   | designated in the organization's organizing document?   | 5b          |             |             |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c          |             |             |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  |             |             | _           |
| J   | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class   |             |             |             |
|     | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also  |             |             | -           |
|     | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in  |             |             |             |
|     | Part VI.  | 6           |             |             |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor   | <u> </u>    |             |             |
| '   | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with   | ۱,          |             |             |
|     | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 7           |             |             |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?   | <del></del> |             |             |
| 0   |   | 8           |             |             |
| 0.  | 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 |             |             |             |
| Ja  | disqualified persons as defined in section 4946 (other than foundation managers and organizations described   | . /         |             |             |
|     |   | 9a          |             |             |
|     | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  | , 3a        |             |             |
| D   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which   | OF          |             |             |
|     | the supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b          | -           |             |
| С   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit   |             |             | <del></del> |
|     | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c          |             |             |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section   |             |             |             |
|     | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated   |             | <del></del> |             |
|     | supporting organizations)? If "Yes," answer 10b below   | 10a         |             |             |

determine whether the organization had excess business holdings.) 732024 10-06-17

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

|          | dule A (Form 990 or 990-EZ) 2017 THE OAKS OF ALEXANDRIA, LLC   | 20-564893             | 4 P  | <u>age 5</u> |
|----------|--|-----------------------|--|--------------|
| <u> </u> | rt IV   Supporting Organizations <sub>(continued)</sub>  |                       | Γ  | T            |
|          | Handle annual to the state of t |                       | Yes  | No           |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?  |                       |  |              |
| a        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  |                       | <del></del>                                      | =-           |
| <b>.</b> | A family member of a person described in (a) above?  | 11b                   | <del>                                     </del> |              |
|          | 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.  | 110                   |  | <del> </del> |
|          | tion B. Type I Supporting Organizations  |                       | 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  |                       |  |              |
|          | controlled the organization's activities. If the organization had more than one supported organization,  |                       |  |              |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | <u> </u>              |  |              |
|          | organizations and what conditions or restrictions, if any, applied to such powers during the tax year  | 1                     |  |              |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported  | į į                   |  |              |
|          | 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,  | <u> </u>              |  |              |
|          | supervised, or controlled the supporting organization.   | 2                     |  |              |
| 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).   |                       |  | L            |
| Sec      | 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  |                       |  |              |
|          | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1                     |  |              |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | -                     |  | _            |
| ~        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                       |  | ĺ            |
|          | 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  | <del></del> -         |  | · ·          |
| •        | significant voice in the organization's investment policies and in directing the use of the organization's   |                       | <b>-</b>   |              |
|          | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |                       |  |              |
|          | supported organizations played in this regard.   | 3                     |  |              |
| Sec      | tion E. Type III Functionally Integrated Supporting Organizations  |                       |  |              |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins   | tructions).           |  |              |
| а        | The organization satisfied the Activities Test Complete line 2 below   | ·                     |  | •            |
| b        | The organization is the parent of each of its supported organizations. Complete line 3 below   |                       |  |              |
| С        | The organization supported a governmental entity Describe in Part VI how you supported a government entity   | ty (see instructions) |  |              |
| 2        | Activities Test Answer (a) and (b) below.  |                       | Yes  | No           |
| а        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |                       |  | ĺ            |
|          | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |                       |  |              |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,   |                       |  | l            |
|          | how the organization was responsive to those supported organizations, and how the organization determined  |                       |  |              |
|          | that these activities constituted substantially all of its activities  | 2a                    |  | <b></b>      |
| b        | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |                       |  |              |
|          | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |                       |  | ,            |
|          | reasons for the organization's position that its supported organization(s) would have engaged in these   | <del></del>           |  |              |
| _        | activities but for the organization's involvement  | 2b                    |  | ├            |
| 3        | Parent of Supported Organizations Answer (a) and (b) below.  |                       |  | l            |
| а        |  | <del></del>           |  |              |
| _        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a                    |  | <del> </del> |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | <del></del>           |  |              |
|          | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  | 3b                    | L  | Ц            |

| Sche | dule A (Form 990 or 990-EZ) 2017 THE OAKS OF ALEXANDRIA,                        | LLC        |                              | 20-5648934 Page 6              |
|------|---|------------|------------------------------|--------------------------------|
|      | rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting                | g Orga     | nizations                    |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust or | n Nov 20, 1970 (explain in   | Part VI) See instructions. Al  |
|      | other Type III non-functionally integrated supporting organizations must co     | mplete S   | ections A through E          |                                |
| Sect | ion A - Adjusted Net Income   |            | (A) Prior Year               | (B) Current Year               |
| 1    | Net short-term capital gain   | 1          |                              |                                |
| 2    | Recoveries of prior-year distributions  | 2          |                              |                                |
| 3    | Other gross income (see instructions)   | 3          |                              |                                |
| 4    | Add lines 1 through 3   | 4          |                              |                                |
| 5    | Depreciation and depletion  | 5          |                              |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |            |                              |                                |
|      | collection of gross income or for management, conservation, or                  |            |                              |                                |
|      | maintenance of property held for production of income (see instructions)        | 6          |                              |                                |
| _7   | Other expenses (see instructions)   | 7          |                              |                                |
| _8_  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8          |                              |                                |
| Sect | ion B - Minimum Asset Amount  |            | (A) Prior Year               | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |            |                              |                                |
|      | instructions for short tax year or assets held for part of year)                |            |                              |                                |
| а    | Average monthly value of securities   | 1a         |                              |                                |
| b    | Average monthly cash balances   | 1b         |                              |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c         |                              |                                |
|      | Total (add lines 1a, 1b, and 1c)  | 1d         |                              |                                |
| е    | Discount claimed for blockage or other  |            |                              |                                |
|      | factors (explain in detail in Part VI)  |            |                              |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2          |                              |                                |
| 3    | Subtract line 2 from line 1d  | 3          |                              |                                |
| 4    | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,     |            |                              |                                |
|      | see instructions)   | 4          |                              |                                |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5          |                              | ,                              |
| _6   | Multiply line 5 by 035  | 6          |                              |                                |
| 7    | Recoveries of prior-year distributions  | 7          |                              |                                |
| _8_  | Minimum Asset Amount (add line 7 to line 6)                                     | 8          |                              |                                |
| Sect | ion C - Distributable Amount  |            |                              | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1          | guard. • •                   |                                |
| 2    | Enter 85% of line 1   | 2          |                              |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3          | -                            |                                |
| 4    | Enter greater of line 2 or line 3   | 4          |                              |                                |
| 5    | Income tax imposed in prior year  | 5          |                              |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |            |                              |                                |
|      | emergency temporary reduction (see instructions)                                | 6          |                              |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | ly integra | ited Type III supporting org | anization (see                 |
|      | instructions)   |            |                              |                                |

Schedule A (Form 990 or 990-EZ) 2017

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| Schedule A | (Form 990 or 990-E   | Z) 2017 THE   | OAKS OF   | <u>ALEXAN</u>   | DRIA,                                   | LLC   |                                       |  | <u> 20-5648934</u>   | Page 8      |
|------------|--|---|---|---|---|---|---------------------------------------|--|--|-------------|
| Part VI    | Part IV, Section A<br>line 1, Part IV, Sec<br>Section D, lines 5<br>(See instructions) | I Information I lines 1, 2, 3b, 5 Stion D, lines 2 a I, 6, and 8, and I | <ol> <li>Provide the e<br/>3c, 4b, 4c, 5a, 6,<br/>and 3, Part IV, Se</li> </ol> | explanations re<br>, 9a, 9b, 9c, 1<br>ection E, lines | equired by<br>1a, 11b, ai<br>1c, 2a, 2b | Part II, line<br>nd 11c, Part<br>, 3a, and 3b | t IV, Section B,<br>b, Part V, line 1 | 17a or 17<br>lines 1 an<br>, Part V, S | b, Part III, line 12,<br>d 2, Part IV, Section<br>ection B, line 1e, F | on C,       |
|            | ••   |   |   |   |   |   |                                       |  |  |             |
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|            | 7.1.   | · · · · · · · · · · · · · · · · · · ·                                   |   | <del>-</del>  |   |   | ł'; '                                 | -                                      |  |             |
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|            |  |   |   |   |   |   |                                       |  |  |             |

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection :

**Employer identification number** Name of the organization 20-5648934 THE OAKS OF ALEXANDRIA, LLC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 24 listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

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Schedule D (Form 990) 2017

b Assets included in Form 990, Part X

| Sche  |   | S OF ALEXA            |             |                |                |             |             |                | 48934               |           |
|-------|---|-----------------------|-------------|----------------|----------------|-------------|-------------|----------------|---------------------|-----------|
| Par   | t III   Organizations Maintaining C                   | ollections of Ar      | t, Hist     | orical Tre     | asures, or     | Other :     | Simila      | r Assets       | (continu            | ed)       |
| 3     | Using the organization's acquisition, accessi         | on, and other record  | s, check    | any of the f   | following that | are a sign  | iificant u  | use of its c   | ollection it        | ems       |
|       | (check all that apply)                                |                       |             |                |                |             |             |                |                     |           |
| а     | Public exhibition                                     | C                     | , <u> </u>  | Loan or exc    | hange progra   | ıms         |             |                |                     |           |
| b     | Scholarly research                                    | 6                     | , 🗀         | Other          |                |             |             |                |                     |           |
| С     | Preservation for future generations                   |                       |             |                |                |             |             |                |                     |           |
| 4     | Provide a description of the organization's co        | llections and explain | n how th    | ey further th  | ie organizatio | n's exemp   | t purpo     | se in Part     | XIII                |           |
| 5     | During the year, did the organization solicit of      | r receive donations   | of art, his | storical treas | sures, or othe | r sımılar a | ssets       | _              | _                   |           |
|       | to be sold to raise funds rather than to be ma        |                       |             |                |                |             |             |                | Yes                 | No        |
| Par   | t IV Escrow and Custodial Arran                       |                       | ete if the  | organizatio    | n answered "   | 'Yes" on F  | orm 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 ass | ets not inc | cluded      | _              | _                   |           |
|       | on Form 990, Part X?                                  |                       |             |                |                |             |             | _              | _ Yes               | No        |
| b     | If "Yes," explain the arrangement in Part XIII        | and complete the fo   | llowing t   | able           |                |             |             |                |                     |           |
|       |   |                       |             |                |                |             | -           |                | Amount              |           |
| С     | Beginning balance                                     |                       |             |                |                |             | 1c          |                |                     |           |
| d     | Additions during the year                             |                       |             |                |                |             | 1d          |                |                     |           |
| е     | Distributions during the year                         |                       |             |                |                |             | 1e          |                |                     |           |
| f     | Ending balance  |                       |             |                |                |             | 1f          |                | <del></del>         |           |
|       | Did the organization include an amount on Fe          |                       |             |                |                | -           | ?           | L_             | _ Yes               | ∐ No      |
|       | If "Yes," explain the arrangement in Part XIII        |                       |             |                |                |             |             |                |                     |           |
| Par   | t V Endowment Funds. Complete                         |                       | swered      | "Yes" on Fo    |                |             |             |                | r                   |           |
|       |   | (a) Current year      | (b) F       | rior year      | (c) Two year   | s back (c   | ) Three     | years back     | (e) Four y          | ears back |
| 1a    | Beginning of year balance                             |                       |             |                |                |             |             |                |                     |           |
| b     | Contributions   |                       |             |                |                |             |             |                | <u> </u>            |           |
| С     | Net investment earnings, gains, and losses            |                       |             |                |                |             |             |                |                     |           |
| d     | Grants or scholarships                                |                       | ļ           |                |                |             |             |                |                     |           |
| е     | Other expenditures for facilities                     |                       |             |                |                |             |             |                |                     |           |
|       | and programs  |                       |             |                |                |             |             |                |                     |           |
| f     | Administrative expenses                               |                       | ļ           |                |                |             |             |                |                     |           |
| g     | End of year balance                                   |                       | L           |                |                |             |             |                | L                   |           |
| 2     | Provide the estimated percentage of the curr          | ent year end balanc   | e (line 1g  | 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           | •                     |             |                |                |             |             |                |                     |           |
| За    | Are there endowment funds not in the posse            | ssion of the organiza | ation tha   | t are held ar  | nd administer  | ed for the  | organiza    | ation          |                     |           |
|       | by  |                       |             |                |                |             |             |                |                     | es No     |
|       | (i) unrelated organizations                           |                       |             |                |                |             |             |                | 3a(ı)               |           |
|       | (ii) related organizations                            |                       |             |                |                |             |             |                | 3a(ıi)              |           |
| b     | If "Yes" on line 3a(ii), are the related organization | •                     |             |                |                |             |             |                | 3b                  |           |
| 4     | Describe in Part XIII the intended uses of the        | organization's endo   | wment f     | unds           |                |             |             |                |                     |           |
| Par   | t VI Land, Buildings, and Equipm                      |                       |             |                |                |             |             |                |                     |           |
|       | Complete if the organization answere                  |                       |             | 1              |                |             |             |                |                     |           |
|       | Description of property                               | (a) Cost or o         |             |                | or other       |             | umulate     |                | (d) Book            | value     |
|       |   | basis (investr        | nent)       | basis          | (other)        | depr        | eciation    | <u> </u>       |                     |           |
| 1a    | Land  |                       |             | 0.55           | 1 050          | 2 2         | 20 6        | 77             | T 000               | 207       |
|       | Buildings   |                       |             | 8,93           | 1,960.         | 5,9         | 28,6        | 13.            | 5,003               | , 401.    |
|       | Leasehold improvements                                |                       |             | 45             | 0 545          | 7           | <u> </u>    | <del>,  </del> | - 4                 | 246       |
|       | Equipment   |                       |             |                | 0,545.         | 4           | <u>69,1</u> | 99.            |                     | ,346.     |
|       | Other   | . <u></u>             |             |                | 2,500.         |             |             | <del></del>    | $\frac{162}{5,167}$ | ,500.     |
| Total | . Add lines 1a through 1e. (Column (d) must a         | gual Form 000 Part    | X colun     | on (R) line 1: | () ()          |             |             |                | J, 10/              | . 133.    |

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Employer identification number OMB No 1545-0047 2017 Open to Public Inspection (g) Defeased (h) On behalf 20-5648934 Yes No × ۵ of issuer Yes × ŝ (f) Description of purpose BONDS 2006 Yes ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. TO RETIRE ISSUED IN ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ŝ œ Supplemental Information on Tax-Exempt Bonds 740,000. Yes (e) Issue price 99. 9,625,766. 149,832. 255,000 9,740,000 ŝ σ (d) Date issued 04/18/17 Yes × (c) CUSIP# NONE LLC THE OAKS OF ALEXANDRIA, 72-0895871 (b) Issuer EIN Were the bonds issued as part of a current refunding issue? Working capital expenditures from proceeds A FACILITIES AUTHORITY Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds LOUISIANA PUBLIC (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of Issue Other spent proceeds Name of the organization Part | Bond Issues Part II | Proceeds Department of the Treasury Internal Revenue Service **SCHEDULE K** (Form 990) 우 ო S œ 6 4 9 F 13 ပ 일 œ

(i) Pooled financing Yes No

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732.121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

bond-financed property?

N

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

which owned property financed by tax-exempt bonds?

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Schedule K (Form 990) 2017

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Yes

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Yes

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Yes

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Yes

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

Part III' Private Business Use

Were the bonds issued as part of an advance refunding issue?

15 16

Has the final allocation of proceeds been made?

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| LLC         |   |
|-------------|---|
| ALEXANDRIA, |   |
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| THE         |   |
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Page 2 ·

| Part III   Private Business Use (Continued)  |             |          |               |     |     |         |     |               |
|--|-------------|----------|---------------|-----|-----|---------|-----|---------------|
|  | <b>A</b>    |          | 8             | _   |     | S       |     | ۵             |
| itracts that may result in private   | Yes         | S.       | Yes           | ν   | Yes | S)      | Yes | $\dashv$      |
| business use of bond-financed property?  |             | ×        |               |     |     |         |     |               |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside            | <del></del> |          |               |     |     |         |     |               |
| counsel to review any management or service contracts relating to the financed property?               |             |          |               |     |     |         |     | 4             |
| c Are there any research agreements that may result in private business use of bond-financed property? |             | ×        |               |     |     |         | _   | $\dashv$      |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside            |             |          |               |     |     |         |     |               |
| counsel to review any research agreements relating to the financed property?                           |             |          |               |     |     |         |     | _             |
| 4 Enter the percentage of financed property used in a private business use by                          |             |          |               |     |     |         |     |               |
| entities other than a section 501(c)(3) organization or a state or local government                    |             | %        |               | %   |     | %       |     |               |
| 5 Enter the percentage of financed property used in a private business use as a result of              |             |          |               |     |     |         |     |               |
| unrelated trade or business activity carried on by your organization, another                          |             |          |               |     |     |         |     |               |
| section 501(c)(3) organization, or a state or local government   |             | %        |               | %   |     | %       |     |               |
| 6 Total of lines 4 and 5   |             | %        |               | %   |     | %       |     |               |
| ı  |             | ×        |               |     |     |         |     |               |
| ١,   |             |          |               |     |     |         |     | H             |
|  |             | ×        |               |     |     |         |     |               |
| 1  |             |          |               |     |     |         |     | $\frac{1}{1}$ |
| b If "Yes" to line 8a, enter the percentage of bond-linanced property sold of disposed                 |             | i        |               | i   |     | ;       |     |               |
| of   | _           | %        |               | %   |     | %       |     | -             |
| 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 1 145-22   |             | ×        |               |     |     |         |     |               |
|  |             |          |               |     |     |         |     | l             |
| Far iv   Arbitrage   | •           |          |               |     |     |         |     | 6             |
|  | <b>\</b>    | <b>†</b> | <b>۵</b><br>: |     | ;   |         | ;   | د             |
| oitrage Rebate, Yield Reduction and  | Yes         | ٤ :      | Yes           | ON. | Yes | oN<br>N | Yes | 4             |
| Penalty in Lieu of Arbitrage Rebate?   |             | ×        |               |     |     |         |     | 4             |
| 2 If "No" to line 1, did the following apply?  |             |          |               |     |     |         |     | ŀ             |
| a Rebate not due yet?  |             | ×        |               |     |     |         |     |               |
| b Exception to rebate?   |             | ×        |               |     |     |         |     |               |
| c No rebate due?   |             | ×        |               |     |     |         |     |               |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was                            |             |          |               |     |     |         |     |               |
| performed  |             |          |               |     |     |         |     |               |
| 3 Is the bond issue a variable rate issue?   |             | ×        |               |     |     |         |     |               |
| ۱.,  |             |          |               |     |     |         |     |               |
|  |             | ×        |               |     |     |         |     |               |
| Namo of provider   |             |          |               |     |     |         |     | ┨             |
| Variation provides   |             |          |               |     |     |         |     |               |
| c lerm of hedge  | -           |          |               |     |     |         |     | ŀ             |
| d Was the hedge superintegrated?   |             | 1        |               |     |     |         |     | $\dashv$      |
| e Was the hedge terminated?  |             |          |               |     |     |         |     |               |
|  |             |          |               |     |     | (       |     | •             |

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| 20-5648934                 |                                 |  |
|                            |                                 |  |
| LLC                        |                                 |  |
| ALEXANDRIA, LLC            |                                 |  |
| KS OF                      |                                 |  |
| THE O                      |                                 |  |
| Schedule K (Form 990) 2017 | Part IV   Arbitrage (Continued) |  |

| ted in a guaranteed investment contract (GIQ?)  Yes   No   Yes   N | Schedule R (Form 990) 2017 1115 OARS OF ALEASANDALE, LILC.   |          |            |         |    |     |     |                            | ·              |
|--|--|----------|------------|---------|----|-----|-----|----------------------------|----------------|
| transition of the contact (GiC)?  Yes No Ves | Section in the Property of the | A        |            |         | 8  |     | C   |                            | 0              |
| to monitor the requirements of the GIC satisfied?  To monitor the requirements of the GIC satisfied?  The ferrogenary period.  The ferrogenary period.  The ferrogenary per | 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?   | Yes      | S X        |         |    | Yes | No. | Yes                        | <b>₽</b>       |
| to monitor the requirements of X   | b Name of provider   |          |            |         |    |     |     |                            |                |
| to monitor the requirements of Tyes No Yes No Yes No Yes No Yes No Yes Information for responses to questions on Schedule K. See instructions.   | c Term of GIC  |          |            |         |    |     |     |                            |                |
| to monitor the requirements of Yes No Yes No Yes No Yes O Ye | d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |          |            |         |    |     |     |                            |                |
| to monitor the requirements of Yes No Yes No Yes O Yes No Yes No Yes No Yes No Yes No Yes C No Yes No Yes A No Yes No Yes No Yes No Yes No Yes Information for responses to questions on Schedule K. See instructions  | - 1  |          | ×          |         |    |     |     |                            |                |
| to ensure that violations of rected through the voluntary valiable under applicable   X   X   X   X   X   X   X   X   X  | 7 Has the organization established written procedures to monitor the requirements of section 148?  |          | ×          |         |    |     |     |                            |                |
| to ensure that violations of rected through the voluntary valiable under applicable    Information for responses to questions on Schedule K See instructions    Information for responses to questions on Schedule K See instructions  | Part V   Procedures To Undertake Corrective Action   |          |            |         | -  |     |     |                            |                |
| No Yes No Yes No Yes See instructions  |  | ¥        |            |         | 8  |     | C   |                            | D              |
| Has the organization established written procedures to ensure that violations of closed ax requirements are timely identified and conceided through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Par VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.   |  | Yes      | No         | Yes     | No | Yes | No  | Yes                        | ο <sub>N</sub> |
| regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions  | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary  |          |            |         |    |     |     |                            |                |
| Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions  | ciosing agreement program it sentremediation for cavaliable under applicable regulations?  |          | ×          |         |    |     |     |                            |                |
|  | Part VI Supplemental Information Provide additional information for responses to directions  | Schedule | See instru | ictions |    |     |     |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
|  |  |          | •          |         |    |     |     |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
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|  |  |          |            |         |    |     |     |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
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|  |  |          |            |         |    |     | !   |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
|  |  |          |            |         |    |     |     |                            |                |
|  |  |          |            |         |    |     |     | •                          | i<br>i         |
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|  | 13-10-10-13-13-10-13-13-13-13-13-13-13-13-13-13-13-13-13-  |          |            |         |    |     | }   | Schedule A (Form 350) 20 H | - lace min     |

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

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

Attach to Form 990.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

THE OAKS OF ALEXANDRIA, LLC

Employer identification number 20-5648934

| Pai    | t I Types of Property                                |                               |                                       |  |  |                                       |
|--------|--|-------------------------------|---------------------------------------|--|--|---------------------------------------|
|        |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or  | (c) Noncash contribution amounts reported on | (d)<br>Method of do<br>noncash contrib | etermining                            |
|        | A  |                               | items contributed                     | Form 990, Part VIII, line 1g                 |  |                                       |
| 1      | Art - Works of art                                   |                               |                                       |  |  |                                       |
| 2      | Art - Historical treasures                           |                               |                                       |  |  |                                       |
| 3      | Art - Fractional interests                           | _                             |                                       |  |  |                                       |
| 4      | Books and publications                               | <del>`</del>                  |                                       |  | <del></del>                            | <u>,</u>                              |
| 5<br>6 | Clothing and household goods Cars and other vehicles |                               |                                       |  |  |                                       |
| 7      | Boats and planes                                     |                               |                                       |  |  |                                       |
| 8      | Intellectual property                                |                               | · · · · · · · · · · · · · · · · · · · |  |  | <del></del>                           |
| 9      | Securities - Publicly traded                         |                               |                                       |  | -                                      |                                       |
| 10     | Securities - Closely held stock                      |                               |                                       |  |  |                                       |
| 11     | Securities - Partnership, LLC, or                    |                               | 1                                     |  |  |                                       |
| • •    | trust interests                                      |                               |                                       | •  |  |                                       |
| 12     | Securities - Miscellaneous                           |                               |                                       |  |  |                                       |
| 13     | Qualified conservation contribution -                |                               |                                       |  |  |                                       |
|        | Historic structures                                  |                               |                                       |  |  |                                       |
| 14     | Qualified conservation contribution - Other          |                               |                                       |  |  |                                       |
| 15     | Real estate · Residential                            |                               |                                       |  |  |                                       |
| 16     | Real estate · Commercial                             |                               |                                       |  |  |                                       |
| 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                                     | 91,402.                                      | FAIR VALUE                             | AS REPORT                             |
| 26     | Other  |                               |                                       |  |  |                                       |
| 27     | Other  |                               |                                       |  |  |                                       |
| 28     | Other ▶ (  |                               |                                       |  |  |                                       |
| 29     | Number of Forms 8283 received by the organiz         | ation during                  | the tax year for co                   | ontributions                                 |  |                                       |
|        | for which the organization completed Form 828        | 33, Part IV, [                | Donee Acknowledg                      | gement 29                                    |  |                                       |
|        |  |                               |                                       |  |  | Yes No                                |
| 30a    | During the year, did the organization receive by     | contributio                   | n any property rep                    | orted in Part I, lines 1 throug              | h 28, that it                          |                                       |
|        | must hold for at least three years from the date     | of the initia                 | I contribution, and                   | which isn't required to be us                | ed for                                 |                                       |
|        | exempt purposes for the entire holding period?       |                               |                                       |  |  | 30a X                                 |
| b      | If "Yes," describe the arrangement in Part II        |                               |                                       |  |  |                                       |
| 31     | Does the organization have a gift acceptance p       | olicy that re                 | quires the review of                  | of any nonstandard contribut                 | ions?                                  | 31 X                                  |
| 32a    | Does the organization hire or use third parties of   | or related or                 | ganizations to solid                  | 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 co    | olumn (c) foi                 | a type of property                    | for which column (a) is chec                 | ked,                                   |                                       |
|        | describe in Part II                                  |                               |                                       |  |  |                                       |

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

Schedule M (Form 990) 2017

| scriedule ivi | (Form 990) 2017 THE OAKS OF ALEXANDRIA, LLC  | 20-5648934  | Pag            |
|---------------|--|---|----------------|
| Part II       | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information | and whether the organiza<br>nation of both Also com | ition<br>plete |
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732142 09-07-17

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

÷;

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

THE OAKS OF ALEXANDRIA, LLC

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

Schedule O (Form 990 or 990-EZ) (2017) \*

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled Ŷ Employer identification number 20-5648934 Open to Public Inspection × × × OMB No 1545-0047 2017 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 ε Direct controlling FOUNDATION, INC. INC. entity FOUNDATION, LEXANDRIA ALEXANDRIA .S.U AT S.U AT End-of-year assets N/A status (if section 501(c)(3)) <u>e</u> Public charity LINE 5 LINE 5 LINE 5 Related Organizations and Unrelated Partnerships Complete of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Exempt Code Ð ► Go to www.irs.gov/Form990 for instructions and the latest information. 501(C)(3) section 501(C)(3) 501(C)(3) Ē Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Attach to Form 990. LOUISIANA OUISIANA LOUISIANA RT EXHIBITS & EDUCATION ATHLETHIC ASSOCIATION Primary activity Primary activity THE OAKS OF ALEXANDRIA, LLC PROMOTE L.S.U. AT 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. ALEXANDRIA - 27-3943710 58-2024467, 8100 HWY 71 SOUTH, ALEXANDRIA, 46-4271708, 8100 HWY 71 SOUTH, ALEXANDRIA, Name, address, and EIN (if applicable) GENERALS ATHLETHIC ASSOCIATION, LLC -L.S.U AT ALEXANDRIA FOUNDATION, INC. Name, address, and EIN of related organization of disregarded entity LLC ALEXANDRIA MUSEUM OF ART, ALEXANDRIA, LA 71302 Name of the organization 8100 HWY 71 SOUTH Department of the Treasury Internal Revenue Service SCHEDULE R 71302 LA 71302 (Form 990) Part Part I 4

20-5648934

Page 2

Schedule R (Form 990) 2017 THE OAKS OF ALEXANDRIA, LLC

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

| (a)   | (q)                   | (2)                            | (p)                       | (e)   | (J)                   | (6)                  | (h)                              | Θ                           | (3)                                | (k)   |
|---|-----------------------|--------------------------------|---------------------------|---|-----------------------|----------------------|----------------------------------|-----------------------------|------------------------------------|---|
| . Name, address, and EIN of related organization  | Primary activity      | Legal<br>domicile<br>(state or | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year | Disproportionate<br>allocations? | Code V-UBI<br>amount in box | General or<br>managing<br>partner? | General or Percentage<br>managing ownership |
|   |                       | foreign<br>country)            |                           | sections 512-514)   |                       | dosets               | Yes No                           |                             | Yes No                             |   |
|   |                       |                                |                           |   |                       |                      |                                  |                             | -                                  |   |
|   |                       |                                |                           |   |                       |                      |                                  |                             |                                    |   |
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|   |                       |                                |                           |   |                       |                      |                                  |                             |                                    |   |
| 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 fuel during the tax year | ganizations Taxable a | s a Corpo                      | oration or Trust Co       | mplete if the organization                                      | on answered "Yes      | " on Form 990, Pa    | art IV, line 3                   | 4, because it had or        | ne or mo                           | re related                                  |

| Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Share of total  Share of total  Share of with  Share of total  Share of antity  CCOFD, S COFD,  Or Trust)  Are No  Name, address, and EIN  Share of total  Sha | <u></u> | b)(13)<br>rolled                               | °N        |   |  |  |  |  |   |  | _ |   | ) 2017          |
|--|---------|--|-----------|---|--|--|--|--|---|--|---|---|-----------------|
| Name, address, and EiN  Name, address, and EiN  Name, address, and EiN  Primary activity  of related organization  of rel |         | 512(<br>cont                                   | Yes       |   |  |  |  |  |   |  |   |   | 066 u           |
| Name, address, and EiN  Name, address, and EiN  Name, address, and EiN  Primary activity  of related organization  of rel | (H)     | Percentage<br>owr.ership                       |           |   |  |  |  |  |   |  |   |   | dule R (Forr    |
| Name, address, and EIN Name, address, and EIN of related organization  Of related organization   | 1       |  | dosets    |   |  |  |  |  | : |  |   |   | Sche            |
| Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Primary activity  (state or introlling isl | (J)     | Share of total income                          |           |   |  |  |  |  |   |  |   |   |                 |
| Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Primary activity  (state or introlling isl | (e)     | Type of entity (C corp, S corp,                | Or classy | - |  |  |  |  |   |  |   |   |                 |
| Name, address, and EIN of related organization   | (p)     | Direct controlling entity                      |           |   |  |  |  |  |   |  |   | - |                 |
| (a) Name, address, and EIN of related organization   | (0)     | Legal domicile<br>(state or<br>foreign         | country)  |   |  |  |  |  |   |  |   |   | ;               |
|  | (q)     | Primary activity                               |           |   |  |  |  |  |   |  |   |   |                 |
|  | (a)     | Name, address, and EIN of related organization |           |   |  |  |  |  |   |  |   |   | 732162 09-11-17 |

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

|   |     |          |  |                                  |                      | (0)   |
|---|-----|----------|--|----------------------------------|----------------------|---|
|   |     |          |  |                                  |                      |   |
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|   |     |          | ,  |                                  | type (a-s)           | ,   |
|   |     | ived     | (d)<br>Method of determining amount involved | (c)<br>Amount involved           | (b)<br>Transaction   | (a)<br>Name of related organization   |
|   |     |          | tionships and transaction thresholds         | his line, including covered rela | who must complete t  | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |
| × | Ш   | 18       |  |                                  |                      | Other transfer of cash or property from related organization(s)   |
| × |     | =        |  |                                  |                      | Other transfer of cash or property to related organization(s)   |
| × |     | 19       |  |                                  |                      | Reimbursement paid by related organization(s) for expenses  |
| × |     | 4        |  |                                  |                      | Reimbursement paid to related organization(s) for expenses  |
|   |     |          |  |                                  |                      |   |
| × |     | 은        |  |                                  | •                    |   |
| × |     | 무        |  |                                  | (s) uoi              | Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)  |
| × |     | 重        |  |                                  | inization(s)         | Performance of services or membership or fundraising solicitations by related organization(s)   |
| × |     | =        |  |                                  | ınızatıon(s)         | Performance of services or membership or fundraising solicitations for related organization(s)  |
| × | }   | <b>¥</b> |  |                                  |                      | Lease of facilities equipment or other assets from related organization(s)  |
| × |     | Ė        |  |                                  |                      | Lease of facilities, equipment, or other assets to related organization(s)  |
| × |     | ¥        |  |                                  |                      | Exchange of assets with related organization(s)   |
| × |     | 부        |  |                                  |                      | Purchase of assets from related organization(s)   |
| X |     | 19       |  |                                  |                      | Sale of assets to related organization(s)   |
| × |     | =        |  |                                  |                      | Dividends from related organization(s)  |
| 1 |     | ש        |  |                                  |                      | Lualis di tuali gualattees of telateu digalitzatioti(s)   |
| ∜ |     | ₫,       |  |                                  |                      | of loan guarantees to or for leated organization(s)   |
| × |     | 7        |  |                                  |                      | l oans or loan guarantees to or for related organization(s)   |
| X |     | 10       |  |                                  |                      | Gift, grant, or capital contribution from related organization(s)   |
| × |     | #        |  |                                  |                      | Gift, grant, or capital contribution to related organization(s)   |
| × |     | 1a,      |  | 1                                | ^                    | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |
|   |     |          | Parts II-IV?                                 | elated organizations listed in f | s with one or more r | 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?                         |
| ž | Yes |          | •  |                                  |                      | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |

20-5648934

Page 4

Schedule R (Form 990) 2017 THE OAKS OF ALEXANDRIA, LLC

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

| 3  | Percentage  | -   |   |      |          |   |   |   |      |      |       |   |  | , `  |       |   |   |   |   |   |          |  | Schedule R (Form 990) 2017 |
|--|---|---|---|------|----------|---|---|---|------|------|-------|---|--|------|-------|---|---|---|---|---|----------|--|----------------------------|
| 忊  | al or F   | 2   |   |      | $\dashv$ |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   | T        |  | E                          |
| 5  | Gener   | Yes No                                    |   | <br> | _        | _ | _ |   |      |      | <br>_ |   |  |      | <br>_ | _ | - | - | _ |   | _        |  | ] =                        |
| 9  | Disprepar- Code V-UBI General or Percentage tonne amount in box 20 managing ownership | Form 1065)                                |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  | Schedule                   |
| [  | opor-<br>nate   | Yes No                                    |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  |                            |
| Ľ  | Disp.   | es es                                     | _ |      | _        |   |   |   | <br> | <br> |       |   |  | <br> |       |   |   |   |   |   | $\dashv$ |  | 1                          |
| 3  | Share of end-of-year  | assets                                    |   |      |          |   |   | • | -    |      |       |   |  |      |       | _ |   |   | • |   |          |  |                            |
| 9  | 윤   | _   |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  |                            |
| 199  | Are all Are all 501(c)(3)   | Yes No                                    |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  | <br>1                      |
| Squisianis parties   | t incom<br>related,   | excluded from tax under sections 512-514) |   |      |          |   |   |   |      |      | •     |   |  |      |       |   |   |   |   |   |          |  |                            |
| Sion for certain may   | nicile<br>oreign  | country)                                  |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  |                            |
| inctions regarding exclusion   | Pnmary activity   |   |   |      |          |   |   |   |      |      |       |   |  |      |       |   |   |   |   |   |          |  |                            |
| unat was not a related organization. One manuscripts espacing excusion to certain investment pararelamps | Name, address, and EIN of entity  | `   |   |      |          |   |   |   |      |      |       | , |  |      |       |   |   |   |   | • |          |  | <br>,                      |

| Schedule R (Form 990) 2017                               | THE OAKS OF                           | ALEXANDRIA,                           | LLC  | 20-5648934 Pa                         |
|--|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Schedule R (Form 990) 2017 Part VII. Supplemental Inform | mation.                               |                                       |  | •                                     |
| Provide additional informa                               | ation for responses to q              | uestions on Schedule R S              | See instructions                             |                                       |
| •  | · · · · · · · · · · · · · · · · · · · |                                       |  |                                       |
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