

UofL Foundation Board of Directors

<u>Directors</u>	<u>Term Expires</u>	<u>Length of Term</u>
Ronald Abrams	6/30/2019	2 years
Mike Bowers	6/30/2018	1 year
Paul Carrico	6/30/2019	2 years
Laura Douglas	6/30/2019	2 years
J. David Grissom*	6/30/19	2 years
Donna Heitzman	6/30/2018	1 year
Alice Houston	6/30/2019	2 years
Mark Lynn	6/30/2018	1 year
Diane B. Medley, Chair*	6/30/2018	1 year
Tom Meeker	6/30/20	3 years
Earl Reed	6/30/2019	2 years
Nitin Sahney*	6/30/2020	3 years
John Schnatter*	6/30/2018	1 year
Vincent Tyra	6/30/2018	1 year
Dr. Greg Postel - UofL President	Ex-Officio	

Note: UofL Foundation Directors listed in red are members of the UofL Board of Trustees.

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: RONALD W. ABRAMS

Check all covered companies and note average hours spent per week. **Average hours per week:**

Organization	Average hours per week:
<input checked="" type="checkbox"/> UofL Foundation (ULF)	<u>2</u>
<input type="checkbox"/> UofL Housing (ULH)	
<input type="checkbox"/> University Holdings, Inc. (UHI)	
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	

Other Entity(s):
UNIVERSITY

1/2

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: RONALD W. ABRAMS

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: RONALD W. ABRAMS

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

YES NO

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

YES NO

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

YES NO

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

YES NO

If "Yes," explain and, specify which one if you checked multiple organizations above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: ROBERT W. ABRAMS

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

9) Do you have any loans to or from an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Richard W Abrams

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: Richard W Abrams
Date: 12/28/16

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: C.M. Bowers

Check all covered companies and note average hours spent per week.

Average hours per week:

Organization	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	10
<input type="checkbox"/> UofL Housing (ULH)	0
<input type="checkbox"/> University Holdings, Inc. (UHI)	0
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	0
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	0
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	0
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	0
<input type="checkbox"/> Other Entity(s):	0

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Z. Desires

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Zaworski

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: _____

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: _____

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?


YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: 
Date: 3/14/17

<input type="checkbox"/>	<input type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Paul Carrero

<u>Organization</u>	Average hours per week:
UofL Foundation (ULF) <input type="checkbox"/>	[]
UofL Housing (ULH) <input type="checkbox"/>	[]
University Holdings, Inc. (UHI) <input type="checkbox"/>	[]
The Nucleus Real Properties, Inc. (TNRP) <input type="checkbox"/>	[]
UofL Real Estate Foundation, Inc. (ULREF) <input type="checkbox"/>	[]
Pediatric Medical Office Building, Inc. (PMOB) <input type="checkbox"/>	[]
Louisville Medical Center Development Corporation (LMCDC) <input type="checkbox"/>	[]
Other Entity(s):	[]

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed
Name: Paul Carrino

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: PAUL CARPINO

3) Do you or an affiliated person, in combination with other affiliated person(s)" own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: DAVE CARRICO

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Don Carreico

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Signature: Don Carreico
Date: 1/4/2017

<input type="checkbox"/>	<input type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
 FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Laura M. Douglas

Organization	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	10
<input type="checkbox"/> UofL Housing (ULH)	
<input type="checkbox"/> University Holdings, Inc. (UHI)	
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	
<input type="checkbox"/> Other Entity(s):	

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Laura M. Douglas

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

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Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name: Laura M. Douglas

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

I serve as a Director of Republic Bank which does business with the University of Louisville.

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name: Laura M. Douglas

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Laura M. Douglas

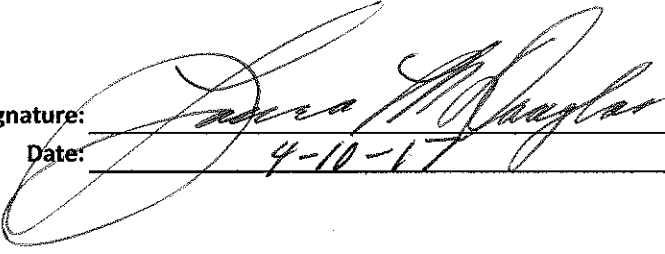
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: 
 Date: 4-10-17

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: J DAVID GRISSEM

<u>Organization</u>	per week. Check all covered companies and note average hours spent	Average hours per week:
UofL Foundation (ULF)	<input type="checkbox"/>	<input type="text"/>
UofL Housing (ULH)	<input type="checkbox"/>	<input type="text"/>
University Holdings; Inc. (UHI)	<input type="checkbox"/>	<input type="text"/>
The Nucleus Real Properties, Inc. (TNRP)	<input type="checkbox"/>	<input type="text"/>
UofL Real Estate Foundation, Inc. (ULREF)	<input type="checkbox"/>	<input type="text"/>
Pediatric Medical Office Building, Inc. (PMOB)	<input type="checkbox"/>	<input type="text"/>
Louisville Medical Center Development Corporation (LMCDC)	<input type="checkbox"/>	<input type="text"/>
Other Entity(s):	<input type="text"/>	

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

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Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

<u>YES</u>	<u>NO</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: _____

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

I have no conflicts.

Signature: *J. D. [Signature]*
Date: 3/25/17

<input type="checkbox"/>	<input type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: DONNA HEITZMAN

Check all covered companies and note average hours spent per week. **Average hours per week:**

<u>Organization</u>	<input type="checkbox"/>	Average hours per week:
UofL Foundation (ULF)	<input type="checkbox"/>	<u>10</u> 7
UofL Housing (ULH)	<input type="checkbox"/>	_____
University Holdings, Inc. (UHI)	<input type="checkbox"/>	_____
The Nucleus Real Properties, Inc. (TNRP)	<input type="checkbox"/>	_____
UofL Real Estate Foundation, Inc. (ULREF)	<input type="checkbox"/>	<u>3</u>
Pediatric Medical Office Building, Inc. (PMOB)	<input type="checkbox"/>	_____
Louisville Medical Center Development Corporation (LMCDC)	<input type="checkbox"/>	_____
Other Entity(s):	<input type="checkbox"/>	_____

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Donna L. Heit

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

	<u>YES</u>	<u>NO</u>
1) Do you or an affiliated person conduct business with an organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: DONNA HEITZMAN

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

Member of Board of Directors of Stock Yards Bank & Trust Co. which has a ~~substantive~~ guaranty by the Foundation for an ~~substantive~~ loan

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I became aware of such conflict at the April 25, 2017 Board meeting of the Foundation.

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: DONNA L. HEITZMAN

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Downa L. Heitzman

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: Downa L. Heitzman
Date: March 14, 2017

<input type="checkbox"/>	<input type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Alice K. Houston

Check all covered companies and note average hours spent per week. **Average hours per week:**

Organization	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	1
<input type="checkbox"/> UofL Housing (ULH)	0
<input type="checkbox"/> University Holdings, Inc. (UHI)	0
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	0
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	0
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	0
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	0
<input type="checkbox"/> Other Entity(s):	0

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Alicia K. Houston

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name:

Alia Houston

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Alice Houlton

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Alice Houston

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

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Signature: Alice G. Houston
Date: 12/21/16

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Mark LYNN

Check all covered companies
and note average hours spent

Average
hours per
week:

Organization per week.

<input checked="" type="checkbox"/>	UofL Foundation (ULF)	5
<input type="checkbox"/>	UofL Housing (ULH)	
<input type="checkbox"/>	University Holdings, Inc. (UHI)	
<input type="checkbox"/>	The Nucleus Real Properties, Inc. (TNRP)	
<input type="checkbox"/>	UofL Real Estate Foundation, Inc. (ULREF)	
<input type="checkbox"/>	Pediatric Medical Office Building, Inc. (PMOB)	
<input type="checkbox"/>	Louisville Medical Center Development Corporation (LMCDC)	
	Other Entity(s):	

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Mark Lynn

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

My office are the Official Vision Care Provider for UofL Athletes

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

See Above

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Mark Lynn

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

See # 1

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

See # 1

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Mark Lynn

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Mark Lynn

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: [Handwritten Signature]
Date: 12/29/16

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Diara Medley

Check all covered companies
and note average hours spent
per week.

**Average
hours per
week:**

<u>Organization</u>	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	<input type="text"/>
<input type="checkbox"/> UofL Housing (ULH)	<input type="text"/>
<input type="checkbox"/> University Holdings, Inc. (UHI)	<input type="text"/>
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	<input type="text"/>
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	<input type="text"/>
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	<input type="text"/>
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	<input type="text"/>
Other Entity(s):	<input type="text"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Diane Medley

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Dave Medley

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Diane Medley

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Diane Medley

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Signature: *Diane Medley*
Date: 12/21/16

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: Thomas Meeker

Check all covered companies and note average hours spent per week. **Average hours per week:**

Organization	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	1
<input type="checkbox"/> UofL Housing (ULH)	0
<input type="checkbox"/> University Holdings, Inc. (UHI)	0
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	0
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	0
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	0
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	0
<input type="checkbox"/> Other Entity(s):	0

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: _____

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: *J. M. Merino*
Date: Mar 14, 17

<input type="checkbox"/>	<input type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Gregory C. Pastelino

Organization	Check all covered companies and note average hours spent	Average hours per week:
UofL Foundation (ULF)	<input type="checkbox"/>	1
UofL Housing (ULH)	<input type="checkbox"/>	1
University Holdings, Inc. (UHI)	<input type="checkbox"/>	1
The Nucleus Real Properties, Inc. (TNRP)	<input type="checkbox"/>	1
UofL Real Estate Foundation, Inc. (ULREF)	<input type="checkbox"/>	1
Pediatric Medical Office Building, Inc. (PMOB)	<input type="checkbox"/>	1
Louisville Medical Center	<input type="checkbox"/>	7
Development Corporation (LMCDC)	<input type="checkbox"/>	1
Other Entity(s):	<input type="checkbox"/>	1

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: Gregory C. Postel, MD

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name:

Gregory C Postelmo

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

PMOB, LLC U of L

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name:

Gregory C. Postelmo

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed

Name:

Gregory C. Pastelino

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature:

Gregory C. Pastelino

Date:

4/3/17

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: W/ EMMETT REED, JR.

<u>Organization</u>	Check all covered companies and note average hours spent	Average hours per week:
UofL Foundation (ULF) <input checked="" type="checkbox"/>		3
UofL Housing (ULH) <input type="checkbox"/>		[]
University Holdings, Inc. (UHI) <input type="checkbox"/>		[]
The Nucleus Real Properties, Inc. (TNRP) <input type="checkbox"/>		[]
UofL Real Estate Foundation, Inc. (ULREF) <input checked="" type="checkbox"/>		3
Pediatric Medical Office Building, Inc. (PMOB) <input type="checkbox"/>		[]
Louisville Medical Center Development Corporation (LMCDC) <input type="checkbox"/>		[]
Other Entity(s):		[]

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name: W. Edgar Reed, Sr.

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: W. EARL REED III

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: W ELL Read

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: W EARL REED, III

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<input type="checkbox"/>	<input type="checkbox"/>
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Signature: W Earl Reed, III
Date: 4-5-2017

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: NITIN SANNIY

Check all covered companies and note average hours spent per week. **Average hours per week:**

Organization	Average hours per week:
<input type="checkbox"/> UofL Foundation (ULF)	
<input type="checkbox"/> UofL Housing (ULH)	
<input type="checkbox"/> University Holdings, Inc. (UHI)	
<input type="checkbox"/> The Nucleus Real Properties, Inc. (TNRP)	
<input type="checkbox"/> UofL Real Estate Foundation, Inc. (ULREF)	
<input type="checkbox"/> Pediatric Medical Office Building, Inc. (PMOB)	
<input type="checkbox"/> Louisville Medical Center Development Corporation (LMCDC)	
Other Entity(s):	

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: _____

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

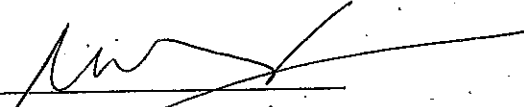
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: 
Date: 2/23/17

<input type="checkbox"/>	<input type="checkbox"/>
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**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: John H. Schnatter

<u>Organization</u>	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Foundation (ULF)	<input checked="" type="checkbox"/>	1
UofL Housing (ULH)	<input type="checkbox"/>	
University Holdings, Inc. (UHI)	<input type="checkbox"/>	
The Nucleus Real Properties, Inc. (TNRP)	<input type="checkbox"/>	
UofL Real Estate Foundation, Inc. (ULREF)	<input type="checkbox"/>	
Pediatric Medical Office Building, Inc. (PMOB)	<input type="checkbox"/>	
Louisville Medical Center Development Corporation (LMCDC)	<input type="checkbox"/>	
Other Entity(s):		

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: John H. Schnatter

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

<u>YES</u>	<u>NO</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

Pursuant to an agreement with the University of Louisville dated May 16, 1996 (and as subsequently amended on 9/26/00, 8/27/07 and 3/4/16), Mr. Schnatter made a contribution to the University of Louisville Foundation of \$671,979 on December 12, 2016 and has one remaining installment due of approximately \$400,000 due in 2017.

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

**CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017**

Printed Name: John H. Schnatter

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: John H. Schnatter

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
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8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
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9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
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10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

<u>YES</u>	<u>NO</u>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
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CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: John H. Schnatter

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

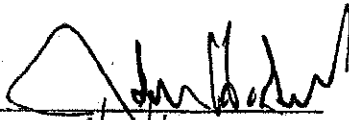

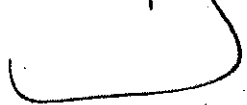
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature:

Date:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: VINCE TYRA

<u>Organization</u>	Average hours per week:
UofL Foundation (ULF) <input type="checkbox"/>	5
UofL Housing (ULH) <input type="checkbox"/>	0
University Holdings, Inc. (UHI) <input type="checkbox"/>	0
The Nucleus Real Properties, Inc. (TNRP) <input type="checkbox"/>	0
UofL Real Estate Foundation, Inc. (ULREF) <input type="checkbox"/>	0
Pediatric Medical Office Building, Inc. (PMOB) <input type="checkbox"/>	0
Louisville Medical Center Development Corporation (LMCDC) <input type="checkbox"/>	0
Other Entity(s):	0

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: VINCE TYRA

When used below, the term "affiliated persons" include the following: (i) your spouse, domestic partner, child, mother, father, brother or sister; (ii) any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and (iii) any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

When used below, the term "business transactions" include, but are not limited to, contracts of sale, lease, license and performance of services, whether initiated during a Covered Company's tax year or ongoing from a prior year. Business transactions also include joint ventures in which either the profits or capital interest of the organization and of the interested person exceeds 10%.

Business Transactions with Organization

1) Do you or an affiliated person conduct business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2) Do you or an affiliated person own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
 Name: VINCE TYRA

3) Do you or an affiliated person, in combination with other affiliated person(s) own 35% of an entity (C-corporation, S-corporation, Partnership, LLC or other entity type), directly or indirectly, that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4) Do you or an affiliated person, serve as an officer, director, trustee, or key employee of an entity that does business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) Do you or an affiliated person serve as a partner, member, or shareholder of an entity (with ownership interest in excess of 5% of a partnership or professional corporation) that conducts business with an organization?

If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed Name: VINCE TYRA

7) Did you or an affiliated person receive grants or other assistance, including provision of goods, services, or use of facilities from an organization? Grants include scholarships, fellowships, internships, prizes, and awards.

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8) Do you have 35% control in an entity that received grants or other assistance, including provision of goods, services, or use of facilities from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

9) Do you have any loans to or from an organization?

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10) Are you aware of any excess benefit transactions to report? An excess benefit transaction is where an organization is directly or indirectly provided an economic benefit where the value of the benefit exceeds the value of the consideration received by the organization.

If "Yes," explain and, specify which one if you checked multiple organizations above:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONFLICT OF INTEREST QUESTIONNAIRE
FISCAL YEAR 7/1/2016 - 6/30/2017

Printed
Name: VINCE TYRA

11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:

12) Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by an organization's governing body?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," explain and, specify which one if you checked multiple organizations above:

Signature: *Vince Tyra*
Date: 4-5-17

<input type="checkbox"/>	<input type="checkbox"/>
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