UofL Foundation Board of Directors

<u>Directors</u>	Term Expires	Length of Term
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.

Dec 28 16 05:42p

Printed Name:	KONDO W ABRIM	15
Organization UofL Foundation (ULF)	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Housing (ULH)	Г·	
University Holdings, Inc. (UHI)	F	
The Nucleus Real Properties, Inc. (TNRP)	r	
UofL Real Estate Foundation, Inc. (ULREF)	L:	
Pediatric Medical Office Building, Inc. (PMOB)	Γ	
•	Г	Γ.
Louisville Medical Center Development Corporation (LMCDC)		
Other Entity(s):	n,	Til-x

p.2

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

Prir	ited Name: 	RONALD	W. ABA	istus

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 fransactions with Organization		
·	YES	NO
	-	×
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:		
	1	
	VEC	NO
	YES	<u>NO</u>
2) Do you or an affiliated person own 35% of an entity (C-corporation,	T:	t ×
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:		
and specify which one a year encourage marries of Barries and a work		l

Printed Name: PONATO W. MBKAM		
	YES	NO
3) Do you or an affiliated person, in combination with other affiliated		<u></u>
person(s)" own 35% of an entity (C-corporation, S-corporation,	1	X
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
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
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		K
partnership of 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
6) Did you or an affiliated person receive a compensation payment in	763	<u>/VU</u>
excess of \$10,000 from an organization?		X
CACCAS OF \$10,000 From all of Barriers for the		
If "Yes," explain and, specify which one if you checked multiple		
organizations above:		
	}	
	l	.

Printed Name: Rowerd W. AB Mous		
	<u>YES</u>	<u>NO</u>
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	<u>NO</u>
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?		8
If "Yes," explain and, specify which one if you checked multiple organizations above:		
	YES	NO
9) Do you have any loans to or from an organization?	<u>1E3</u>	I≥⁄
If "Yes," explain and, specify which one if you checked multiple organizations above:		
40) Assume of any expers han efft transactions to report? An excess	<u>YES</u>	<u>NO</u>
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.	r	rX
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Printed Name: Un Name W Abrams			
	<u>YES</u>	NO:	
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:	The state of the s		
	YES	NO.	.
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?	.	N.	
If "Yes," explain and, specify which one if you checked multiple organizations above:	***************************************		
Signature: Muld W Alum Date: 12/2/16	Г	٣	

Printed Name:	('M. Bowers	
<u>Organization</u>	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Foundation (ULF)	<u>.</u>	10
UofL Housing (ULH)		Ø
University Holdings, Inc. (UHI))
The Nucleus Real Properties, Inc. (TNRP)	-	0
UofL Real Estate	Г	
Foundation, Inc. (ULREF)	□	0
Pediatric Medical Office Building, Inc. (PMOB)		0
Louisville Medical	-	
Center Development Corporation (LMCDC)		0
Other Entity(s):		B

<u> </u>		
Printed Name: Dowitzs		
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		١
1) Do you or an affiliated person conduct business with an organization?	<u>YES</u>	<u>NO</u> r
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>	NC r
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		

Printed Name: DOUTYCS		
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>
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>
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>
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> 「

Printed Name:

	YES	NO
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.	Ľ	г V
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:	<u>YEŞ</u>	<u>NO</u> -
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>
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>№</u>

Printed Name:			
	YES	<u>NO</u>	ļ - <i>-</i>
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	<u></u>	г У	
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?	<u>YES</u>	<u>NO</u>	/.
If "Yes," explain and, specify which one if you checked multiple organizations above:			
Signature: My Mun Date: 3/14/17	T.	r	

Printed Name:	Pau CARRIEO	
,	Check all covered companies and note average hours spent	Average hours per week:
UofL		
Foundation		
(ULF)		graditional to recommende and an analysis of the analysis of the
UofL Housing		
(ULH)		
		Particulation of the control of the
University		L
Holdings, Inc.		
(UHI) The Nucleus	guni	
rne Nucieus Real	g., 7	Record to the same same successful to
Properties,		
Inc. (TNRP)		
UofL Real	grant .	
Estate		
Foundation,		
Inc. (ULREF)		
Pediatric		
Medical		
Office		
Building, Inc.		
(PMOB)		griunterpresidente de submenio Ciscolococco (Sciano) (SMIII)
Louisville		
Medical		
Center		
Development		
Corporation		
(LMCDC)		
Other		Total Control of the
Entity(s):		

Printed Name: PAN CARRIED		
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 area 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	<u>YES</u>	NO
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>
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?		1./
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		

Name: PAVE CARRIBO		
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>	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?	<u>YES</u>	<u>NO</u>
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>
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>	NO P
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Printed Name: ARRICO		
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.	YES	NO NO
If "Yes," explain and, specify which one if you checked multiple organizations above:	<u>YES</u>	NO
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:		1
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>	NO
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>
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Name: POUCARRICO		
	YES	NO
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	10000	
If " Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:	to the state of th	
	YES	NO
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: Anllum		gener
Date: 1/4/2017		

Printed	(m D $($	
Name:	haura M. Jouglas	
	Check all covered companies and note average hours spent	Average ' hours per
Organization		week;
UofL	П	10
Foundation		
(ULF)		
UofL Housing	D	l
(ULH)		
University	m	
Holdings, Inc.		
(UHI)		
The Nucleus	<u> </u>	
Real		
Properties,		
Inc. (TNRP)	•	
UofL Real	П	!
Estate		
Foundation,	·	
Inc. (ULREF)	_	
Pediatric	D .	J
Medical		
Office	•	
Building, Inc. (PMOB)		
(PIVIOB)		<u> </u>
Louisville	J?	J
Medical		
Center		
Development		
Corporation		
(LMCDC)		
Other		
Entity(s):		

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 area 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:

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>	
<u>YES</u> ┌	NO.	

Printed Name: Lawre M. Dougla 5			
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> ┌	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?	<u>YES</u>	<u>,NO</u>	
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 Benublic Banks which does business with the University of Louisville. 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>	
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>	NO.	

Printed Name: Lauva M. Vouglas			
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.	YES	<u>NO</u>	
If "Yes," explain and, specify which one if you checked multiple organizations above:	YES	NO	,
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>763</u> 		
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>	NO.	
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>	
If "Yes," explain and, specify which one if you checked multiple organizations above:			

Printed Name: Laura M. Jonglas			
	YES	<u>NO</u>]	A CONTRACTOR OF THE PARTY OF TH
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	j-		
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?	<u>YES</u>	<u>NO</u>	
If "Yes," explain and, specify which one if you checked multiple organizations above:			
Signature: 4-10-1	·	· •	

Printed Name:	J	Danib	G.P. 155	ow.		
Organization UofL Foundation (ULF)	and	ck all cove note avei week.		-	hou	erage rs per eek:
OUIL FUGINGATION (ULI)	_			•		
UofL Housing (ULH)	1.)	
University Holdings, Inc. (UHI)	Γ.				l	:
The Nucleus Real Properties, Inc. (TNRP)	Γ .	· ·				
UofL Real Estate Foundation, Inc. (ULREF)	Γ					
Pediatric Medical Office Building, Inc. (PMOB)	r.					•
	Γ		• .		Ι.	
Louisville Medical Center Development Corporation (LMCDC)	•		·			
Other Entity(s):						

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	l vcc	ا من
	YES	I NO
1) Do you or an affiliated person conduct business with an organization?	AA.	
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>NC</u>
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?	1 .	F
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		
•		

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> NO 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 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> 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:

Printed Name:

	<u>YES</u>	NO
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	<u>YES</u>	<u>NO</u>
from an organization?		
If "Yes," explain and, specify which one if you checked multiple organizations above:		•
	<u>YES</u>	<u>NO</u>
9) Do you have any loans to or from an organization?	r	F
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>	NO C
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Printed Name:			
•,	YES	<u>NO</u> .	
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:			
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?	<u>YES</u>	<u>NO</u>	
If "Yes," explain and, specify which one if you checked multiple organizations above:			
Signature: $\frac{1}{3/2} \le \frac{1}{7}$	r	Γ	

Printed Name:	DONNA HEITZM	AN
Organization UofL Foundation (ULF)	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Housing (ULH)	Γ.	
University Holdings, Inc. (UHI)	Γ ,	
The Nucleus Real Properties, Inc. (TNRP)	Г	
UofL Real Estate Foundation, Inc. (ULREF)	Γ'	3.
Pediatric Medical Office Building, Inc. (PMOB)		
, , ,	·	Γ.
Louisville Medical Center Development Corporation (LMCDC)		
Other Entity(s):	Company of the Compan	1

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.

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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:

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:

YES	<u>NO</u>
Γ.	X
<u>YES</u>	≥0

Printed	Name:	PONNA	HEITZMAN
		- UNIVIT	116/10/11/11

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:

Sand & Thest Co. which has a substanting from

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> □	NO NO	.d. s.
1	YES	NO NO	I became a
			of such Co at the april Four muit the fundate
	<u>YES</u>	NO NO	
	<u>YES</u>	<u>NO</u>	
	Г ,	+	a

Printed Name: DONNA L. HEITZMAN			
	<u>YES</u>	<u>NO</u>	
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.	Γ	P.	
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>YEŞ</u>	<u>xo</u>	
If "Yes," explain and, specify which one if you checked multiple organizations above:			
	<u>YES</u>	<u>NO</u>	
9) Do you have any loans to or from an organization?	Γ	2	
If "Yes," explain and, specify which one if you checked multiple organizations above:			
	YES	NO	
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> </u>	#5	
If "Yes," explain and, specify which one if you checked multiple organizations above:	e .		

Printed Name: DONNA L. HEITEMAN		
	<u>YES</u>	NO.
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	Γ	\times
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>
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?	Γ	R
If "Yes," explain and, specify which one if you checked multiple organizations above:		8
Signature: <u>Nanch</u> Jettynian Date: <u>March</u> 14 / 2017	Γ	Γ

CONFLICT OF INTEREST QUESTIONNAIRE FISCAL YEAR 7/1/2016 - 6/30/2017 **Printed Name:** Check all covered companies **Average** and note average hours spent hours per Organization per week. week: **UofL Foundation (ULF) UofL Housing (ULH)** University Holdings, Inc. (UHI) The Nucleus Real Properties, Inc. (TNRP) Γ **UofL Real Estate** Foundation, Inc. (ULREF) **Pediatric Medical Office** Building, Inc. (PMOB) **Louisville Medical Center Development** Corporation (LMCDC) Other Entity(s):

FISCAL YEAR 7/1/2016 - 6/30/2017			
Printed Name: Mia & Housen			
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	VEC	l vo l	ı
	<u>1123</u>	<u> </u>	•
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	<u>NO</u>	
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?	r:	X	
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:			
	1		ĺ

Printed Name: (10.0 - 6/30/2017)			
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>	NO X	
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>	
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:		×	
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	<u>YES</u>	<u>NO</u>	
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>≥0</u>	
If "Yes," explain and, specify which one if you checked multiple organizations above:			

CONFLICT OF INTEREST QUESTIONNAIRE

CONFLICT OF INTEREST QUESTIONNAIRE FISCAL YEAR 7/1/2016 - 6/30/2017 Printed Name: YES 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> NO 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> NO 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

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:

Printed Name:

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:

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:

Printed Name:	Mark LYNN	
<u>Organization</u>	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Foundation (ULF)		1 .5
UofL Housing (ULH)		
University Holdings, Inc. (UHI)		Programme Annie An
The Nucleus Real Properties, Inc. (TNRP)		grindings March and the particular statement of the state
UofL Real Estate Foundation, Inc. (ULREF)		
Pediatric Medical Office Building, Inc. (PMOB)		-
	Γ.	
Louisville Medical Center Development Corporation (LMCDC)	:	·
Other Entity(s):	:	

	,,
Printed Name:	Mark Lynn
(i) your spouse, domestic sister; (ii) any corporation member, an officer, a part employed by, or are direct beneficial owner of any claother estate in which you	m "affiliated persons" include the following: partner, child, mother, father, brother or or organization of which you are a board ther, participate in management or are tly or indirectly, a debt holder or the ass of equity securities; and (iii) any trust or have a substantial beneficial interest or as to ee 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 My offices are the Officed Vision Care Provider For Vot L Athletes 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:

灰	
<u>YES</u>	<u>NO</u>
<u>YES</u>	Γ

<u>YES | NO</u>

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?	YES	NO K
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		
A) D	<u>YES</u>	<u>NO</u>
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?	/ 2	
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>
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	<u>YES</u>	<u>NO</u>
excess of \$10,000 from an organization?		•
f "Yes," explain and, specify which one if you checked multiple organizations above:		

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.	YES	<u>NO</u>
If "Yes," explain and, specify which one if you checked multiple organizations above:	A Company of the Comp	
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>YEŞ</u>	<u>NO</u>
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	<u>YES</u>	ъф <u>МО</u>
organizations above:	VEC	100
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>
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Signature:

Date:

Printed Name: Mwk Lyw			
	<u>YES</u>	<u>NO</u>]	
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	
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:	•		
\wedge			

ГГ

Printed Name:	Diare Medlay	
Organization UofL Foundation (ULF)	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Housing (ULH)	<u>.</u>	
University Holdings, Inc. (UHI)	Γ	
The Nucleus Real Properties, Inc. (TNRP)	.	
UofL Real Estate Foundation, Inc. (ULREF)	r	
Pediatric Medical Office Building, Inc. (PMOB)	П	
Louisville Medical		
Center Development Corporation (LMCDC)		
Other Entity(s):		

Printed Name: Diane Medlay

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:

	1
<u>YES</u>	<u>NO</u> ►

YES NO

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?	<u>YES</u>	NO Fv	
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:	<u>YES</u>	<u>NO</u>	
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> Г	<u>NO</u>	
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>	NO	

Printed Name: Dare Madley		
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> Г	NO IV
If "Yes," explain and, specify which one if you checked multiple organizations above:	<u>YES</u>	<u>NO</u> ,
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		, i
organizations above: 9) Do you have any loans to or from an organization?	<u>YES</u>	<u>NO</u>
If "Yes," explain and, specify which one if you checked multiple organizations above:	<u>YES</u>	<u>NO</u>
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		17
organizations above:		

Printed Name: Jane Medicy			
	<u>YES</u>	<u>NO</u>	
11) Are you or any affiliated persons a party to, or have an interest in, any		rv/	
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>	
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?	 -	r-	
If "Yes," explain and, specify which one if you checked multiple organizations above:			

Printed Name:	Thomas Meek	EN
Organization	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Foundation (ULF)	Γ.	/
UofL Housing (ULH)	Γ ·	0
University Holdings, Inc. (UHI)		0
The Nucleus Real Properties, Inc. (TNRP)	Γ	6
UofL Real Estate Foundation, Inc. (ULREF)	·	0
Pediatric Medical Office Building, Inc. (PMOB)	□ .	0
Louisville Medical	Γ	1. 0
Center Development Corporation (LMCDC)		
Other Entity(s):		0

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	l véc	ا ۸۸
1) Do you or an affiliated person conduct business with an organization?	TES	<u>NO</u> ト レ
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?	YES	NO FV
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		

Printed Name:

2) De veu er en effilieted person in combination with other effiliated	<u>YES</u>	<u>NO</u>
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?		7
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>
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?		7
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>
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>
6) Did you or an affiliated person receive a compensation payment in excess of \$10,000 from an organization?	٣	√
If "Yes," explain and, specify which one if you checked multiple organizations above:		

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.	YES	<u>NO</u>
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>YEŞ</u>	NO V
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:	<u>YES</u> □	<u>NO</u>
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	<u>YES</u>	<u>NO</u>
organizations above:		

Signature:

Date:

rimteu Name.			
	<u>YES</u>	<u>NO</u>	
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	-	7	
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?	<u>YES</u>	NO	
If "Yes," explain and, specify which one if you checked multiple organizations above:			

Printed	C C C -1.1	
Name:	Gregory C. Postelino	
Organization	Check all covered companies and note average hours spent	Average hours per week:
UofL	·	l
Foundation	•	
(ULF)	· · · · · ·	
UofL Housing	'	
(ULH)		
University	r [
Holdings, Inc.		
(UHI)		
The Nucleus	[
Real	•	
Properties,		
Inc. (TNRP)		
Uofl. Real	r .	
Estate		
Foundation,	•	
Inc. (ULREF)		·····
Pediatric		
Medical		
Office		
Building, Inc. (PMOB)		
	r- r	1
Louisville	1	1
Medical		
Center	·	
Development		
Corporation		
(LMCDC)	·	
Other Entity(s):		

Name: 67850 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 area 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	lvec	ميد ا
1) Do you or an affiliated person conduct business with an organization?	L	X
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		
	i	
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>	X
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		

Name: Greyory C Postel Mo		
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> X
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 X	<u>NO</u>
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>	χ №
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>	Xº
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Name: Gregory C. Rustelmo		
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>	X
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:	· <u>YES</u>	Λ Mo
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:	<u>YES</u>	<u>NO</u> X
	<u>YES</u>	<u>NO</u>
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.		Έ,
If "Yes," explain and, specify which one if you checked multiple organizations above:		

Name: Greson C. Kostelmo		
	<u>YES</u>	<u>NO</u>
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?		X
If "Yes," explain, and if an affiliated person is involved, the identity of that affiliated person and your relationship with that person:		
	YES	<u>NO</u>
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?		X
If "Yes," explain and, specify which one if you checked multiple organizations above:		
Signature: Date: 413117	F	ſ-

Printed	1/000 / 550	
Name:	4) EARL (227) 30	
<u>Organization</u>	Check all covered companies and note average hours spent	Average hours per week:
UofL	₽ ^r	' /
Foundation		
(ULF)		
UofL Housing		'
(ULH)		
, ,		f
University	1	
Holdings, Inc.		
(UHI) The Nucleus	r	
rne Nucieus Real		
Real Properties,		
inc. (TNRP)		
UofL Real	,	7
Estate		
Foundation		
Inc. (ULREF)		
Pediatrio		
Medica		
Office		
Building, Inc		
(РМОВ)	P
Louisville	e	
Medica	ıl	
Cente		
Developmen		
Corporation		
(LMCDC	c)	
Othe	ır	. 1
Entity(s):	

Printed Name: W EAK& REED ET		
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 area 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	<u>YES</u>	<u>NO</u>
1) Do you or an affiliated person conduct business with an organization?	1	
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, 1) The thete are due to business with	<u>YES</u>	NO IT/
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:		

Printed Name: W SANU REED ST			
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>	NO F*	,
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>1</u>	/
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:	V.C.G	No	
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>	NO 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?	<u>YES</u> r	NO I	
If "Yes," explain and, specify which one if you checked multiple organizations above:			

Printed Name: U EACC REEDI			
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>	NO	
If "Yes," explain and, specify which one if you checked multiple organizations above:	<u>YES</u>	NO	
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:		E.	
9) Do you have any loans to or from an organization?	<u>YES</u>	NO V	
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	YES	NO	/
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:			
	1		İ

Printed Name: WEARC REED SE			
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?	YES	NO NO	
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?	<u>YES</u>	NO IT	
If "Yes," explain and, specify which one if you checked multiple organizations above:			
Signature: 2 2017	٣	F	

Printed Name:	NITIN	AYNE
Organization UofL Foundation (ULF)	Check all covered companies and note average hours spent	Average hours per week:
UofL Housing (ULH)	Γ.	
University Holdings, Inc. (UHI)	·	
The Nucleus Real Properties, Inc. (TNRP)	r	
UofL Real Estate Foundation, Inc. (ULREF)	r	1
Pediatric Medical Office Building, Inc. (PMOB)	Γ	
Louisville Medical Center Development Corporation (LMCDC)		
Other Entity(s):		

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:

	—
广	17/
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VEC	NO
<u>YES</u>	<u>NO</u>
r.	LN
	ł
i	j

YES NO

Printed Name:

Do you or an affiliated person, in combination with other affiliate	≥d
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:

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>
Γ-	Ē/
	-
,	,
	, l
<u>YES</u>	<u>NO</u>
<u>YES</u>	<u>NO</u>
r	7
<u>YES</u>	NO.

Pri	nte	d	Na	m	e:

7) Did you or an affiliated person receive gra	ints or other assistance,
including provision of goods, services, or use	of facilities from an
organization? Grants include scholarships, for	ellowships, 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>	
.		
<u>YEŞ</u>	<u>NO</u>	
<u>YES</u>	<u>NO</u>	
<u>YES</u>	NO 「レ	/

Signature:

Date:

Printed Name:			
	<u>YES</u>	<u>NO</u> _	
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:			
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?	<u>YES</u>	<u>NO</u> アレ	7
If "Yes," explain and, specify which one if you checked multiple organizations above:			

Printed Name:	John H. Schnatter	_
<u>Organization</u> . UofL Foundation (ULF)	Check all covered companies and note average hours spent per week.	Average hours per week:
UofL Housing (ULH)	r ·	
University Holdings, Inc. (UHI)	Γ	. , ,
The Nucleus Real Properties, Inc. (TNRP)	~	photograph and the state of the
UofL Real Estate Foundation, Inc. (ULREF)	r	
Pediatric Medical Office Building, Inc. (PMOB)	Γ.	The formal control of the control of
	r ' ,	
Louisville Medical Center Development Corporation (LMCDC)	•	
Other Entity(s):		

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		
		<u>YES</u>	NO
	1) Do you or an affiliated person conduct business with an organization?	K	Г
	If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		
(a	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 contribution to the University of Louisville Foundation of \$671,979 on December 12, 016 and has one remaining installment due of approximately \$400,000 due in 2017.		
		YES	NO
	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?		X
	If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:	 	

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>
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		
	<u>YES</u>	NO
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?	ם	M
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>
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> I''	<u>NO</u>
If "Yes," explain and, specify which one if you checked multiple organizations above:		

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.	YES	<u>NO</u>
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>YEŞ</u>	<u>NO</u>
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:	YES	<u>NO</u>
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.	YES	IX
f "Yes," explain and, specify which one if you checked multiple organizations above:		-

Printed Name: John H. Schnatter			
	YES	NO.	
11) Are you or any affiliated persons a party to, or have an interest in, any pending legal proceeding involving an organization?		X	
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	<u>NO</u> IX	
If "Yes," explain and, specify which one if you checked multiple organizations above:		,	
Signature: 32017	r .	. (

Printed Name:	VINCE TYPA	
•	Check all covered companies and note average hours spent	Average hours per week:
UofL		5
Foundation		-
(ULF)		
UofL Housing		\mathcal{O}
(ULH)	·	
	,	
University		
Holdings, Inc.		
(UHI)		
The Nucleus		' <i>O</i>
Real		
Properties,	·	
inc. (TNRP)		· · · · ·
UofL Real		
Estate		
Foundation,		
Inc. (ULREF)		
Pediatric		
Medical		
Office		
Building, Inc.		
(PMOB)	punt	
Louisville		, <i>O</i>
Medical		
Center		
Development		
Corporation	I	
(LMCDC)	1	
Other	•	(7)
Entity(s):		

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 area 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	YES	l No
	-	X
1) Do you or an affiliated person conduct business with an organization?	AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER	1
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?	YES 	X
If "Yes," describe your business transaction(s) with the organization and, specify which one if you checked multiple organization(s) above:		

Printed Name:	VINCE	IYRA				
3) Do you or an affiliat 35% of an entity (C-co directly or indirectly, t	rporation, S-corpor	ation, Partnership	, LLC or other enti	s)" own ty type),	YES	<u>NO</u>
If "Yes," describe your one if you checked mu			anization and, spec	sify which		
4) Do you or an affilia of an entity that does			tor, trustee, or key	employee	YES D	NO NO
If "Yes," describe your one if you checked mi	r business transaction ultiple organization(on(s) with the organics) above:	anization and, spec	cify which		
5) Do you or an affilia (with ownership inter that conducts busines	est in excess of 5%	of a partnership c	er, or shareholder or professional corp	of an entity poration)	<u>YES</u>	NO NO
if "Yes," describe you one if you checked m			anization and, spe	cify which		
6) Did you or an affili from an organization	?				YES -	NO NO
If "Yes," explain and,	specity which one it	лой сческей шіл	mbie organizacious	<u>, apove</u> ,		

Printed Name:	VINCE TYR	A			
7) Did you or an affili of goods, services, or fellowships, internshi	ated person receive grants of use of facilities from an org ips, prizes, and awards.	anization? Grants inclu	ide scholarships,	<u>YES</u>	<u>NO</u>
8) Do you have 35% including provision o	specify which one if you che control in an entity that reco if goods, services, or use of fa specify which one if you che	eived grants or other as acilities from an organiz	ssistance, zation?	<u>YES</u> r-	×
•	oans to or from an organizat , specify which one if you cho		ations above:	YES T	NC X
transaction is where where the value of t organization.	if any excess benefit transact an organization is directly o the benefit exceeds the value , specify which one if you ch	r indirectly provided ar e of the consideration r	n economic benefit eceived by the	YES r	N.
ır "Yeş," expiain and	, specity which one it you ch	eoven mamble Alganiza	BE10113 430 701		

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
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? If "Yes," explain and, specify which one if you checked multiple organizations above:	YES NO
Signature:	гг