990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	018 cale	ndar year, or tax year beginning January 1, 2018, and	ending	Dec	ember 3	1,2018						
В	Check if ap	plicable	C Name of organization University of New Orleans Research and Technology	/ Foundat	ion, Inc.	D Employe	er identification number						
	Address ch	nange	Doing business as			72-13	372848						
	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Ro	om/suite		E Telephor							
	Initial return	n l	2021 Lakeshore Drive 42	20	1	(504)	280-2800						
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code	- 1	<u>-</u> -								
	Amended r		G Gross re	ceipts \$ 14,554,875.									
		Amended return New Orleans, LA 70122 G Gross receipts \$ 14,55 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes											
		,	Greg Hammarstrom, 2021 Lakeshore Drive STE 420, New Orleans, L	A 70122									
ı	Tax-exemp	ot status		5272			list (see instructions)						
J	Website:		1/A '	"	H(c) Group	exemption	number ▶						
K	Form of org			formation			of legal domicile LA						
_	art I	Summ											
			escribe the organization's mission or most significant activities	່ດ ຮຸບກ	port ar	nv and	all programs.						
ė			ties, research, and educational opportunities offe										
Governance			e University of Louisıana System.		<i>y</i>		-1						
er			is box ▶ ☐ if the organization discontinued its operations or dispo	osed of	more than	25% of	its net assets.						
Š	1		of voting members of the governing body (Part VI, line 1a)			3	16						
	l .		of independent voting members of the governing body (Part VI, line			4	15						
ies			mber of individuals employed in calendar year 2018 (Part V, line 2a	•		5	18						
Activities &			nber of volunteers (estimate if necessary)	<i>'</i>		6	0						
Act			elated business revenue from Part VIII, column (C), line 12			7a	0.						
	L		lated business taxable income from Form 990-T, line 38			7b	0.						
			RECEIVED	·	Pnor Ye		Current Year						
a,	8 0	Contribu	tions and grants (Part VIII, line 1h)	, 431.	1,125,382.								
Revenue	1		service revenue (Part VIII, line 2g) . ROV 1 3 2019		,949.	9,418,017.							
			ent income (Part VIII, column (A), lines 3, 4, and 7d)	`.\\$\		,450.	315,040.						
Œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), . , 1-	╤┤┋┤		,821.	3,696,436.						
	12 T	otal reve	enue-add lines 8 through 11 (must equal Part VIII Column (A) line 1	1b)	11,978		14,554,875.						
	13 0	arants a	nd sımılar amounts paid (Part IX, column (A), lines 1-3)			,180.	491,652.						
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)										
S	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	1,566	,010.	1,604,693.						
nse	16a F	rofessio	onal fundraising fees (Part IX, column (A), line 11e)				· · · · · · · · · · · · · · · · · · ·						
Expenses	b T	otal fun	draising expenses (Part IX, column (D), line 25) ▶	o. 🌉									
Ω	17 (Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,385	,207.	10,064,341.						
	18 T	otal exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,225	, 397.	12,160,686.						
	19 F	Revenue	less expenses. Subtract line 18 from line 12		-246	746.	2,394,189.						
o o				Beg	inning of Cu	rrent Year	End of Year						
Net Assets or Fund Balances	20 T	otal ass	sets (Part X, line 16)		97,348	3,083.	95,774,598.						
AB	21 T	otal liab	oilities (Part X, line 26)		46,219	623.	43,276,424.						
ž	22 1	let asse	ts or fund balances. Subtract line 21 from line 20		51,128	,460.	52,498,174.						
P	art II	Signa	ture Block										
Ur	nder penalti	es of perju	iry, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to th	ne best of n	ny knowledge and belief, it is						
tri —	ie, correct, a	and comp	lete Declaration of preparer (other than officer) is based on all information of which p	reparer ha	is any knowl	edge	<i></i>						
٠.		X	JA // James /2			11-1	1-17						
Si	- 1	Sign	attire of diffice of the state		Da ^r	te							
He	ere		eg Hammarstrom, Vice President	ESK.	>								
		,	e or print name and title	-									
Pa	nid	Print/Ty	pe preparer's name Preparer's signature	Date		Check [ıf PTIN						
	eparer		Salf Drangrad		γ	self-emp	loyed						
	se Only	Firm's r	name > Ocii-Lichaica		Firm	ı's EIN ▶							
		Firm's a	address ►		Pho	ne no (5	04)280-2800						
			s this return with the preparer shown above? (see instructions) .	<u> </u>	· · · ·	· · ·	🗙 Yes 🗌 No						
Fo	Paperwo	rk Redu	ction Act Notice, see the separate instructions. BAA	REV 0	5/20/19 PRO		Form 990 (2018)						

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To support any and all programs, facilities, research, and educational opportunities
	offered by the University of New Orleans and the University of Louisiana System.
	(See Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expended, and revende, it any, for each program convice reported.
A	/Code: \/Expansos \$ 6 501 545 including exerts of \$
4a	(Code:) (Expenses \$ 6,501,545. including grants of \$ 0.) (Revenue \$ 6,851,377.)
	To create, develop, construct, operate, manage, and finance
	one or more research and technology parks, technology enterprise centers
	and other facilities and operations which promote development of
	research, development and high technology in Louisiana.
	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ 1,321,056. including grants of \$ 1,067,861.) (Revenue \$ 328,371.)
40	
	To promote cooperation between the public and private sector with respect
	to research and development; to aid in the attraction, development, and
	retention of industry in the community.
	.,
4c	(Code:) (Expenses \$ 3,871,266. including grants of \$ 491,652.) (Revenue \$ 5,934,705.)
	To support the well-being and advancement of the University of New Orleans
	by developing, expanding, and improving the University's curricula, programs,
	and facilities.
	dio racitivios.
	••••••
	.,,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 11,693,867.



Part	IV	Checklist o	f Required	Schedules

			Yes	N-
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	×	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
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	_^_	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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	×	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	×	
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		×
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		×
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 (see instructions)	17		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? [4][1][6][6][6][6][6][6][6][6][6][6][6][6][6]	21	×	
_			000	(0010)

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		×
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	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	×	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		×
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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		×
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		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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 1a 29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

				age C
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- ا	ا با دانما
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		1:::	7 .
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
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	×	
4a	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		×
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).	• •	<u>. </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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	· .		ة. معد
	and services provided to the payor?	7a		×
ь	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		×
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		
9	Sponsoring organizations maintaining donor advised funds.		4.	4 1
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.	,,		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:	7	•	r.
а	Gross income from members or shareholders	, ,		·
ь	Gross income from other sources (Do not net amounts due or paid to other sources	,		`
	against amounts due or received from them.)	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,	,	1 0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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		,	4 ;
	the organization is licensed to issue qualified health plans	, .	`. ا	
С	Enter the amount of reserves on hand	7 •		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.		,	, ,

Part '					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.				
Saati	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	<u>···</u>		×
<u>Section</u>	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16		res	. 1
	If there are material differences in voting rights among members of the governing body, or	10 10		-	
	if the governing body delegated broad authority to an executive committee or similar				ľ l
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 15	6.5		i, ",
2	Did any officer, director, trustee, or key employee have a family relationship or a business				1
	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization.	on's assets?.	5		×
6	Did the organization have members or stockholders?		6_		<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		
b	· · · · · · · · · · · · · · · · · · ·		1 a		<u>×</u>
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un				
	the year by the following:	acrianon danng			1
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	L	×
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
40-	Dud the averagination have local shorters by a set that a 0		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	 6 aab abambana	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			
	describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		13		×
14	Did the organization have a written document retention and destruction policy?		14	×	ļ.,
15	Did the process for determining compensation of the following persons include a review a		ı,ε ,		4
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official		15a		لــــا
a b′	Other officers or key employees of the organization		15a	×	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	lar arrangement	,,		.
	with a taxable entity during the year?		16a		×
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization		4 11 11	۳.٠,	
	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	j.		
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure	.			
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all the				
46	Own website Another's website Upon request Other (explain in Sc	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of int	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re-	onde	•	
_0	Andrew Pitman 2021 Inkeshere Drive New Onleans IN 70122 (50		Joius	-	

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

X

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch unles	Pos eck s pe d a d	c) ition more rson lirect	than or trust Highest compensated employee	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ě			ated				
(1) Robert W. Becker Secretary/Treasurer	1.00	×		×				0.	0.	0.
(2) David Gallo Board Member	1.00	×	•					0.	0.	0.
(3) Kenneth Flower Board Member	1.00	×						0.	0.	0.
(4) Roy Glapion Board Member	1.00	×						0.	0.	0.
(5) Patrick Gootee Board Member	1.00	×						0.	0.	0.
(6) Richard Haase Board Member	1.00	×						0.	0.	0.
(7)Michael Hecht Board Member	1.00	×						0.	0.	0.
(8) Alan Heintzen Board Vice Chair	1.00	×		×				0.	0.	0.
(9) Arnold Kirschman Board Member	1.00	×						0.	0.	0.
(10) Quentin L. Messer, Jr Board Member	1.00	×						0.	0.	0.
(11) Alvın Merlin Board Member	1.00	×						0.	0.	0.
(12) Gordon H. Mueller Board Member	1.00	×						0.	0.	0.
(13) Riley Parker Board Member	1.00	×						0.	0.	0.
(14) Russell E. Trahan, Jr Board Chair	1.00	×		×				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any	Ombor and a amount made						(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compensation from the organization and related organizations
(15)Constance Willems Board Member	1.00	×						0.		0.	0.
(16) John Nicklow Board Member	1.00	×						0.	323,9	71.	110,337.
(17) Eileen Byrne President/CEO	40.00			×				221,634.		0.	15,755.
(18) Keith Hemel Vice President/CFO	40.00			×				140,731.		0.	25,624.
(19) Gregory Hammarstrom Vice President	40.00					×		136,500.		0.	5,460.
(20) Sandi Stone Director of Real Estate	40.00					×		100,837.		0.	10,528.
(21)											
(22)				:							
(23)											
(24)											
(25)											
Sub-total	VII, Sectio		•	•	 		> >	599,702. 599,702.	323,9		167,704.
Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	
3 Did the organization list any former of employee on line 1a? If "Yes," complete s	Schedule J	for su	uch	indi	ividu	ıal					3 ×
4 For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	150,	000)? <i>II</i> 	f "Ye.	s," · ·	complete Sch	edule J for	such	4 ×
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) Name and business add		_						(B) Description of s			(C) Compensation
ABM Janitorial Services, P.O. Box 4198 Metro Security, Inc., 3226 Roman S											316,667.
										-	162,696.
Anthony's Landscaping L.L.C., 300 L & A Road, Metairie, LA 70001 Landscaping Services 158,323. Guillory Sheet Metal Works, Inc., 5704 Heebe St., Harahan, LA 70183 Metal works 156,985.											

7

Kone, Inc., PO Box 3491, Carol Stream, IL 60132-3491 Elevator Services

received more than \$100,000 of compensation from the organization ▶

Total number of independent contractors (including but not limited to those listed above) who

133,897.

Form 9	90 (2018	8)						Page 9
Pari	VIII				-			
		Check if Schedule O	contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	s 1a	-				
Gifts, Grants ilar Amounts	b	Membership dues .			,			
s, G	С	Fundraising events .	1c]			
Gift lar,	d	Related organizations	i 1d					
JS, (е	Government grants (con	,	1,125,365.				
Contributions, Gifts, Grants and Other Similar Amounts	f	· · · · · · · · · · · · · · · · · · ·		17.			:	
d d	9	Noncash contributions includ						
	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	1,125,382.			
Program Service Revenue	_			Business Code				
eve	2a	Property Opera		611710		6,851,377.	0.	0.
ě	b	Dormitory Lease		611710		1,495,800.	0.	0.
ξ	C	Contract Reven	ue	611710	1,070,840.	1,070,840.	0.	0.
Š	d							
튵	e 4	All other program con		<u> </u>				-
õ	f g	All other program sen Total. Add lines 2a-2			9,418,017.			
	3	Investment income			9,410,017.			
		and other similar amo	•	>	315,040.	0.	0.	315,040.
	4	Income from investment	•	ond proceeds ▶	31370101		<u> </u>	313,010.
	5	Royalties	·	•	328,371.	328,371.	0.	0.
		,	(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses			1			
	С	Rental income or (loss)			<u></u>			į
	d	Net rental income or ((loss)	>				-
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less. cost or other basis						Į.
		and sales expenses .						
	C	Gain or (loss)		<u> </u>				
m		Net gain or (loss) .		•				
Other Revenue	8a	Gross income from fu events (not including \$						
er Re		of contributions reported See Part IV, line 18 .						
₹	b	Less: direct expenses						
	C	Net income or (loss) f		events . >				
	9a	Gross income from ga						
		See Part IV, line 19 .						
	l	Less: direct expenses						
	100	Net income or (loss) for		vities ▶				1
	Iva	Gross sales of in returns and allowance			!			j
	_		_					
	b	Less: cost of goods s Net income or (loss) fi			-			
		Miscellaneous R		Business Code	-			
	11a	Settlement agreem		900099	3.368 065	3,368,065.	0.	0.
	b			700077	3,300,003.	3,300,003.		
	C							
	ď	All other revenue .						
	e	Total. Add lines 11a-			3,368,065			1
	12	Total revenue. See in				13,114,453.	0.	315,040.

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	•

Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	491,652.	491,652.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22			福克斯斯					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	379,525.	303,621.	75,904.					
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 8	Other salaries and wages	992,866.	889,476.	103,390.	0.				
Ū	section 401(k) and 403(b) employer contributions)	49,819.	43,146.	6,673.	0.				
9	Other employee benefits	84,787.	75,729.	9,058.	0.				
10	Payroll taxes	97,696.	80,475.	17,221.	. 0.				
11	Fees for services (non-employees):		,		•				
а	Management	5,500.	5,500.	0.	0.				
b	Legal	524,412.	492,085.	32,327.	0.				
С	Accounting	36,980.	3,500.	33,480.	0.				
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		· 2015年137777132000	CONTRACTOR AND A STATE OF THE S					
f	Investment management fees	16,944.	16,944.	0.	0.				
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	332,621.	247,824.	84,797.	0.				
12	Advertising and promotion	25,000.	25,000.	0.	0.				
13	Office expenses	142,583.	108,925.	33,658.	0.				
14	Information technology	67,686.	22,339.	45,347.	0.				
15	Royalties	239,028.	239,028.	0.	0.				
16	Occupancy	973,636.	973,636.	0.	0.				
17	Travel	491,969.	485,337.	6,632.	0.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	54,330.		18,332.	0.				
20	Interest	1,377,550.	1,377,550.	0.	0.				
21	Payments to affiliates	1							
22	Depreciation, depletion, and amortization .	2,689,069.	2,689,069.	0.	0.				
23	Insurance	9,822.	9,822.	0.	0.				
24	Other expenses. Itemize expenses not covered	THE TANK							
	above (List miscellaneous expenses in line 24e. If			1975年被持续	The state of the s				
	line 24e amount exceeds 10% of line 25, column	阿克勒斯斯克	医神经	首都認識的	医性温度				
	(A) amount, list line 24e expenses on Schedule O.)	SALE STATE OF THE SALE OF THE	(特別の事があいない)	A STATE OF THE PARTY OF THE PAR	LIES CAN STORY				
a	Federal Grants Subawards	1,067,861.	1,067,861.	0.	0.				
ь	Property Operations & maintenance	2,009,350.	2,009,350.	0.	0.				
c d.									
e.	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	12,160,686.	11,693,867.	466,819.	0.				
26	Joint costs. Complete this line only if the	12,100,000.	11,090,007.	400,019.	<u> </u>				
20	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) If	•							
		REV 05/20/19 PRO			Form 990 (2018)				

Part X Balance Sheet

Ŗ	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,620,296.	1	1,342,041.
	2	Savings and temporary cash investments	0.	2	30,424.
	3	Pledges and grants receivable, net	293,332.	3	331,892.
	4	Accounts receivable, net	1,274,687.	4	1,070,666.
	5	Loans and other receivables from current and former officers, directors,	,		÷ 1 + 4
		trustees, key employees, and highest compensated employees.	•	٠,	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		,	,
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	34,363,783.	7	33,295,000.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,310,209.	9	489,231.
	10a	Land, buildings, and equipment cost or			1 5 6 7 1, 2
		other basis. Complete Part VI of Schedule D 10a 85, 625, 940.			<u> </u>
	b	Less: accumulated depreciation 10b 39,486,633.	49,425,965.	10c	46,139,307.
	11	Investments—publicly traded securities	9,054,761.	11	13,076,037.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,050.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	97,348,083.	16	95,774,598.
	17	Accounts payable and accrued expenses	1,662,756.	17	1,727,111.
	18	Grants payable		18	
	19	Deferred revenue	3,432,330.	19	2,892,621.
	20	Tax-exempt bond liabilities	36,338,045.	20	34,479,529.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	4,088,331.	23	3,631,162.
	24	Unsecured notes and loans payable to unrelated third parties	1,000,331.	24	3,031,102.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	698,161.	25	546,001.
	26	Total liabilities. Add lines 17 through 25	46,219,623.	26	43,276,424.
es —		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.		۲.	-
ž	27	Unrestricted net assets	50,995,938.	27	52,368,261.
ख्रह	28	Temporarily restricted net assets	132,522.	28	129,913.
a E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	, ,		; , 4
õ			-		
ēţs	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
at /	32	Retained earnings, endowment, accumulated income, or other funds.	E1 100 460	32	EQ 400 174
ž	33	Total net assets or fund balances	51,128,460.	33	52,498,174.
	34	Total liabilities and net assets/fund balances	97,348,083.	34	95,774,598.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>.</u> .	. 🗵
1	Total revenue (must equal Part VIII, column (A), line 12)	1		554,8	375.
2	Total expenses (must equal Part IX, column (A), line 25)	2		160,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	394,1	189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	128,4	
5	Net unrealized gains (losses) on investments	5		245,4	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	779,0	012.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	52,	498,1	174.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		الحاج	۲.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın 🔐	',	
	Schedule O.			_	'
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 🔐		
	reviewed on a separate basis, consolidated basis, or both.		ا بره او دا		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ست		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a [5 '90	
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigl/	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant'	? 2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	in 🚉		,
	Schedule O.		ر بي د خ ک		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. За	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			_	000	·

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018 ► Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number University of New Orleans Research and Technology Foundation, Inc. 72-1372848 Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	T	,	•
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received. (Do not include any "unusual grants.")	1 707 075					7 401 450
_	- · · · · · · · · · · · · · · · · · · ·	1,727,875.	1,/31,131.	1,260,640.	1,636,431.	1,125,382.	7,481,459.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
4	Total. Add lines 1 through 3	1,727,875.	1,731,131.	1,260,640.	1,636,431.	1,125,382.	7,481,459.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	BENGAL) C		ROMBIAN VIII	1. 18 6 7 4 17	Metal Service	7,481,459.
	on B. Total Support	100 00000	1	(v v v v v v v v v v v v v v v v v v v	1-3-4	44.2 44.4	1,100,100
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
· 7	Amounts from line 4	1,727,875.	1,731,131.	1,260,640.	1,636,431.	1,125,382.	7,481,459.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	362,718.	27,747.	111,118.	251,512.	69,577.	822,672.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	30277101	2,,,,,,,,	111/110.		03/3//.	022,072.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•				
11	Total support. Add lines 7 through 10	北海 森沿岸雪	が設置に対	医空岛322000增	部部開始的	是中国特征的	8,304,131.
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	he organization	n's first, secon			ear as a section	
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2018 (line			1, column (f))		14	90.09%
15 16a	Public support percentage from 2017 Sc 33 ¹ / ₃ % support test—2018. If the organ box and stop here. The organization qua	iization did not	check the box	x on line 13, ar	nd line 14 is 30		
b	33 ¹ / ₃ % support test—2017. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the meets the "fac	e "facts-and-ots-and-ots-and-circum:	circumstances stances" test.	" test, check The organizati	this box and on qualifies as	stop here. a publicly
18	Private foundation. If the organization d instructions						

Part						···	
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	d to qualify un	der Part II.
	If the organization fails to qualify						/
Secti	on A. Public Support						·
Calen	dar year (or fiscal year beginning in) 片	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	\					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	\					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513				/		
4	Tax revenues levied for the					1	
	organization's benefit and either paid to					ĺ	
	or expended on its behalf	\					
5	The value of services or facilities	, ,					
	furnished by a governmental unit to the		\				
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			/			
b	Amounts included on lines 2 and 3					ĺ	
	received from other than disqualified		\ \ \ \ \				_
	persons that exceed the greater of \$5,000			\ /			-
	or 1% of the amount on line 13 for the year			L.Y.			
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				,		
*	line 6.)	·	,		,		
	on B. Total Support		/		r		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				<u> </u>		
10a	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	į	/		1		
_	•		7				
	Add lines 10a and 10b			<u>-</u>	`		
11	Net income from unrelated business activities not included in line 10b, whether	/				\	
	or not the business is regularly carried on						
10		/				1	
12	Other income. Do not include gain or loss from the sale of capital assets					\	
	(Explain in Part VI.)	/				\ \	
13	Total support. (Add lines 9, 10c, 11,	/	<u> </u>			\	
	and 12.)	/				\ \	
14	First five years. If the Form 990 is for the	re organization	ı's fırst secon	L third fourth	or fifth tax ve	ear as a section	501(c)(3)
• •	organization, check this box and stop he	,				1	•
Secti	organization, check this box and stop here						
15	Public support percentage for 2018 (line			13. column (f))		15	\ %
16	Public support percentage from 2017, ScI					16	\ \ %
	on D. Computation of Investment In				<u> </u>		/ /
17	Investment income percentage for 2018 (y line 13, colu	mn (f))	17	7 %
18	Investment income percentage from 2017					18	\ %
19a	331/3% support tests-2018. If the organ		•				
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz						
-	line 18 is not more than 331/3%, check this	box and <mark>stop h</mark>	ere. The organ	zation qualifies	as a publicly si	upported organi	zation
20	Private foundation. If the organization di					· ·	,

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>.) </u>	_
Secti	on A. All Supporting Organizations	_		
			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.		* ,	
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		7.1
~	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	<u> </u>	,
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.	3c		
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	7 . 7	,, .	;
_	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)) - x)		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			*
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	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 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 .	e* 5 →	·	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			1
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		٠ و ،
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	\.\.\.\.\.
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	· · ·	<u>, , , , , , , , , , , , , , , , , , , </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	"		5 ,
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			. , .

10b

determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	۴.	*,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u></u>
Secu	on B. Type I Supporting Organizations		V	
4	Did the directors trustees or membership of one or more supported examinations have the newer to	_	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		١.	
	controlled the organization's activities. If the organization had more than one supported organization,		-	- 4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u>`</u>
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	,	١,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			'
	supervised, or controlled the supporting organization.	2		
Secti	on 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		<u> </u>	
	the supported organization(s).	1		
Secti	on 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	_	٠, "	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ار.
	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?	<u></u>		ئــــا
_		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 the organization maintained a close and continuous working relationship with the supported organization(s).		 -	<u></u>
•		2		 ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	•		, i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	,	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
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 (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of) -7	-	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		_ :) '
	those supported organizations and explain how these activities directly furthered their exempt purposes,	•	•	
	how the organization was responsive to those supported organizations, and how the organization determined			, , ,
	that these activities constituted substantially all of its activities.	2a		
ь	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			٠.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		لسما
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لنذ
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		Ì

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1			
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		-
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		-	1 1
instructions for short tax year or assets held for part of year):	}		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		ر ا -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
Section C—Distributable Amount		. ,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	·	
7 Check here if the current year is the organization's first as a non-functional	ly inf	tegrated Type III supportin	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			·
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013		-	
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			-
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u> b</u>	Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
		-		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7.			
а	Excess from 2014 .			
b	Excess from 2015			
С	Excess from 2016	,		
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
	•••••••••••••••••••••••••••••••••••••••
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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.

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Schedule D (Form 990) 2018

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number University of New Orleans Research and Technology Foundation, Inc. 72-1372848 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 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 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 land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: 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: **b** Assets included in Form 990, Part X

REV 11/12/18 PRO

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

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P _a rt	Ⅲ Organizations Maintaining	Collections of A	Art, His	torical Tre	asures, or	Other Similar As	s sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her reco	rds, check a	any of the fo	llowing that are a s	ignificant use of its
а	☐ Public exhibition		d	Loan or	exchange p	rograms	
b	☐ Scholarly research						
С	☐ Preservation for future generations	;					
4	Provide a description of the organizat XIII.		ınd expla	ain how they	y further the	organization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra	ingements.					
-	Complete if the organization 990, Part X, line 21.					•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?						ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing tabl	e [.]	A	mount
C	Beginning balance					1c	
d	Additions during the year				[1d	•
е	Distributions during the year				[1e	
f	Ending balance				[1f	
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for esc	row or custo	dial account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanation h	as been pro	vided on Part XIII .	\square
Par	V Endowment Funds.						
	Complete if the organization	answered "Yes"	on For	m 990, Pai	rt IV, line 10).	
		(a) Current year	(b) Pri	or year (e	c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses			}			
g	End of year balance						
2	Provide the estimated percentage of t			e (line 1g, c	olumn (a)) he	eld as:	
а	Board designated or quasi-endowmer	nt ▶	%				
b	Permanent endowment ▶	%	-				
С	Temporarily restricted endowment ▶	···· %					
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.				
3a	Are there endowment funds not in the	e possession of th	e organi	zation that a	are held and	administered for th	e _
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related or						3b
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment fund	ds.		
Part	VI Land, Buildings, and Equip	ment.					
	Complete if the organization	answered "Yes"	' on For	m 990, Pai	rt IV, line 11	a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme		(b) Cost or of (other	I	(c) Accumulated depreciation	(d) Book value
1a	Land		•	-			
b	Buildings	. 85,302	2,824.	_		39,437,233.	45,865,591.
c	Leasehold improvements		3,573.		_	0.	258,573.
ď	Equipment		7,543.			49,400.	8,143.
e	Other		7,000.			0.	7,000.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	K, column (E	3), line 10c)		46,139,307.

Part VII	Complete if the organization answ		m 990 Part IV II	ne 11h See Form	2000 Part V June 12
	(a) Description of security or category		(b) Book value		thod of valuation
	(including name of security)		(b) book value		l-of-year market value
(1) Financia	I derivatives		· · · · · · · · · · · · · · · · · · ·		
	held equity interests				
	· · · · · · · · · · · · · · · · · · ·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	··				
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12) ▶			W.SEW	
Part VIII	Investments—Program Related				
	Complete if the organization answ	vered "Yes" on For	n 990, Part IV, I		
	(a) Description of investment		(b) Book value		thod of valuation
	- · · · · · · · · · · · · · · · · · · ·			Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·				•
(6)					
(7)				<u> </u>	
(8)					
(9) Total (Column	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ	vered "Yes" on Form	n 990 Part IV li	ne 11d. See Form	990 Part X line 15
) Description	11 000, 1 411 14, 11	110 114. 000 1 0111	(b) Book value
(1)		·			
(2)		 			
(3)				- .	
(4)					-
(5)					
(6)					
(7)					
(8)	•				
_(9)					
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .	· · · · · ·	▶	
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" on Forr	n 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
<u> </u>	line 25.			-	
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
	ity Deposits	66, 4			
	ance Recovery	149,1			
	eld for the University of New Orleans	330,4	1 / ·		
(5) (6)					
(7)					
(8)					
(9)		 -			
	(b) must equal Form 990, Part X, col (B) line 25) ▶	F10 0			
· otal. (COlumn	(v) must equal 1 om 330, Falt A, COI (D) line 20)	546,0	J.L. TARKENSEN	and the state of the state of the	

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

Part			Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		_1	14,292,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	045 460		
a	Net unrealized gains (losses) on investments	-245,462.		
b			.[]	
c d	` ' *		•	
u e	Other (Describe in Part XIII.)			245 462
3	Subtract line 2e from line 1		2e 3	-245,462.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	14,537,930.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	16,944.		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	1.	4c	16,945.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,554,875.
Part				
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	12,922,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			12/322/134.
а	Donated services and use of facilities		,	
ь	Prior year adjustments		: -	
С	Other losses		٦,	
d	Other (Describe in Part XIII.)	779,012.	-	
е	Add lines 2a through 2d		2e	779,012.
3	Subtract line 2e from line 1		3	12,143,742.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	16,944.		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	16,944.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .		5	12,160,686.
	XIII Supplemental Information.			-
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			
Pt X	II, Line 2d: Loss from impairment of assets		·	
Pt X	I, Line 4b: rounding			
	······		•	
•••••				
		•		••
				•
			·	
-	······		· :	

chedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
		,
	·	
•••••		
	·	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 20**18**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number University of New Orleans Research and Technology Foundation, Inc. 72-1372848 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ▼ Yes □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in region (by type) (such as, expenditures for a program service, agents, and fundraising, program services, the region describe specific type of and investments independent investments, grants to recipients located in the region) service(s) in the region in the region contractors in the region (1) Europe 0 Program Services Student Education 491,394. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Subtotal 0 За 0 491,394. Total from continuation sheets to Part I 0

Totals (add lines 3a and 3b)

491,394

0

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation • (book, FMV, appraisal, other)																:	
(h) Description of noncash assistance																	x-exempt
(g) Amount of noncash assistance																	try, recognized as ta
(f) Manner of cash disbursement						i i :											nat are recognized as charities by the foreign country, recognized as tax-exempt d a section 501(c)(3) equivalency letter
(e) Amount of cash grant																	ognized as charities 501(c)(3) equivalen
(d) Purpose of grant							•										Enter total number of recipient organizations listed above that are recognized as charities by the forby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region																	Enter total number of recipient organizations listed above the by the IRS, or for which the grantee or counsel has provided
(b) IRS code section and EIN (if applicable)																	mber of recipier for which the g
1 (a) Name of organization	(1)	(2)	(3)	(4)	. (5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 Enter total nur by the IRS, or

REV 11/05/18 PRO

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(h) Method of valuation (book, FMV. • appraisal, other)																			Schedule F (Form 990) 2018
(g) Description of noncash assistance																			Sch
(f) Amount of noncash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																			REV 11/05/18 PRO
of grant or assistance (b) Region (c) Number of recipients																			
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	ВАА

BAA

Schedule F (Form 990) 2018

Schedu	lę F (Form 990) 2018		Page
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

REV 11/05/18 PRO

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: The Foundation pays vendors directly in Austria for room and board
expenses for University studentś participating in International Studies Program.
The University has on-site personnel who monitor funded activities.
Pt I Line 3 Col (F): Room and board expenses for approximately 250 University
students to study abroad for 6 weeks in Austria
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2018

OMB No. 1545-0047

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

Open to Public Inspection

University of New Orleans Research and Technology Foundation, Inc. Part General Information on Grants and Assistance Name of the organization

Employer identification number 72-1372848

Schedule I (Form 990) (2018)	Schedule I (Fo				PRO	1s tor Form 990. REV 11/06/18 PRO	see the Instruction	For Paperwork Keduction Act Notice, see the Instructions for Form 990. REV 11/06
0	▲ .					d in the line 1 table	rganizations lister	3 Enter total number of other organizations listed in the line 1 table
2	A			ine 1 table	tions listed in the l	vernment organiza	1501(c)(3) and go	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
								(12)
:				ı				(11)
								(10)
								(6)
								(8)
								(Δ)
								(9)
								(5)
								(4)
								(6)
Support	Program Su		Book		46, 608.	501(c)3	72-1051326	(2) Univ. of New Orleans Foundation 2021 Lakeshore Drive New Orleans LA 70122
Support	University		Book		445,044.	501(c)3	72-0702000	(1) University of New Orleans 2000 Lakeshore Drive New Orleans LA 70148
of grant ance	(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(p) EIN	1 (a) Name and address of organization or government
Form 990,	ered "Yes" on	inizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, e than \$5,000. Part II can be duplicated if additional space is needed.	ents. Complete ited if additional	nestic Governm Il can be duplica	tations and Donran \$5,000. Part	omestic Organizate received more t	ssistance to Do	Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mor
§	X		States.	nds in the United	the use of grant fu	or assistance? ires for monitoring	award the grants ization's procedu	the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
[for the grants or assistanc	rantees' eligibility	r assistance, the g	unt of the grants or	stantiate the amo	ain records to sub	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Schedule I (Fr	Schedule I (Form 990) (2018)					Page 2	
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed.	Is. Complete if the	organization answ	ered "Yes" on Form 990,		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
₩							
2							
က							
4							
ro							
9							
7							
Part IV	Supplemental Information. Provide the information		equired in Part I, line	e 2; Part III, column	required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.	
	())) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1 1 1 1 1 1 1 1 4 4 6 1 1							
				1			
BAA		REV 11/06/18 PRO	0			Schedule I (Form 990) (2018)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

University of New Orleans Research and Technology Foundation, Inc. 72-1372848 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ▼ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ▼ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. × 4a X **b** Participate in, or receive payment from, a supplemental nongualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a X 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a × 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 × 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

000 0 (F) Compensation in column (B) reported as deferred on prior Form 990 0 Schedule J (Form 990) 2018 Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 238,077. 167,089. (E) Total of columns (B)(I)—(D) 434,308 0 7,443. 20,349. (D) Nontaxable benefits 6,009. 9,000. 0 91,000 (C) Retirement and other deferred compensation 0 0 00 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VIII 0 000 (ii) Bonus & incentive compensation REV 11/05/18 PRO 0 221,634. 140,731. 316,771. (i) Base compensation ≘ ≘ Ξ Ξ Ξ EE (E) \equiv Ξ \in Ξ Ξ Ξ ≘ ≘ ΞΞ ≘≘ 3 Vice President/CFO (A) Name and Title 2 President/CEO Eileen Byrne John Nicklow 1 Board Member Keith Hemel 4 Ŋ 9 7 ω 0 2 4 5 4 5 9 F

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SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

2018

OMB No 1545-0047

Open to Public Inspection

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

Inspection of Employer identification number 72-1372848

(i) Pooled financing Schedule K (Form 990) 2018 Yes No Yes No × ŝ (h) On behalf of × Δ Yes (g) Defeased Yes No × ŝ Defease Series 2006 Bonds O (f) Description of purpose Yes ŝ œ Cat No 50193E Yes 08/28/2014 38,974,068. (e) Issue price 974,068 38, 173, 924 800,144 ŝ × New Orleans Research and Technology Foundation, Inc. ⋖ 38, (d) Date issued Yes × × × Were the bonds issued as part of a refunding issue of taxable bonds (or, if Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, (c) CUSIP # 546398 For Paperwork Reduction Act Notice, see the Instructions for Form 990. A Louisiana Public Facilities Authority 72-0895871 (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion . . Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Issuance costs from proceeds . Proceeds in refunding escrows. final allocation of proceeds? Other spent proceeds . . . Other unspent proceeds . Amount of bonds retired . Total proceeds of issue (a) Issuer name Bond Issues Proceeds University of Part I N 4 S 9 8 0 유 16 압 4 15 8 O 11 17

Part III	Part III Private Business Use								Z aĥe L
		A		8		S		٥	
< -	Was the organization a partner in a partnership, or a member of an LLC, $$	Yes	N _O	Yes	No	Yes	No	Yes	No
*	which owned property financed by tax-exempt bonds?		×						
2 A D	Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a A b	contracts that m		×						
₽ 8	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c P A	Are there any research agreements that may result in private business use of bond-financed property?		×						
७	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.		0.000.0		%		%		%
ਨ ਜੁਸ਼	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, and the percentage of the property of the property of the percentage o				•		70		6
9	Total of lines 4 and 5		% 0000 0		% %		% %		%
	ű.				0/				2
88 E	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						,
<u>₽</u> 0	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<u>ဗ</u> အ	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<u>ெ</u>	as the organization established written orqualified bonds of the issue are remaguirements under Regulations section	×							
Part IV	Arbitrage	•						'	
•	Has the Issuer filed Form 8038-T. Arbitrage Rebate. Yield Reduction and	Yos	2	A Voc	2	ر دور د	2	ر دود	2
	Penalty in Lieu of Arbitrage Rebate?	×	2	2				3	
2 2	If "No" to line 1, did the following apply?								
	Exception to rebate?								
z v	No rebate due?								
± ā.	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				_				
3 Is	Is the bond issue a variable rate issue?		×						
								Schedule K (Form 990) 2018	ırm 990) 2018

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4 20 - ⁻				2		200	2	6	
2									
- [1								
	lerm of nedge		1						
> 0	Was the hedge superintegrated?								
S	Was the hedge terminated?								
5a V	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×							
۵	Name of provider								
1							:		
-1	Man the reculost of parties for contabilishing the four market in the following the collections of the collections and the collections are the collections and the collections are the collections and the collections are the col								
_	was the regulatory safe figure for establishing the rail figure of the CIC satisfied:			+					
9 /-	× 1—	× ×			··· -				
	5								
Par v	Procedures to Undertake Corrective Action								
		⋖		Ω		C		1	D
٠,	Has the organization established written procedures to ensure that violations	Yes No		Yes	ş	Yes	N _o	Yes	°N
υ >	cted through the								
w		×							
Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	ses to questing	ons on S	chedule	K. See in	structions			
									!
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Schedule K (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number				
University of New Orleans Research and Technology Foundation, Inc.	72-1372848				
Other: Part 1 Line 1/Part 3 Line 1-Summary continued					
-To encourage teaching, research, scholarship, and services,	and increase				
the University's benefits to the citizens of the State of Louisia	na, the United				
States of America and the world. To create, develop, construct, o	perate, manage				
and finance one or more research and technology parks, technology	enterprise				
centers and other facilities and operations which promote develop	ment of research				
and high technology in Louisiana. To promote cooperation between	public and private				
sectors with respect to research and development.					
Pt VI, Line 11b: The 990 is reviewed by the Foundation President/C	CEO, Vice President/CFO,				
and Director of Accounting prior to submission. A copy is provided to the Board					
Treasurer.					
Pt VI, Line 12c: Board Members sign a conflict of interest statem	ent and management				
verifies ownership of entities prior to executing contracts.					
Pt VI, Line 15a: Compensation is evaluated based upon salary stat	istics of comparable				
organizations within the geographic region.					
Pt VI, Line 15b: Compensation is evaluated based upon salary stat	istics of comparable				
organizations within the geographic region.					
Pt VI, Line 19: All documents are available on request.					
Pt XI: Line 9: Loss due to impairment of assets					
Pt VII, Col (E): Differences in salaries listed in 990 part VII a	nd Schedule				
J part II relate to "other compensation" not reportable in Part V	II but reportable				
in Schedule J part II due to the \$10,000 per-item exception					

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

University of New Orleans Research and Technology Foundation, Inc.

Open to Public Inspection,

Employer identification number 72-1372848 (f)
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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (9) Part II

one of more references as a second of a meaning the tax year.	חווות ווופ ומע אבמו.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Illed
	,					Yes	N _o
(1) University of New Orleans 72-0702000 2000 Lakeshore Drive New Orleans LA 70148	Higher Education LA	LA	501 (c) 3	170 (b) (1) (A) (11) NA	AN		×
(2)							
(3)							
(4)							
(5)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA	90. BAA REV 05/17/19 PRO	/19 PRO			Schedule R (Form 990) 2018	(Form 990) 2018

Schedule R (F	Schedule R (Form 990) 2018										:			Page 2
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organizatecause it had one or more related organizations treated as a partnership during the tax year.	Related Organize	ations Taxab organization	le as a l	Partnership.	Complete i	if the org	ganization a year.	ınswere	d "Yes"	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.), Part IV,	, line 3	
Name rel	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Directi	Direct controlling F entity ex	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income		(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(20 managing (-1 , partner?)		(k) Percentage ownership
										Yes No	0	Yes	No	
(1)	·													
(2)														
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(4)														
(5)														
(9)													 	
(2)														
Part IV	Identification of Related Organizations Taxable line 34, because it had one or more related organizations.	cation of Related Organizations Taxable as a Corporation or Trust. Complete if the organization as because it had one or more related organizations treated as a corporation or trust during the tax year.	related organ	le as a (Corporation s treated as	or Trust. Ca corporatio	complete	if the orga st during th	nization e tax ye	answe ar.	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	Form 99	0, Par	t IV,
Nam	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)		Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	Sectio	(i) Section 512(b)(13) controlled entity?
													Yes	Š
(1)														
(2)													ļ	
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Schedule R (Form 990) 2018 Part V Transac	m 990) 2018 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,	ered "Yes" on Forn	990, Part IV, line	34, 35b, or 36.		Pag .	Page 3
Note: Con	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	nzations listed in Part	s II–IV?	- - 	Yes	oN .
a Rece b Gift,	Receipt of (i) interest, (ii) annuities, (iii) royalites, or (iv) rent from a controlled entity				₽ ₽	×	×
c Gift,	Gift, grant, or capital contribution from related organization(s)				10		_×
d Loan	Loans or loan guarantees to or for related organization(s)				19		×
e Loan	Loans or loan guarantees by related organization(s)	•			a	<u>,</u>	×
f Divid	Dividends from related organization(s)				=	1	٦ _×
g Sale	Sale of assets to related organization(s)				19		×
h Purc	Purchase of assets from related organization(s)				1	_	_×
i Exch	Exchange of assets with related organization(s)				;=		_×
j Leas	Lease of facilities, equipment, or other assets to related organization(s)	•	•		;	× ′.	
, A	l ease of facilities equipment or other assets from related organization(s)				= -	. . ×	7
	Performance of services or membership or fundraising solicitations for related organization(s)				+	×	1
n Perfc	Performance of services or membership or fundraising solicitations by related organization(s)				Ę	<u> </u>	×
n Shar	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				5	<u> ^</u>	×
o Shar	Sharing of paid employees with related organization(s)				10		×
					-}	, <u> </u>	٦
D Kelm	Heimbursement paid to related organization(s) for expenses				0 5	××	1
	bulseriietii pala by telated vigatiikatioti(s) tot experises						-
r Othe	Other transfer of cash or property to related organization(s)				^ -	l _×	7
,	Other transfer of cash or property from related organization(s)				18		_×
2 If the	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.	emplete this line, incli	uding covered relation	nships and transac	tion thres	holds	ا. ا
-	(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of de ermining amount involved	(d) ning amount ii	involvec	ס
(1)							
(2)					:		
(9)							
(4)							1
(2)							
(9)							
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) (b) (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners section	rtners	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20	(J) General or managing		(k) Percentage ownership
		country)	unrelated, excluded from tax under sections 512—514)	organizations	(S)		assets	>	2	(Form 1065)	bad >	وزر	
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ВАА			REV 05/	REV 05/17/19 PRO					1	Schei	dule A	(Form	Schedule R (Form 990) 2018

Schedule R (F	Form 990) 2018	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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