



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

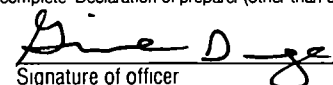
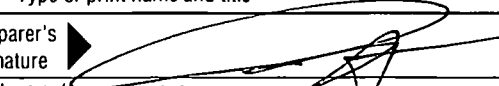
**2008**Open to Public  
Inspection**A** For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>LSU FOUNDATION</b>		<b>D</b> Employer identification number <b>72-6020969</b>
		Doing Business As		<b>E</b> Telephone number <b>225-578-3811</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3838 WEST LAKESHORE DRIVE</b>		<b>G</b> Gross receipts \$ <b>119,673,874.</b>
		City or town, state or country, and ZIP + 4 <b>BATON ROUGE, LA 70808</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>F</b> Name and address of principal officer <b>WILLIAM G. BOWDON</b> <b>3838 WEST LAKESHORE DRIVE, BATON ROUGE, LA</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.LSUFOUNDATION.ORG</b>				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1960</b> <b>M</b> State of legal domicile: <b>LA</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>THE MISSION OF THE LSU FOUNDATION IS TO FOSTER PRIVATE FINANCIAL SUPPORT FOR LSU, THE LSU</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>25</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>66</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>25</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>&lt;5,709.&gt;</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>&lt;5,709.&gt;</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>44,566,521.</b> <b>Current Year</b> <b>20,137,203.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>35,316,035.</b> <b>9,229,326.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,494.</b> <b>1,061,129.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>79,908,050.</b> <b>30,427,658.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>17,102,409.</b> <b>16,855,833.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,022,463.</b> <b>5,493,153.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>72,395.</b> <b>35,930.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,579,311.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d and 24f)	<b>8,466,867.</b> <b>9,510,105.</b>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>30,664,134.</b> <b>31,895,021.</b>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>49,243,916.</b> <b>&lt;1,467,363.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>503,383,530.</b> <b>End of Year</b> <b>436,647,922.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>96,993,047.</b> <b>96,267,351.</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>406,390,483.</b> <b>340,380,571.</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  <b>GINA DUGAS, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date <b>5/4/10</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (if yours if self-employed), address, and ZIP + 4 <b>POSTLETHWAITE &amp; NETTERVILLE</b> <b>8550 UNITED PLAZA BLVD, SUITE 1001</b> <b>BATON ROUGE, LA 70809</b>	Date <b>4/26/10</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>P00547921</b> EIN ▶ <b>72-1202445</b> Phone no. ▶ <b>(225) 922-4600</b>

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

☒ Yes ☐ No

832001 12-18-08

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

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

915-385

615

3

SCANNED JUN 18 2010

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE MISSION OF THE LSU FOUNDATION IS TO FOSTER PRIVATE FINANCIAL  
SUPPORT FOR LSU, THE LSU AGRICULTURAL CENTER, THE LSU PAUL M. HEBERT  
LAW CENTER, AND THE LSU SYSTEM OFFICE. THE FOUNDATION ENCOURAGES AND  
RECEIVES PHILANTHROPIC GIFTS AND BEQUESTS, INCLUDING BOTH RESTRICTED
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 12906620. including grants of \$ ) (Revenue \$ )  
ACADEMIC AND RESEARCH ACTIVITIES: DIRECT SUPPORT OF EXTENSIVE SCOPE OF  
ACADEMIC AND RESEARCH PROGRAMS CONDUCTED BY THE ACADEMIC COLLEGES AND  
RESEARCH CENTERS WITHIN LSU, LSU AGRICULTURAL CENTER, AND LAW CENTER.  
THESE PROGRAMS ARE INTEGRAL TO THE ACCOMPLISHMENTS OF LSU'S MISSION,  
AND THE FOUNDATION PROVIDES CRUCIAL FUNDING TO SUPPLEMENT STATE  
APPROPRIATIONS.

4b (Code ) (Expenses \$ 5,103,965. including grants of \$ ) (Revenue \$ )  
CHAIRS AND PROFESSORSHIPS: SUPPORT OF THE SCHOLARLY RESEARCH  
ACTIVITIES OF LSU'S DISTINGUISHED FACULTY WHO HAVE BEEN HONORED WITH  
APPOINTMENT BY THE UNIVERSITY TO DESIGNATED CHAIRS AND PROFESSORSHIPS.  
THE WIDE VARIETY OF SUPPORT PROVIDED INCLUDES SALARY SUPPLEMENTS,  
EQUIPMENT PURCHASES AND RESEARCH-RELATED TRAVEL. THIS SUPPORT IS  
CRITICAL TO THE UNIVERSITY'S ABILITY TO RECRUIT AND RETAIN FACULTY WHO  
ARE EMINENT IN THEIR FIELDS.

4c (Code ) (Expenses \$ 3,620,208. including grants of \$ 3,620,208. ) (Revenue \$ )  
SCHOLARSHIPS & FELLOWSHIPS: SCHOLARSHIP AND FELLOWSHIP AWARDS TO THE  
UNIVERSITY'S UNDERGRADUATE AND GRADUATE STUDENTS BASED ON BOTH MERIT  
AND NEED. THE AVAILABILITY OF THESE AWARDS IS AN INTEGRAL TOOL IN THE  
UNIVERSITY'S RETENTION AND RECRUITMENT OF TOP-LEVEL STUDENTS ACROSS A  
BROAD SPECTRUM OF CURRICULA - BOTH GRADUATE AND UNDERGRADUATE STUDIES,  
INCLUDING LAW CENTER STUDENTS.

4d Other program services. (Describe in Schedule O )  
 (Expenses \$ 2,164,874. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 23,795,667. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>X</b>	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	<b>X</b>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<b>X</b>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<b>X</b>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<b>X</b>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<b>X</b>
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

Form 990 (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b> If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See Schedule O. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? See Schedule O		X
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter N/A		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11 Section 501(c)(12) organizations.</b> Enter N/A		
<b>a</b> Gross income from members or shareholders.		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A		

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	25	
<b>1b</b> Enter the number of voting members that are independent	25	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization?	X	
Describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**GINA DUGAS - (225) 578-3811**  
**3838 W. LAKESHORE DR., BATON ROUGE, LA 70808**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. LANIER YEATES CHAIRMAN	2.00	X						0.	0.	0.
CHARLES A. LANDRY CHAIRMAN	2.00	X						0.	0.	0.
ROBERT H. CROSBY, III DIRECTOR	1.00	X						0.	0.	0.
MARK K. ANDERSON DIRECTOR	1.00	X						0.	0.	0.
JEFF H. BENHARD DIRECTOR	1.50	X						0.	0.	0.
J. HERBERT BOYDSTUN DIRECTOR	1.50	X						0.	0.	0.
J. TERRELL BROWN DIRECTOR	1.50	X						0.	0.	0.
LAURA L. DAUZAT CHAIRMAN-ELECT	1.00	X						0.	0.	0.
WILLIAM T. FIRESHEETS, II DIRECTOR	1.00	X						0.	0.	0.
T. CASS GAIENNIE DIRECTOR	1.50	X						0.	0.	0.
G. LEE GRIFFIN DIRECTOR	1.50	X						0.	0.	0.
FRANK W. HARRISON, III DIRECTOR	1.00	X						0.	0.	0.
GARY L. LABORDE DIRECTOR	1.50	X						0.	0.	0.
GENE W. LAFITTE DIRECTOR	1.00	X						0.	0.	0.
LAURA A. LEACH DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS MANSHIP, JR. DIRECTOR	1.00	X						0.	0.	0.
WILLIAM B. OWENS DIRECTOR	1.50	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES R. PELTIER DIRECTOR	1.00	X						0.	0.	0.
JOHN SHACKELFORD DIRECTOR	1.00	X						0.	0.	0.
SUE W. TURNER DIRECTOR	1.00	X						0.	0.	0.
BURTON D. WEAVER, JR DIRECTOR	1.00	X						0.	0.	0.
WILLIAM H. WRIGHT, JR. DIRECTOR	1.00	X						0.	0.	0.
FELIX R. WEILL DIRECTOR	1.00	X						0.	0.	0.
DAVID B. MEANS, III DIRECTOR	1.00	X						0.	0.	0.
ROBERT M. STUART, JR. DIRECTOR	1.00	X						0.	0.	0.
WILLIAM G. BOWDON PRESIDENT & CEO	40.00			X				352,231.	0.	19,403.
GINA M. DUGAS CHIEF FINANCIAL OFFICER	40.00			X				168,659.	0.	16,824.
<b>1b Total</b>								<b>1,139,386.</b>	<b>0.</b>	<b>114,967.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **7**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ADAMS & REESE LLP, 401 9TH ST., NW, STE 610 S., WASHINGTON, DC 20004	ATTORNEYS AT LAW	152,232.
ROEDEL PARSONS KOCH FROST BALHOFF & MCCOLLI 8440 JEFFERSON HWY, #301, B.R., LA 70809	ATTORNEYS AT LAW	130,198.
ADVANCE INNOVATIVE EDUCATION, 100 LAFAYETTE ST. #B248, BATON ROUGE, LA 70801	ACADEMIC PROGRAM CONSULTING	125,000.
ROGERS CASEY P.O. BOX 18239, BRIDGEPORT, CT 06601	INVESTMENT CONSULTANTS	123,274.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **4**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b	445,384.				
	c Fundraising events	1c	240,519.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,451,300.				
	g Noncash contributions included in lines 1a-1f \$		7,323,831.				
	<b>h Total. Add lines 1a-1f</b>			20,137,203.			
<b>Program Service Revenue</b>	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			10,934,376.		<5,709.>	10,940,085.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			82,728.			82,728.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<1,705,050.>	<1,705,050.>		
	8 a Gross income from fundraising events (not including \$ 240,519. of contributions reported on line 1c) See Part IV, line 18	a		252,464.			
	b Less direct expenses	b		289,628.			
	c Net income or (loss) from fundraising events			<37,164.>	<37,164.>		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a		78,523.			
	b Less: cost of goods sold	b		29,693.			
	c Net income or (loss) from sales of inventory			48,830.			48,830.
Miscellaneous Revenue			Business Code				
11 a FUNDS MANAGEMENT FEES		541900	966,735.			966,735.	
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			966,735.				
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>			30,427,658.	<1,742,214.>	<5,709.>	12,038,378.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	16,855,833.	16,855,833.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	903,016.		506,713.	396,303.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,660,189.		1,242,106.	2,418,083.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	214,663.		70,125.	144,538.
9 Other employee benefits	454,340.		168,254.	286,086.
10 Payroll taxes	260,945.		99,159.	161,786.
11 Fees for services (non-employees):				
a Management				
b Legal	193,721.		193,721.	
c Accounting	54,800.		54,800.	
d Lobbying	147,083.			147,083.
e Professional fundraising services. See Part IV, line 17	35,930.			35,930.
f Investment management fees	206,435.		206,435.	
g Other	912,465.	834,949.	77,316.	200.
12 Advertising and promotion	187,451.			187,451.
13 Office expenses	1,022,182.	779,753.	107,886.	134,543.
14 Information technology	351,101.		326,894.	24,207.
15 Royalties				
16 Occupancy	137,310.		121,354.	15,956.
17 Travel	579,274.	490,816.	11,269.	77,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,216.		10,546.	45,670.
20 Interest				
21 Payments to affiliates	3,326,190.	3,326,190.		
22 Depreciation, depletion, and amortization	93,639.		93,639.	
23 Insurance	156,922.		156,922.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>OFFICIAL UNIV. FUNCTION</b>	1,508,126.	1,508,126.		
b <b>DEVELOPMENT/PROMOTION</b>	457,408.			457,408.
c <b>DUES AND SUBSCRIPTIONS</b>	86,699.		44,648.	42,051.
d <b>MISCELLANEOUS</b>	33,083.		28,256.	4,827.
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>31,895,021.</b>	<b>23,795,667.</b>	<b>3,520,043.</b>	<b>4,579,311.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	22,894,316.	2	26,071,309.
	3 Pledges and grants receivable, net	39,965,763.	3	32,015,495.
	4 Accounts receivable, net	238,167.	4	95,017.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,241.	8	52,937.
	9 Prepaid expenses and deferred charges		9	245,549.
	10a Land, buildings, and equipment - cost basis	10a 9,972,882.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 4,336,607.	5,875,973.	10c 5,636,275.
	11 Investments - publicly traded securities	321,297,184.	11	265,325,218.
	12 Investments - other securities. See Part IV, line 11.	90,213,798.	12	85,963,279.
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	22,877,088.	15	21,242,843.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	503,383,530.	16	436,647,922.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,198,194.	17	3,265,836.
	18 Grants payable		18	
	19 Deferred revenue	3,761,046.	19	5,038,730.
	20 Tax-exempt bond liabilities	8,785,000.	20	8,155,000.
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D.	82,248,807.	25	79,807,785.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	96,993,047.	26	96,267,351.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	30,659,647.	27	30,037,969.
	28 Temporarily restricted net assets	189,718,046.	28	121,322,553.
	29 Permanently restricted net assets	186,012,790.	29	189,020,049.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	406,390,483.	33	340,380,571.
	34 <b>Total liabilities and net assets/fund balances</b>	503,383,530.	34	436,647,922.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant? <i>See Schedule O</i>	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <i>See Schedule O</i>	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number

72-6020969

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only one organization )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_

5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,828,690.	28,400,031.	59,688,977.	44,566,521.	20,137,203.	169,621,422.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	16,828,690.	28,400,031.	59,688,977.	44,566,521.	20,137,203.	169,621,422.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						169,621,422.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	16,828,690.	28,400,031.	59,688,977.	44,566,521.	20,137,203.	169,621,422.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,290,953.	23,340,698.	15,895,318.	20,123,225.	9,312,054.	85,962,248.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						255,583,670.
12 Gross receipts from related activities, etc. (see instructions)					12	1,012,437.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	66.37 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	65.69 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) **15** %

**16** Public support percentage from 2007 Schedule A, Part IV-A, line 27g **16** %

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) **17** %

**18** Investment income percentage from 2007 Schedule A, Part IV-A, line 27h **18** %

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2008**

Open to Public  
Inspection

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization

L S U FOUNDATION

Employer identification number

72-6020969

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-



**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768  
(election under section 501(h)). See the instructions for Schedule C for details

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		147,083.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		147,083.													
<b>d</b> Other exempt purpose expenditures		31747938.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		31895021.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	143,380.	181,330.	184,147.	147,083.	655,940.
<b>d</b> Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

<b>Part IV</b>	<b>Supplemental Information</b>
----------------	---------------------------------

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

---

---

---

---

---

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number

72-6020969

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 278,325.
(ii) Assets included in Form 990, Part X	▶ \$ 4,737,663.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☒ Public exhibition d ☒ Loan or exchange programs  
 b ☒ Scholarly research e ☒ Other COMMUNITY EDUCATIONAL PROGRAMS  
 c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☒ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	271,762,671.				
b Contributions	2736124.				
c Investment earnings or losses	<59,414,992.>				
d Grants or scholarships	12,307,360.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	202,776,443.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 7.00 %  
 b Permanent endowment ► 93.00 %  
 c Term endowment ► .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		514,362.		514,362.
b Buildings				
c Leasehold improvements				
d Equipment		4,471,279.	4,322,321.	148,958.
e Other		4,987,241.	14,286.	4,972,955.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,636,275.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
CERTIFICATE OF DEPOSIT	395,000.	END-OF-YEAR MARKET VALUE
SHORT TERM INVESTMENT FUND	2,236,919.	END-OF-YEAR MARKET VALUE
COMMINGLED FUNDS	21,978,586.	END-OF-YEAR MARKET VALUE
PRIVATE EQUITY	8,929,021.	END-OF-YEAR MARKET VALUE
HEDGED FUNDS	51,881,078.	END-OF-YEAR MARKET VALUE
REAL ESTATE INVESTMENT TRUSTS	429,802.	END-OF-YEAR MARKET VALUE
POOLED INCOME FUND	112,873.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►	85,963,279.	

<b>Part VIII</b>	<b>Investments - Program Related.</b> See Form 990, Part X, line 13
------------------	---

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15
----------------	--

[illegible]

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25
---------------	---

(a) Description of liability	(b) Amount
Federal income taxes	
<b>FUNDS MANAGED FOR OTHER ENTITIES</b>	<b>79,540,287.</b>
<b>OTHER CURRENT LIABILITIES</b>	<b>38,880.</b>
<b>COMPENSATED ABSENCES PAYABLE</b>	<b>228,618.</b>
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)</b>	<b>79,807,785.</b>

On Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,427,658.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,895,021.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<1,467,363.>
4	Net unrealized gains (losses) on investments	4	<64,542,549.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<64,542,549.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<66,009,912.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	<34114891.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<64542549.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<64542549.>
3	Subtract line 2e from line 1	3	30,427,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,427,658.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	31,895,019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	31,895,019.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2.
c	Add lines 4a and 4b	4c	2.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,895,021.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART III, LINE 4: THE MAIN COLLECTIONS OWNED BY THE LSU FOUNDATION**

CONSIST OF ARTWORK AND HISTORICAL ITEMS ON DISPLAY AND IN THE CUSTODY OF  
 LSU'S MUSEUM OF ART, A COMPONENT UNIT WHICH FURTHERS THE PUBLIC SERVICE  
 MISSION OF THE UNIVERSITY. THE MUSEUM OF ART'S DIVERSE PERMANENT  
 COLLECTION INCLUDES SIGNIFICANT PORTRAITURE AND DECORATIVE ARTS, NEWCOMB  
 POTTERY, AND CHINESE JADE FROM THE CHI QING DYNASTY.

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE FINANCIAL**

**Part XIV** Supplemental Information (continued)

SUPPORT IN FURTHERANCE OF THE ACADEMIC AND RESEARCH COMPONENTS OF THE UNIVERSITY'S MISSION, INCLUDING SCHOLARSHIPS, GRADUATE ASSISTANTSHIPS AND FELLOWSHIPS, AND FACULTY CHAIRS AND DISTINGUISHED PROFESSORSHIPS.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING: 2.

IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("FIN 48"), AN INTERPRETATION OF FASB STATEMENT NO. 109. FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANCE WITH SFAS NO. 109, ACCOUNTING FOR INCOME TAXES ("SFAS 109"). FIN 48 CLARIFIES THE APPLICATION OF SFAS 109 BY DEFINING A CRITERION THAT AN INDIVIDUAL TAX POSITION MUST MEET FOR ANY PART OF THE BENEFIT OF THAT POSITION TO BE RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. ADDITIONALLY, FIN 48 PROVIDES GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGEMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. MANAGEMENT HAS COMPLETED ITS EVALUATION OF THE IMPACT OF THIS STANDARD, AND THE FOUNDATION IS UNAWARE OF ANY TAX POSITIONS THAT WOULD REQUIRE DISCLOSURE.

**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

Employer identification number

L S U FOUNDATION

72-6020969

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0.
EUROPE	0	0	FUNDRAISING		0.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING		0.
NORTH AMERICA	0	0	FUNDRAISING		0.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		0.
<b>Totals</b>					

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

Schedule F (Form 990) 2008







**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

LSU FOUNDATION RECEIVES DONATIONS FROM DONORS WHO RESIDE IN FOREIGN COUNTRIES. THERE ARE NO EXPENSES ASSOCIATED WITH THESE DONATIONS. THE FOLLOWING IS A LIST OF THE REGIONS AND THE AMOUNTS RECEIVED FROM EACH REGIONS:

- 1) EAST ASIA AND THE PACIFIC - \$2,400
- 2) EUROPE - \$42,800
- 3) MIDDLE EAST AND NORTH AFRICA - \$360
- 4) NORTH AMERICA (NOT INCLUDING UNITED STATES) - \$110,088
- 5) SUB-SAHARAN AFRICA - \$250

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

**2008**  
Open To Public  
Inspection

Name of the organization

**L S U FOUNDATION**

Employer identification number  
**72-6020969**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations  
b ☒ Email solicitations  
c ☒ Phone solicitations  
d ☒ In-person solicitations  
e ☒ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAMPBELL AND COMPANY	PROVIDE FUND-RAISING COUNSEL		X	0.	35,930.	0.
<b>Total</b>					35,930.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing  
**LA**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	GOLF TOURNAMENT (event type)	23 (total number)	
Revenue	1 Gross receipts	69,394.	44,681.	378,908.	492,983.
	2 Less Charitable contributions	28,345.	29,306.	182,868.	240,519.
	3 Gross revenue (line 1 minus line 2)	41,049.	15,375.	196,040.	252,464.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Non-cash prizes	19,228.	0.	3,595.	22,823.
	6 Rent/facility costs	11,000.	8,527.	13,051.	32,578.
	7 Other direct expenses	15,947.	18,610.	199,670.	234,227.
	8 Direct expense summary Add lines 4 through 7 in column (d)				( 289,628.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				<37,164.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

- 9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," Explain. \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2008

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

► Attach to Form 990.

OMB No 1545-0047

2008

**Open to Public  
Inspection**

**Employer identification number**  
**72-6020969**

Part I	General Information on Grants and Assistance
--------	--

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--------------------------------	--	------------------------------------

(h) Purpose of grant or assistance

LOUISIANA STATE UNIVERSITY  
204 THOMAS BOYD HALL  
BATON ROUGE LA 70803

UNIVERSITY ACADEMIC AND  
RESEARCH SUPPORT,  
INCLUDING SCHOLARSHIPS,  
GRADUATE FELLOWSHIPS AND

72-6000848	501(C)(3)
------------	-----------

16,855,833.

0.

1

---

## E FELLOWSHIPS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

$$\begin{array}{r} 1. \\ \hline 0. \end{array}$$

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE LSU FOUNDATION PROVIDES GRANTS OR ASSISTANCE, IN ACCORDANCE WITH ITS STATED MISSION, TO LOUISIANA STATE UNIVERSITY, THE LSU PAUL M. HEBERT LAW CENTER, THE LSU AGRICULTURAL CENTER AND THE LSU SYSTEM OFFICE, IN THE FORM OF REIMBURSEMENTS OF EXPENSES MADE IN SUPPORT OF THE BENEFICIARY PURPOSES FOR WHICH PRIVATE FUNDS WERE CONTRIBUTED TO THE FOUNDATION. THE UNIVERSITY IS PROVIDED WITH THE BALANCE OF FUNDS AVAILABLE IN FOUNDATION ACCOUNTS FOR SPECIFIC RESTRICTED PURPOSES. ON A MONTHLY BASIS, THE UNIVERSITY PROVIDES THE FOUNDATION WITH A REPORT OF THE EXPENSES MADE IN SUPPORT OF THOSE SPECIFIC PURPOSES TO BENEFIT THE



**Part IV** Supplemental Information

UNIVERSITY; ON PRESENTATION OF THIS REPORT, THE FOUNDATION REIMBURSES THOSE EXPENSES AS A GRANT OF ASSISTANCE TO THE UNIVERSITY. THE UNIVERSITY MAKES AVAILABLE TO THE FOUNDATION ALL DOCUMENTATION IN SUPPORT OF INDIVIDUAL ITEMS OF EXPENSE, AND THIS DOCUMENTATION IS ALSO MADE AVAILABLE TO THE FOUNDATION'S EXTERNAL AUDITORS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY ACADEMIC AND RESEARCH SUPPORT, INCLUDING SCHOLARSHIPS, GRADUATE FELLOWSHIPS AND FACULTY CHAIRS AND PROFESSORSHIPS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number

72-6020969

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

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

Schedule J (Form 990) 2008



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART I, LINE 7: A ONE-TIME BONUS PAYMENT WAS DETERMINED AND APPROVED BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE.**

Area for supplemental information with horizontal lines and two punch holes.

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

L S U FOUNDATION

Employer Identification number

72-6020969

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
---------------	--

[illegible]

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Attach to Form 990 To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a  
Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**L S U FOUNDATION**

Employer identification number  
**72-6020969**

**Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
LOUISIANA PUBLIC A FACILITIES AUTHORITY	72-0895871	1546398FJ2	04/30/03	31,555,000	SUPPORT CONSTRUCTION OF PUB		X		X
B									
C									
D									
E									

**Part II Proceeds (Optional for 2008)**

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									

9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									

**Part III Private Business Use (Optional for 2008)**

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

832121  
12-16-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

See Schedule O for additional information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number

72-6020969

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT M. STUART, JR.	BOARD MEMBER	0.	ROBERT M. S		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**L S U FOUNDATION**

Employer identification number

**72-6020969**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	<b>X</b>	<b>8</b>	<b>278,325.</b>	<b>OPINIONS OF EXPERTS</b>
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	<b>X</b>	<b>84</b>	<b>6,970,756.</b>	<b>MARKET PRICE</b>
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	<b>X</b>	<b>75</b>	<b>74,750.</b>	<b>OPINION OF EXPERTS</b>
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

	Yes	No
30a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	<b>X</b>	
----	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a	<b>X</b>	
-----	----------	--

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

--	--	--

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

Schedule M (Form 990) 2008



**Part II****Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: LSU FOUNDATION HIRES THE FOLLOWING TO SELL

NON-CASH CONTRIBUTIONS:

- 1) REAL ESTATE AGENTS - SELL DONATED REAL ESTATE, WHEN APPLICABLE
- 2) STOCK BROKERS - SELL DONATED STOCK THROUGH BROKERAGE ACCOUNTS
- 3) AUCTION HOUSES - SELL DONATED ART

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number  
72-6020969

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AGRICULTURAL CENTER, THE LSU PAUL M. HEBERT LAW CENTER, AND THE LSU SYSTEM OFFICE. THE FOUNDATION ENCOURAGES AND RECEIVES PHILANTHROPIC GIFTS AND BEQUESTS, INCLUDING BOTH RESTRICTED AND UNRESTRICTED GIFTS. THE FOUNDATION ALSO MANAGES THE INVESTMENT OF ENDOWED FUNDS AND OTHER PRIVATE ASSETS. GIFTS TO THE FOUNDATION ADD A MARGIN OF EXCELLENCE OVER AND ABOVE THE APPROPRIATE LEVEL OF STATE SUPPORT AND ARE NOT INTENDED TO REPLACE STATE FUNDS. MOST IMPORTANTLY, BEHIND EVERY GIFT TO THE FOUNDATION THERE IS AN INDIVIDUAL OR ORGANIZATION DETERMINED TO ADVANCE THE QUALITY OF EDUCATION.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AND UNRESTRICTED GIFTS. THE FOUNDATION ALSO MANAGES THE INVESTMENT OF ENDOWED FUNDS AND OTHER PRIVATE ASSETS. GIFTS TO THE FOUNDATION ADD A MARGIN OF EXCELLENCE OVER AND ABOVE THE APPROPRIATE LEVEL OF STATE SUPPORT AND ARE NOT INTENDED TO REPLACE STATE FUNDS. MOST IMPORTANTLY, BEHIND EVERY GIFT TO THE FOUNDATION THERE IS AN INDIVIDUAL OR ORGANIZATION DETERMINED TO ADVANCE THE QUALITY OF EDUCATION.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER PROGRAM SERVICES INCLUDE: (1) CAPITAL OUTLAY - ACQUISITION OF EQUIPMENT AND CONSTRUCTION OF FACILITIES FOR USE IN THE ACADEMIC AND RESEARCH ENDEAVORS OF THE UNIVERSITY, (2) SALARY SUPPORT FOR ACADEMIC POSITIONS, (3) INSTITUTION-WIDE ACADEMIC PROGRAMS, SUCH AS CHANCELLOR'S DISTINGUISHED LECTURE SERIES AND HOSTING VISITING SCHOLARS, (4) SERVICE AWARDS FOR OUTSTANDING FACULTY AND PROFESSIONAL STAFF, (5) TRAVEL TO

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

L S U FOUNDATION

Employer identification number  
72-6020969

NATIONAL AND INTERNATIONAL BUSINESS SEMINARS AND CONFERENCES BY  
UNIVERSITY FACULTY AND STAFF OF ACADEMIC UNITS, (6) INSTITUTIONAL  
ADVANCEMENT.

EXPENSES \$ 2164874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: ROBERT M. STUART, JR. AND WILLIAM  
B. OWENS ARE BOTH BOARD MEMBERS OF LSU FOUNDATION. ROBERT M. STUART, JR.  
IS THE LOUISIANA PRESIDENT OF CAPITAL ONE BANK, AND WILLIAM B. OWENS IS THE  
PRESIDENT OF ALEXANDRIA LA CITY BOARD OF CAPITAL ONE BANK.

G. LEE GRIFFIN IS A BOARD MEMBER AND WILLIAM L. SILVIA, JR. IS THE  
TREASURER OF THE LSU RESEARCH AND TECHNOLOGY FOUNDATION. G. LEE GRIFFIN IS  
A BOARD MEMBER OF LSU FOUNDATION AND WILLIAM SILVIA, JR. IS THE  
FOUNDATION'S CORPORATE SECRETARY.

J. HERBERT BOYDSTUN, J. TERRELL BROWN, AND CHARLES A. LANDRY ARE BOARD  
MEMBERS OF LSU FOUNDATION AND PENNINGTON BIOMEDICAL RESEARCH FOUNDATION.

G. LEE GRIFFIN IS A BOARD MEMBER AND WILLIAM L. SILVIA, JR. IS THE CFO OF  
PENNINGTON MEDICAL FOUNDATION. G. LEE GRIFFIN IS A BOARD MEMBER OF LSU  
FOUNDATION AND WILLIAM L. SILVIA, JR. IS THE FOUNDATION'S CORPORATE  
SECRETARY.

FORM 990, PART VI, SECTION A, LINE 4: A NEW OFFICER POSITION, CHIEF  
INVESTMENT OFFICER, WAS CREATED DURING THE YEAR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number  
72-6020969

THE FOUNDATION CHANGED THE REQUIREMENT OF A UNANIMOUS VOTE OF THE EXECUTIVE COMMITTEE FOR APPROVAL OF BOARD ACTIONS AND RESOLUTIONS OUTSIDE OF SCHEDULED MEETINGS TO THE REQUIREMENT OF A TWO-THIRDS VOTE OF THE EXECUTIVE COMMITTEE.

THE FOUNDATION REDUCED THE NUMBER OF EX-OFFICIO MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE FOUNDATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE ELECTED BY MEMBERS OF THE FOUNDATION

FORM 990, PART VI, SECTION A, LINE 10: THE CFO REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE. THE CFO PROVIDES A COPY OF THE FORM 990 TO THE ENTIRE BOARD OF DIRECTORS AND SEEKS COMMENT AND FEEDBACK PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND OFFICERS COMPLETE A DISCLOSURE STATEMENT QUESTIONNAIRE ON AN ANNUAL BASIS IN WHICH THEY ARE ASKED TO PROVIDE INFORMATION ON ENTITIES FOR WHICH THEY ARE BOARD MEMBERS, PARTNERS, OFFICERS, OR PRINCIPAL OWNERS. THE FOUNDATION LEGAL COUNSEL REVIEWS SUCH DISCLOSURE STATEMENTS FOR IDENTIFICATION OF POTENTIAL CONFLICTS. ALSO, PRIOR TO EXECUTION OF ALL CONTRACTS, THE FOUNDATION REQUIRES THE VENDOR TO COMPLETE A DISCLOSURE STATEMENT LISTING THE PRINCIPALS FOR THE CONTRACT. THESE VENDOR DISCLOSURE STATEMENTS ARE

COMPARED BY THE LEGAL OFFICE TO THE DISCLOSURES PROVIDED BY BOARD MEMBERS

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number  
72-6020969

AND OFFICERS AND REVIEWED BY THE LEGAL OFFICE TO DETERMINE IF ANY POTENTIAL CONFLICTS OF INTEREST EXIST. LEGAL COUNSEL SHALL ADDRESS ANY CONCERNS BROUGHT TO HIM BY THE LEGAL OFFICE REGARDING POTENTIAL CONFLICTS OF INTEREST WITH THE BOARD OF DIRECTORS. ADDITIONALLY, THE BOARD PERIODICALLY PERFORMS A DETAILED REVIEW OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION GATHERED EXTERNAL, INDEPENDENT SALARY SURVEYS OF EXECUTIVE COMPENSATION FOR RELEVANT PEER GROUPS. THE FOUNDATION'S EXECUTIVE COMMITTEE REVIEWED AND DISCUSSED THE SURVEYS DURING EXECUTIVE SESSION IN CONJUNCTION WITH AN ANNUAL REVIEW OF COMPENSATION FOR OFFICERS. THE EXECUTIVE COMMITTEE MINUTES REFLECT THE PROCESS DESCRIBED ABOVE.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS ARE FILED WITH THE LOUISIANA SECRETARY OF STATE'S OFFICE AND ARE AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: LOUISIANA PUBLIC FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

SUPPORT CONSTRUCTION OF PUBLIC FACILITIES

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: ROBERT M. STUART, JR.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number

72-6020969

(D) DESCRIPTION OF TRANSACTION: ROBERT M. STUART, JR. IS THE LOUISIANA PRESIDENT OF CAPITAL ONE BANK, WHICH HAS FACILITATED DEBT FINANCING ARRANGEMENTS APPROXIMATING \$14 MILLION AS OF JUNE 30, 2009, INVOLVING LSU FOUNDATION. MR. STUART WAS NOT, HOWEVER, A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS WHEN THIS DEBT FINANCING WAS APPROVED NOR WHEN THE FINANCING ARRANGEMENTS WERE EXECUTED.

FORM 990, PART IV, QUESTION 12 AND FORM 990, PART XI, QUESTION 2  
SUPPLEMENTAL DISCLOSURE

THE LSU FOUNDATION IS NOT AUDITED ON A STAND-ALONE BASIS, BUT AS A PART OF THE CONSOLIDATED GAAP BASIS FINANCIAL STATEMENTS OF THE LSU FOUNDATION AND RELATED ORGANIZATIONS. SUCH CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

AUDITED FINANCIAL STATEMENTS AND AUDIT COMMITTEE

THE LSU FOUNDATION IS INCLUDED IN THE AUDITED CONSOLIDATED GAAP-BASIS FINANCIAL STATEMENTS WHICH INCORPORATE THE LSU FOUNDATION AND RELATED ORGANIZATIONS. THE LSU FOUNDATION BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE WHOSE BOARD-APPROVED AUDIT COMMITTEE CHARTER PROVIDES, AMONG OTHER POWERS, OVERSIGHT BY THE AUDIT COMMITTEE OF THE EXTERNAL AUDIT OF THE FINANCIAL STATEMENTS AND COMMUNICATIONS WITH THE INDEPENDENT AUDITORS.

FORM 990, SCHEDULE K

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

L S U FOUNDATION

Employer identification number  
72-6020969

**PROCEEDS FROM TAX-EXEMPT BONDS**

THE LSU FOUNDATION WAS ONE OF SEVERAL PARTICIPANTS BORROWING THE PROCEEDS OF TAX-EXEMPT REVENUE BONDS TOTALING \$31,555,000 ISSUED BY THE LOUISIANA PUBLIC FACILITIES AUTHORITY IN 2003. THE FOUNDATION'S PORTION TOTALED \$12,725,000.

**FORM 990, PART V, QUESTION 5C**

**DISCLOSURE REGARDING PROHIBITED TAX SHELTER TRANSACTIONS**

ANNUALLY, THE FOUNDATION SENDS LETTERS TO EACH OF ITS FUND MANAGERS REQUESTING INFORMATION REGARDING THE FUND'S PARTICIPATION IN PROHIBITED TAX SHELTER TRANSACTIONS. THE FOUNDATION WAS NOTIFIED BY ONE OF THE FUNDS THAT THEY HAD PARTICIPATED IN SAID TRANSACTIONS, AND HAD COMPLIED WITH THE IRS REPORTING REQUIREMENTS.

**FORM 990, PART V, QUESTION 4A**

**FBAR FILING RELIEF**

LSU FOUNDATION IS A MEMBER OF A PARTNERSHIP WHICH PARTICIPATES IN A FOREIGN HEDGE FUND. IRS NOTICE 2010-23 PROVIDES GUIDANCE ON THE REQUIRED FILING OF FORM TD F 90-22.1. IN THIS GUIDANCE IT STATES THAT IF A TAXPAYER HOLDS AN INTEREST IN A FOREIGN HEDGE FUND OR PRIVATE EQUITY FUND, THEY ARE NOT REQUIRED TO FILE FORM TD F 90-22.1.







**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) LSU PROPERTY FOUNDATION	B	3,326,190.
(2) LSU PROPERTY FOUNDATION & LSU MARINE PROPERTY FOUNDATION	M	0.
(3) LSU PROPERTY FOUNDATION & LSU MARINE PROPERTY FOUNDATION	N	0.
(4) LSU PROPERTY FOUNDATION	D	6,081,300.
(5)		
(6)		



Form **8868**

(Rev. April 2009)

**Application for Extension of Time To File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  
**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

File by the due date for filing your return. See instructions	Name of Exempt Organization <b>LSU Foundation</b>	Employer identification number <b>72-6020969</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3838 West Lakeshore Drive</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Baton Rouge, LA 70808</b>	

**Check type of return to be filed (file a separate application for each return).**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ **Entity**

Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ ☐ calendar year \_\_\_\_\_ or  
▶ ☒ tax year beginning July 1, 2008, and ending June 30, 2009

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ <u>00</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ <u>00</u>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$ <u>00</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>LSU Foundation</b>	Employer identification number <b>72-6020969</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>3838 West Lakeshore Drive</b>	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>Baton Rouge, LA 70809</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☒ **Entity**  
Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until May 15, 2010
- 5 For calendar year       , or other tax year beginning July 1, 2008 and ending June 30, 2009
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Taxpayer's accountants have not had sufficient time to gather the information necessary to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ <u>0-</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <u>0-</u>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <u>0-</u>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Candace Knight Title CPTA Date 2/12/10

Form 8868 (Rev 4-2009)

POSTLETHWAITE &amp; NETTERVILLE, APAC

8550 United Plaza Blvd, Suite 1001

Baton Rouge, LA 70809