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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 private foundations)

► 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.*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: SOUTHERN UNIVERSITY OF SHREVEPORT FOUNDATIOI

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 610 TEXAS ST

Room/suite: 400

City or town: SHREVEPORT

State: LA

ZIP code: 71101

Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 72-1454141

E Telephone number: (318) 670-6681

G Gross receipts $: 1,088,360

F Name and address of principal officer: FRANK WILLIAMS JR 610 TEXAS ST STE 400, SHREVEPORT, LA 711

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW SUSLA EDU/FOUNDATION

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1999

M State of legal domicile: LA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE EDUCATIONAL AND CULTURAL WELFARE OF SOUTHERN UNIV AT SHREVEPORT AND THE SURROUNDING COMMUNITY (SUS)		
	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), li	7a	79,540
	b	Net unrelated business taxable income from Form 990-T, line	7b	21,204

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	95	72,938
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	224	18
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	119,197	113,796
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, colun	119,516	186,752
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1	35,088	43,122
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column	50,913	52,481
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,595	60,099
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	128,596	155,702
	19	Revenue less expenses Subtract line 18 from line 12	-9,080	31,050

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	141,507	164,423
	21	Total liabilities (Part X, line 26)	21,273	13,139
	22	Net assets or fund balances Subtract line 21 from line 20	120,234	151,284

E-Filed on

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Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

COPY

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
RANDY PINKLEY		11/15/2017		P00194562

Firm's name ► RANDY PINKLEY CPA — Firm's EIN ► 72-1296117

Firm's address ► PO BOX 18037, SHREVEPORT, LA 71138 — Phone no (318) 925-2244

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2016)

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