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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2013 calendar year, or tax year beginning JUL 1, 2013 and endi	ing J	UN 30, 2014					
В	Check if applicable	C Name of organization		D Employer identifica	ation number				
	Addres	L S U PROPERTY FOUNDATION							
	Name change		•	72-12	95979				
	Initial return Termin ated	· · · · · · · · · · · · · · · · · · ·	m/suite	E Telephone number 225-5	78-3811				
	Ameno	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	1,615,890.				
	Application			H(a) Is this a group return					
	pendir	F Name and address of principal officer:G • LEE GRIFFIN		for subordinates?					
		3838 WEST LAKESHORE DRIVE, BATON ROUGE, I	LA	H(b) Are all subordinates inc	luded? Yes No				
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	527		st. (see instructions)				
		e: ► WWW.LSUFOUNDATION.ORG		H(c) Group exemption					
		organization X Corporation Trust Association Other ▶	L Year o	of formation 1995 M	State of legal domicile: LA				
P	art I	Summary							
9		Briefly describe the organization's mission or most significant activities: FOSTER							
Activities & Governance		VIA GIFTS OF REAL ESTATE AND EQUIPMENT FOR	LSU	, LSU AGRICU	LTURAL				
Ë	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed $lpha$	of more	than 25% of its net ass					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	11				
∞5	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	11				
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0				
Ξ	6	Total number of volunteers (estimate if necessary)		6	11				
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		\sim	ļ	Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII/ line 1h	ļ	1,645,588.	1,615,890.				
Je J	9	Program service revenue (Part VIII, line 2g)	-	0.	0.				
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and (7d)	<u> </u>	0.	0.				
	11	Other revenue (Part VIII, column (Å), lines 5,6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,645,588.	1,615,890.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)5/	-	1,163,192.	1,407,812.				
	1	Benefits paid to or for members (Part X column (A), line 4) / %	-	0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10)	-	0.	0.				
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11te) Total fundraising expenses (Part IX, column (D), line 25) 98, 390	ļ	0.	<u> </u>				
Ä	_ D		•	268,716.	172,490.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,431,908.	1,580,302.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	213,680.	35,588.				
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	Po/	Inning of Current Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1 267	3,431,317.	End of Year 3,307,641.				
ASS	21	Total liabilities (Part X, line 26)	 	2,335,753.	2,176,489.				
喜	22	Net assets or fund balances. Subtract line 21 from line 20	 	1,095,564.	1,131,152.				
P	art II	Signature Block							
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			, , , , ,				
		De Dage	· •	3/3-//	5				
Sig	n	Signature of officer		Date					
He	re	GINA M. DUGAS, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check] · PTIN				
Pai	d	RALPH STEPHENS		SISTIST Sett-employed	P00638118				
Pre	parer	Firm's name POSTLETHWAITE & NETTERVILLE		Firm's EIN	72-1202445				
Use	Only	Firm's address 8550 UNITED PLAZA BLVD, SUITE 1001	1						
		BATON ROUGE, LA 70809		Phone no (22	5)922-4600				
Ma	y the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
3320	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.		NM CONMINITAM	Form 990 (2013)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(C)

Form 990 (2013) L S U PROPER
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	1	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>	[I
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013

Form 990 (2013) L S U PROPERTY FOU Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	_ A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c		1		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	ļ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	١.		,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		v	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	<u>X</u>	(00:5)
		Form	1 93U	(2013)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			17
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		х
_	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	·		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 504(a)(40) agreement in a Fotory			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
ь	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
_	Note. See the instructions for additional information the organization must report on Schedule O.			<u> </u>
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

Form 990 (2013) L S U PROPERTY FOUNDATION 72-1295979 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management		•		
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent	11			
2	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?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision.	sion			
•	of officers, directors, or trustees, or key employees to a management company or other person?	5,611	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
,,,	more members of the governing body?		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
•	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1			
а	The governing body?	ı	8a	X	1
b	Each committee with authority to act on behalf of the governing body?		8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
000	CHOIL D. 1 CHOICS (This decision is requests information about policies not required by the internal nevenue dode)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	e			
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	٠,	10b		
11a		ne form?	11a	Х	
b					
12a	The same of the sa		12a	Х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
c	District the second of the sec				
•	In Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independe	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	- Can cal a da la		15a		Х
	Other officers or key employees of the organization See Schedule D		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati	on			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	011			
	exempt status with respect to such arrangements?		16b		1
Sec	etion 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 (Section 501(c)(3)s only) :	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,,_, <u>_</u> ,_, _,,,,,,			
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interes		d finor	ncial	
10	statements available to the public during the tax year.	i policy, all	u midi	icidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e organiza	tion:	•	
	LSU FOUNDATION C/O GINA M. DUGAS - (225) 578-3811	. v vrgamza			
	3838 W. LAKESHORE DR., BATON ROUGE, LA 70808				
	The state of the s			000	(0040)

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

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

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

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

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

(A) Name and Title	(B) Average	Average Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle		rson	ıs bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustæe		Key employee	Highest compensated employee	ke	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	μφι	Instit	Officer	Keye	Highe emplo	Form			3
(1) CHARLES A. LANDRY	0.20									
DIRECTOR	1.50	X						0.	0.	0
(2) LAURA DAUZAT	0.20							_	_	_
DIRECTOR	1.50	Х						0.	0.	0
(3) WILLIAM FIRESHEETS, II	0.20									
DIRECTOR	1.50	X						0.	0.	0
(4) FRANK W. HARRISON, III	0.20									•
DIRECTOR	1.50	X	<u> </u>		<u> </u>	-		0.	0.	0
(5) FELIX R. WEILL	0.20	,,							•	•
DIRECTOR	1.50	X			_	-		0.	0.	0
(6) HENSON MOORE	0.20	v						0.	0.	^
DIRECTOR	1.50	X	-					0.	· · · · · · · · · · · · · · · · · · ·	0
(7) JEFF SPRINGMEYER	1.50	X						0.	0.	0
DIRECTOR	0.20	₽	<u> </u>				\vdash	0.	0.	<u> </u>
(8) CLARENCE CAZALOT		X						0.	0.	0
DIRECTOR	0.20	^	╁			-		0.	0.	0
(9) SEAN REILLY DIRECTOR	1.50	X						0.	0.	0
(10) ROBERT STUART	0.20	1	<u> </u>		-	╁╌		•	•	
DIRECTOR		X				l		0.	0.	0
(11) DAVID MEANS	0.20	 	<u> </u>			\vdash				
DIRECTOR	·	x						0.	0.	0
(12) GARY L. LABORDE	0.50		<u> </u>							
PRESIDENT	2.00	1		X				0.	0.	0
(13) G. LEE GRIFFIN	0.50					İ				_
EXECUTIVE DIRECTOR	40.00	1		X				0.	332,552.	10,950
(14) WILLIAM L. SILVIA, JR	0.30									
SECRETARY	1.00			X				0.	0.	0
(15) GINA M. DUGAS	2.00	_								
TREASURER	40.00			X				0.	194,625.	12,791
(16) CASS GAIENNIE	0.20]								
PRESIDENT-ELECT	1.50	<u> </u>		X		\perp		0.	0.	0

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) (B) (C) (D) (E))
	Name and title	Average	(do			ition) than	one	Reportable	Reportable		Estım	ated
		hours per	box	unle	ss pe	rson	is bot	h an	compensation	compensation		amou	
		week (list any	-	Jer au	1 4 4	I	Ji/tius	lee)	from	from related		oth	
		hours for	trustee or director				_		the organization	organizations (W-2/1099-MIS)	1	comper	
		related	5	黟			Highest compensated employee		(W-2/1099-MISC)	(44-2/1099-14113)	"	organi	
		organizations	fruste	Institutional frustee		8	Ē		(11 2) 1000 111100)			and re	
		below	Individual	nota T	_{la}	Кеу етріоуее	8 St	<u>م</u>				organiz	ations
		line)	- Fig	Instil	Officer	Key	돌를	Former					
				·									
							1						
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			1				1						
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						t							
			ĺ										
						T	t	-					
											ļ		
						t		_					
			1										
			1								į		
1b	Sub-total								0.	527,17	7.	23,	741.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	Total (add lines 1b and 1c)	-						ightharpoons	0.	527,17	7.	23,	741.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable	•	-	
	compensation from the organization												0
											_	Ye	s No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y eı	mplo	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ens	atıor	n an	d ot	her compensation from	the organization			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J	for such individual		L	4 X	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	elat	ted organization or indivi	dual for services	}		
	rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	per	son					5	<u> </u>
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racte	ors 1	that received more than	\$100,000 of comp	oensa	ation fron	n
	the organization. Report compensation for	the calendar y	ear	end	Ing \	vith	or w	<u>rithi</u>	n the organization's tax	year.			
	(A)								(B)			(C)	
	Name and business								Description of s	ervices	<u> </u>	ompensa	tion
	DEN ARCHITECTS/HKS, A					E							
	3RD STREET, BATON ROL								GENERAL CONT	RACTOR		332 <u>,</u>	854.
	IGELOSI WARD GENERAL CO						2	i					
BROOKLINE AVENUE, BATON ROUGE, LA 70809 GENERAL CO										RACTOR		<u>172,</u>	<u>171.</u>
									<u> </u>				
2	Total number of independent contractors (not li	mıte	ed to		_	ste	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation 📂					2			I.			

		Check if Schedule O conta	and a response	or note to arry III	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
						revenue	revenue	512 - 514
1 :		Federated campaigns .	1a					
١		Membership dues	1b					
•		Fundraising events	1c	C15 000				
(Related organizations		615,890.				
•		Government grants (contribut	1 1					
1	f	All other contributions, gifts, grant	1 1					
		similar amounts not included above	ve . [1f]					
,	g	Noncash contributions included in lines	1a-1f \$					
	h_	Total. Add lines 1a-1f		•	1,615,890.			
			!	Business Code				
2	a							
	b		· <u> </u>					
	С							
	d							
	е							
	f	All other program service reve	nue					ļ.
	g	Total. Add lines 2a-2f		>				
3		Investment income (including	dividends, intere	est, and				
		other similar amounts)		>				
4		Income from investment of ta	x-exempt bond p	roceeds				
5		Royalties		>				
		•	(ı) Real	(ii) Personal				
6	а	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						1
		Gross amount from sales of	(i) Securities	(ii) Other				
•	_	assets other than inventory	W					
	h	Less: cost or other basis						
	-	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
8		Gross income from fundraisin	a events (not	,				
Ŭ	_	including \$						
		contributions reported on line						
		Part IV, line 18	а					
	h	Less: direct expenses	b	<u></u>				
		Net income or (loss) from fund	•					1
		Gross income from gaming a						
0	u	Part IV, line 19	a a					
	_	Less: direct expenses	b					
		Net income or (loss) from gan	•		İ	ĺ		1
40		Gross sales of inventory, less	_					
10	a	and allowances						
	_	Less: cost of goods sold .	. a					
		-	-		f			1
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code			:	
44	_			Dusiness Code	†			1
11								
	b							-
	C				 			
	d	All other revenue			 			1
	е	Total. Add lines 11a-11d			1 615 000	ļ	0	1 ~
12		Total revenue. See instructions			1,615,890	0.	U	. 0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	1,407,812.	1,407,812.		······
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•	Other employee benefits				
9	Payroll taxes				
10 11	Fees for services (non-employees):			····	
''a	Management				
b	Legal	12,369.	1,045.	11,324.	
c	Accounting				
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	12.71			
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O)	i			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			****	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21 - 52	61 500		
20	Interest	61,572.	61,572.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OFFICIAL FUNCTIONS	98,390.			98,390.
b	OTHER OPERATING SERVICE	159.	130.	29.	·
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,580,302.	1,470,559.	11,353.	98,390.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				Fa 000 (0012)

Pai	t X	Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O contains a response of note to any line in this Part A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net	248,169.	4	88,905
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,087,584.			
	b	Less: accumulated depreciation 10b	2,087,584.	10c	2,087,584
	11	Investments · publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,095,564.	15	1,131,152
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,431,317.	16	1,131,152 3,307,641
	17	Accounts payable and accrued expenses	248,169.	17	88,905
	18	Grants payable		18	
	19	Deferred revenue	63,300.	19	63,300
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Š	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties	2,024,284.	23	2,024,284
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,335,753.	26	2,176,489
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	79,621.		693,057
<u>e</u>	28	Temporarily restricted net assets	1,015,943.	28	438,095
Ď E	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			7111111
5		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
1881	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Ħ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,095,564.	33	1,131,152
	34	Total liabilities and net assets/fund balances	3,431,317.		3,307,641.

<u>Form</u>	990 (2013) L S U PROPERTY FOUNDATION	72-129	95979	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	1,615 1,580 35 1,095	$\frac{3}{5}$	$\frac{02.}{88.}$
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,131	1,1	52.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_	X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.		2a	Yes	No X
b	separate basis, consolidated basis, or both: See Schedule 0 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	te basis,	2b	х	
c	Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c		_X
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Act and OMB Circular A-133?	ingle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>
			Form	990 ((2013)

332012 10-29-13

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

L S U PROPERTY FOUNDATION

Employer identification number 72-1295979

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	a private foundation l	because it is: (For lines 1	through '	11, check d	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
з 🔲			tal service organization o			170(b)(1)	A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital	's nam	e,
	city, and stat	te:			•				-	•		
5 X	An organizati	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a govern	nental unit	describ	ed in		
		(b)(1)(A)(iv). (Comple	_	•	•	•	Ū					
6			ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7 🔲			eives a substantial part of					r from the	general	public desc	ribed ii	n
		(b)(1)(A)(vi). (Comple				•			3			
8 🗌			ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🔲			eives: (1) more than 33 1			rom contri	butions, m	nembershii	o fees. a	nd aross re	celots f	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.											
		509(a)(2). (Complete	•		,			,g			-,	
10			perated exclusively to tes	st for publ	ıc safety. S	See sectio	n 509(a)(4	I).				
11 🔲	-	•	perated exclusively for th		•			9	out the	purposes o	of one o	or
	-	•	ations described in section		•			-		• •		
			organization and comple				•	•				
	a Type	· · · · · · · · · · · · · · · · · · ·	· — ·		nctionally i			Typ	e III - No	n-functional	lv intec	ırated
e 🗀		•	t the organization is not		•	_					-	
	foundation m	nanagers and other t	han one or more publicly	supporte	d organiza	tions desc	onbed in s	ection 509)(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			` ' ' '	
	supporting o	rganization, check th	nis box		•							
9	Since Augus	t 17, 2006, has the c	organization accepted an	y gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons c	lescribed	ın (iı) and (ı	ıi) below	',	Yes	No
	the gov	eming body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	following information	about the supported org	ganization	(s).							
(i) Name	of supported	(ii) EIN	(lii) Type of organization	(iv) is the c	organization	(v) Did you	notify the	(vi) is		(vii) Amount	of mor	netary
	anization		(described on lines 1-9		sted in your	organizat		organization (i) organization	ed in the	1	port	
			above or IRC section (see instructions))	governing	document?	(i) of you	support	US	?			
			(acc manuchona))	Yes	No	Yes	No	Yes	No	L		
					ľ				1			
		ļ										
									}			
		<u> </u>										
					ļ	ļ			ļ			
			ļ	ļ	ļ	<u> </u>	ļ	ļ	<u> </u>			
Total		<u> L</u>	<u></u>	<u>l</u>	L	<u>. </u>	<u> </u>	<u> </u>	<u> </u>			
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 99	0-EZ)	2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,715,962.	3,536,405.	1,522,195.	1,645,588.	1,615,890.	12,036,040.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,715,962.	3,536,405.	1,522,195.	1,645,588.	1,615,890.	12,036,040.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6	Public support. Subtract line 5 from line 4						12,036,040.
Se	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,715,962.	3,536,405.	1,522,195.	1,645,588.	1,615,890.	12,036,040.
8	Gross income from interest,		İ				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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	Total support. Add lines 7 through 10						12,036,040.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, c	olumn (f))			100.00 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14	•		15	100.00 <u>%</u>
16a	a 33 1/3% support test - 2013. If the o	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
ŧ	o 33 1/3% support test - 2012. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	•					▶∟
17	10% -facts-and-circumstances tes	=					
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"	-	•		-		▶□
ı	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						,
	organization meets the "facts-and-cire						▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2013

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support				<u>,</u>		_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				,		
	membership fees received. (Do not		;				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						•
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
A	Total. Add lines 1 through 5			<u> </u>			
	Amounts included on lines 1, 2, and						
′	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						·
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>	fi	,		
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(2) 2000	(4) 20.10	(0) = 0 + 1	14/2012	(4) = 3 · · ·	(7)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
,	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here			<u> </u>			▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012		-	`,,		16	%
	ction D. Computation of Inve			I			
17						17	%
18				,		18	
	a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than	L	
	more than 33 1/3%, check this box a						▶ 🗀
	b 33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization		-	•			▶ □
<u> 20</u>	r invate roundation. If the organization	AL CITE HOL CHECK A	LOOK OIT III IC 14, 15	ra, Or 13D, CHECK	III DOV BIO 266 II		

Schedule A	(Form 990 or 990-EZ) 2013 L S U PROPERTY FOUNDATION	72-1295979 Page
Part IV	(Form 990 or 990-EZ) 2013 L S U PROPERTY FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
.	Also complete this part for any additional information. (See instructions).	
		-
	A Section 1	
		*** *********

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

L S U PROPERTY FOUNDATION

Employer identification number 72-1295979

Par	Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 adv	sed funds
	are the organization's property, subject to the organization's	· · · · · ·	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	e used only
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		. Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
•	year ▶	,	, a congression according to a con-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		•
	violations, and enforcement of the conservation easements i	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		·
	and section 170(h)(4)(B)(II)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	া া	f 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 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> s > s
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.	RTY FOUNDATIO	<u> </u>	12-	-12959/9 Pag
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Financial derivatives			- <u></u>	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)		1		= : .
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11d. See Form 990, F	Part X, line 15.	
	Description			(b) Book value
(1) CONSTRUCTION IN PROGRESS				1,131,15
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	1,131,15
Part X Other Liabilities.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		_		
(4)				
(5)				
(6)				
(8)				
(9)		-		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

SCHEDULE I (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2013	Open to Public Inspection
		_,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 72-1295979

ПSП	PROPERTY FOUNDATION	NDATION		1			72-1295979
Part General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	/ for the grants or as:	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	; [2
criteria used to award the grants or assistance?	stance?						A Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monif	oring the use of grant	t funds in the United	d States.			
Part If Grants and Other Assistance to Governments and Organizati	Governments and	d Organizations in th	e United States. C	complete if the orga	anization answered "	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addir	tional space is need	led.			
1 (a) Name and address of organization or government	(9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY						CONSTRUCTION OF	DONATION OF ENCLOSED
204 THOMAS BOYD HALL						HILLTOP	PAVILION AT THE LSU
BATON ROUGE, LA 70803	72-6000848		0.	1,407,812.TAX VALUE	TAX VALUE	ARBORETUM	HILLIOP ARBORETUM
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in t	listed in the line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance 72-1295979 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant L S U PROPERTY FOUNDATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013)

| Part III | Grants and Other

Page 2

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

L S U PROPERTY FOUNDATION

Employer identification number 72–1295979

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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? 5a X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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? 6a **b** Any related organization? 6b X 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 X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2013

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013 L S U PROPERTY FOUNDATION

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)(B)	reported as deferred in prior Form 990
(1) G LEE GRIPPIN	9	0	0	0	0	0	0	0
CUTIL	: (2)	320,55	0	12,000.	10,20	75	343,502.	•0
(2) GINA M. DUGAS	Θ		0.	0		:	0.	0
9	(E)	187,425.	0	7,200.	7,888.	4,903.	207,416.	• 0
	Θ							
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	(II)							
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Schedule J (Form 990) 2013

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name	of	the	organ	nization
1101116	v	uie	oryai	пданун

L S U PROPERTY FOUNDATION

Employer identification number

72-1295979

Complete ii the	organization answ				, or 1 orni 550 LZ, 1	<u>α, τ τ , ι</u>			1-0 C	`~=~	•
(a) Name of disqualified p	person (b) R	elationship bety person and or	•	(c) Description of tran	sactio	n		Ye	Correc	<u>tea</u> No
-											
	incurred by the or	rganization man	agers or disc	qualified persons dui	ing the year under	1	•				
section 4958 Enter the amount of tax,		above, reimburs	sed by the or		ing the year under	!	> \$ > \$				
Enter the amount of tax, Cart II Loans to and Complete if the	, if any, on line 2, a	above, reimburs	sed by the org sons. Form 990-EZ			 1e 26; c	► \$ ► \$ or if th	e orga	nizatio	on.	
section 4958 Enter the amount of tax, Complete if the	, if any, on line 2, a	above, reimburs	sed by the org sons. Form 990-EZ	ganization		ne 26; (g)	In		oroved ard or	on (i) Wa	
section 4958 Enter the amount of tax, Part II Loans to and Complete if the reported an amount of	d/or From Inte organization answount on Form 990	erested Person leads on the leads of the lea	sons. Form 990-EZ 3, or 22.	ganization , Part V, line 38a or F (e) Original principal amount	Form 990, Part IV, lir	(g)	In	(h) Apı	oroved ard or littee?	(i) W	
section 4958 Enter the amount of tax, Part II Loans to and Complete if the reported an amount of	d/or From Inte organization answount on Form 990	erested Person leads on the leads of the lea	sons. Form 990-EZ 3, or 22. (d) Loan to or from the organization?	ganization , Part V, line 38a or F (e) Original principal amount	Form 990, Part IV, lir	(g) defa	In ult?	(h) App by boo	oroved ard or littee?	(i) Wi	nen

Total Sants or Assistance Benefiting Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
				, .

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

Schedule L (Form 990 or 990-EZ) 2013

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	
				Yes	No
ROBERT M. STUART, JR.	MEMBER OF THE BOARD	61,572.	ROBERT M. S		Х
Part V Supplemental Information Provide additional information for resp	conses to questions on Schedule L (see	Instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: ROBER	I M. STUART, JR.				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	TION:		
MEMBER OF THE BOARD OF DI	RECTORS, & LOUISIANA	PRESIDENT	OF CAPITAL	ONE	BANI
(C) AMOUNT OF TRANSACTION	\$ 61,572.				
ROBERT M. STUART, JR. IS	THE LOUISIANA PRESID	ENT OF CAP	TAL ONE BAN	К,	
WHICH HAS FACILITATED DEB	r financing arrangem	ENTS APPRO	KIMATING \$20		
MILLION AS OF JUNE 30, 20	14, INVOLVING THE FO	UNDATION.	MR. STUART	WAS	
NOT, HOWEVER, A MEMBER OF	THE FOUNDATION'S BO	ARD OF DIRE	ECTORS WHEN	THIS	
DEBT FINANCING WAS APPROV	ED NOR WHEN THE FINA	NCING ARRAN	IGEMENTS WER	E	
EXECUTED. THE FOUNDATION	HAS PAID APPROXIMAT	ELY \$61,572	2 IN INTERES	т то	I
CAPITAL ONE BANK DURING T	HE FISCAL YEAR ENDED	JUNE 30, 2	2014.		
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				
	-				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

L S U PROPERTY FOUNDATION

Employer identification number 72-1295979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CENTER, THE LSU PAUL M. HEBERT LAW CENTER, AND THE LSU SYSTEM OFFICE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE TREASURER REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS AND SEEKS COMMENT AND FEEDBACK PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ALL BOARD MEMBERS AND OFFICERS COMPLETE A DISCLOSURE STATEMENT QUESTIONNAIRE ON AN ANNUAL BASIS IN WHICH THEY ARE ASKED TO PROVIDE INFORMATION ON ENTITIES IN WHICH THEY ARE BOARD MEMBERS, PARTNERS, THE FOUNDATION LEGAL COUNSEL REVIEWS SUCH OFFICERS, AND PRINCIPAL OWNERS. DISCLOSURE STATEMENTS FOR IDENTIFICATION OF CONFLICT. 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 TO THE DISCLOSURES PROVIDED BY BOARD MEMBERS AND OFFICERS AND REVIEWED TO DETERMINE IF ANY POTENTIAL CONFLICTS LEGAL COUNSEL ADDRESSES ANY CONCERNS REGARDING OF INTEREST EXIST. 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 C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS ARE FILED WITH THE LOUISIANA SECRETARY OF STATE'S OFFICE AND ARE AVAILABLE TO THE PUBLIC. CONFLICT OF INTEREST POLICY AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

► Attach to Form 990.

► See separate instructions. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2013

Employer identification number 72-1295979

PInformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. S U PROPERTY FOUNDATION Н Name of the organization

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			entity
LSU MUSEUM, LLC - 33-1026418					
3838 WEST LAKESHORE DRIVE	INVESTMENT IN SHAW CENTER				
BATON ROUGE, LA 70808	FOR THE ARTS, LLC	LOUISIANA	0.	0.	0.N/A
STEPHENSON DISASTER MANAGEMENT INSTITUTE	CREATION OF FILMS RELATED				
FILMS LLC - 26-2972416, 3838 WEST LARESHORE TO DISASTER PREPAREDNESS	TO DISASTER PREPAREDNESS				
DRIVE, BATON ROUGE, LA 70808	CONGRUENT W/ LSU MISSION	COUISIANA	0.	0.0	0.N/A
LSUPF GYM AND PERFORMING ARTS, LLC -					
27-1533502, 3838 WEST LAKESHORE DRIVE, BATON					
ROUGE, LA 70808	BAND AND CHOIR RENOVATIONS	LOUISIANA	0.	0.0	0.N/A
PERTT LAB, LLC - 27-2691553					
3838 WEST LAKESHORE DRIVE	CONSTRUCTION OF ENGINEERING				
BATON ROUGE, LA 70808	LAB	LOUISIANA	0.	0.N/A	1/A

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(6)		entity?	Yes No		-	×			×		
9	Direct controlling	entity				N/A			N/A		
(e)		status (if section	501(c)(3))			LINE 5		_	CINE 7		
(D)	Exempt Code	section				501(C)(3)			501(C)(3)		
(2)	Legal domicile (state or	foreign country)	•			LOUISIANA			LOUISIANA		
(a)	Primary activity			FOSTER PRIVATE FINANCIAL	SUPPORT FOR LSU AND ITS	RELATED CENTERS/COLLEGES	FOSTER SUPPORT VIA GIFTS	OF MARINE VESSELS FOR LSU	AND ITS RELATED CENTERS		
(e)	Name, address, and EIN	of related organization		LSU FOUNDATION - 72-6020969	3838 WEST LAKESHORE DRIVE	BATON ROUGE, LA 70808	NDATION - 71-0865718	3838 WEST LAKESHORE DRIVE	BATON ROUGE, LA 70808		

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

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Schedule R (Form 990)

Part | Continuation of Identification of Disregarded Entities

			•		•
(a)	(Q)	<u> </u>		e	Œ
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)	-		entity
HILLTOP PACILITY, LLC - 27-3717136	CONSTRUCTION OF EDUC/ADMIN				
3838 WEST LAKESHORE DRIVE	BUILDING AT HILLTOP				
BATON ROUGE, LA 70808	ARBORETUM	LOUISIANA	<1,009,298.	0.N/A	(A
RQUINE LAMENESS UNIT - 45-3773575					
IVE	TO CONSTRUCT A LAMENESS	2			
•	UNIT FOR EQUINES	LOUISIANA	.65	6,710.N/A	(A
DING LLC - 46-1688177					
3838 WEST LAKESHORE DRIVE	CONSTRUCTION OF OFFICE				
BATON ROUGE, LA 70808	BUILDING FOR LSU FOUNDATION	LOUISIANA	612,016.	694,221.N/A	/A
	ı		•		

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

foreign country)	BXC COLLECTION	1			allocations?	amount in box	managing ownership	wnership
	sections 512-514)	14)	*	assets Yes	ž	K-1 (Form 1065)	Yes No	
					1			
							-	
							_	
			_					
							-	
a Corporation or Trust C the tax year.	omplete if the orga	anization answer	ed "Yes" on For	m 990, Part IV,	, line 34 b	ecause it had or	ne or more	related
(q)	(2)	(G)	(e)	ε		(6)	ε	ε,
Primary activity			Type of entity					Section 512(b)(13)
			or corp, s corp, or trust)					/ = L
							_	Yes
								_
								+
							_	
		-						
					-			
		_	_			_		
		_						
	37					Schedule	R (Form 9	90) 2013
	rporation or Trust C ax year. (b)	rporation or Trust Complete if the organy year. (b) (c) (state or procedury) (country) (country) (country)	Procration or Trust Complete if the organization answer ax year. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	the organization answered "Yes" on For (ax year. (b) (c) (d) (e) (humary activity (astate or foreign (accorp.) (acc	proporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV (b) (c) (d) (e) (d) (formary activity) (state or trust) (corp. S. corp., S. corp	Proporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 by cax year. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Proporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had on a sax year. (b) (c) (d) (e) (f) (e) (f) (g) (h) (g) (h) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more sequence of the country of trust) Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more sequence of the country of trust) Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more sequence of the country of trust) Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more organization of the control of the country of the country of trust) Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more organization of the control of the country of the c

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

	d in Parts II-IV?
	nizations lister
	re related orga
	with one or more
<u>•</u>	transactions v
of this schedul	the following
ts II, III, or IV c	to vac in and
r is listed ın Parts II, III, c	the occapitation en
1 if any entity is	o and the or
Complete line	y yet att pon
Note.	Č

- During the tax year, did the organization engage in any of the following trans
 - Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LSU FOUNDATION	U	1,615,890.CASH	саѕн
(2) LSU FOUNDATION	Z	0.	
(3) LSU FOUNDATION	0	0	
(4) LSU FOUNDATION	ы	4,970,000.LOAN VALUE	COAN VALUE
(5)			
(9)			
332163 09-12-13	38		Schedule R (Form 990) 2013

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) (b) (c)	(4)	(9)	(b)	e	€	(5)	ε	6	6	8
MID TO COMPTO CONTIN	A second	choimob lood	Dradominant income	Are all	ช์	Chare of	Deproport	Code V-IIRI	Jenenes	Darcentage
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	501(c)(3) ords?		onare or end-of-year	tonate allocations?	allocators? A Schadule K-1 Pariner Ownership	managini partner?	ownership
		country)	under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
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			-							
			- 1							
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								Schedule	R (For	Schedule R (Form 990) 2013