

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LSU HEALTH FOUNDATION, NEW ORLEANS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2000 TULANE AVENUE, 4TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70112 F Name and address of principal officer: DR. WARREN GOTTSEGEN SAME AS C ABOVE	D Employer identification number ** - ***5391 E Telephone number (504)568-3712 G Gross receipts \$ 58,573,526. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LSUHEALTHFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988 M State of legal domicile: LA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO INSPIRE DONORS TO INVEST IN THE LSU HEALTH SCIENCES CENTER - NEW ORLEANS AND ITS FUTURE.		
2	Check this box <input type="checkbox"/> 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	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	52
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	51,986.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	108,106.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9,296,838.	13,632,907.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,775,828.	2,699,686.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,568,345.	5,172,260.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	214,057.	439,288.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,855,068.	21,944,141.
14	Benefits paid to or for members (Part IX, column (A), line 4)	8,877,427.	6,722,601.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,282,002.	2,050,125.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,617,009.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,479,046.	6,724,911.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,638,475.	15,497,637.
19	Revenue less expenses. Subtract line 18 from line 12	216,593.	6,446,504.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	207,439,304.	192,154,044.
22	Net assets or fund balances. Subtract line 21 from line 20	44,175,332.	40,621,467.
		163,263,972.	151,532,577.

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 LEE TRUMBLE, VICE-PRESIDENT & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SHARON CASSIERE	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00543368
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE Firm's address ▶ ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001	Firm's EIN ▶ ** - ***2445 Phone no. 504-837-5990

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION IS TO INSPIRE DONORS TO INVEST IN THE LSU HEALTH SCIENCES CENTER - NEW ORLEANS ("HSC-NO") AND ITS FUTURE, TO PROPERLY STEWARD THOSE CONTRIBUTIONS, AND TO HELP MEET THE EVER EVOLVING NEEDS OF THE LSUHSC-NO BY PROVIDING NEW PHILANTHROPIC AND

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 [X] 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? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,684,082. including grants of \$ 6,722,601.) (Revenue \$ 2,642,618.) ENHANCING THE MISSION OF THE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN NEW ORLEANS (LSUHSC-NO), WHICH WAS FOUNDED IN 1931, TO PROVIDE EDUCATION, RESEARCH, AND PUBLIC SERVICE THROUGH DIRECT PATIENT CARE AND COMMUNITY OUTREACH. LSUHSC-NO COMPRISES THE SCHOOLS OF ALLIED HEALTH PROFESSIONS, DENTISTRY, GRADUATE STUDIES, MEDICINE, NURSING, AND PUBLIC HEALTH, INCLUDING FOUR CENTERS OF EXCELLENCE AND THREE RESEARCH INSTITUTES. LSUHSC-NO EDUCATIONAL PROGRAMS PREPARE STUDENTS FOR CAREERS AS HEALTH CARE PROFESSIONALS AND SCIENTISTS. THE HEALTH SCIENCES CENTER DISSEMINATES AND ADVANCES KNOWLEDGE THROUGH STATE AND NATIONAL PROGRAMS OF BASIC AND CLINICAL RESEARCH, RESULTING IN PUBLICATIONS, TECHNOLOGY TRANSFER, AND RELATED ECONOMIC ENHANCEMENTS TO MEET THE CHANGING NEEDS OF THE STATE OF LOUISIANA AND THE NATION. LSUHSC-NO PROVIDES VITAL

4b (Code:) (Expenses \$ 259,260. including grants of \$) (Revenue \$ 100,050.) LSU HEALTH FITNESS EXPANDS THE PRESENCE OF LSU HEALTH SCIENCES CENTER-NEW ORLEANS IN THE LOCAL COMMUNITY BY PROVIDING COMMUNITY HEALTH, WELLNESS AND FITNESS PROGRAMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,943,342.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
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>	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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
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>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part 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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (27), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) MATTHEW ALTIER PRESIDENT & CEO	40.00			X				393,846.	0.	86,704.
(2) TIMOTHY HEMPHILL VICE-PRESIDENT & CFO	40.00			X				182,823.	0.	59,285.
(3) KRYSTAL OLIVEIRA CHIEF DEVELOPMENT OFFICER	40.00				X			147,779.	0.	42,247.
(4) KATHERINE O'HAGAN DIRECTOR OF DEVELOPMENT	40.00				X			103,924.	0.	26,929.
(5) ALEJANDRA GUZMAN EXEC. DIRECTOR OF BUSINESS VENTURES	40.00				X			102,232.	0.	23,421.
(6) VIRGINIA ANGELICO-TATUM, DDS BOARD MEMBER	2.00	X						0.	0.	0.
(7) JOSEPH H. AUTHEMENT BOARD MEMBER (THRU 10/2021)	2.00	X						0.	0.	0.
(8) AL BIENVENU BOARD MEMBER	2.00	X						0.	0.	0.
(9) JAMES CAILLIER, ED.D. BOARD MEMBER	2.00	X						0.	0.	0.
(10) LINDA CAO, DDS BOARD MEMBER	2.00	X						0.	0.	0.
(11) AL COPELAND, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(12) JAY DUMAS, DMD BOARD MEMBER	2.00	X						0.	0.	0.
(13) ELIZABETH B. GRIESHABER, MD BOARD MEMBER	2.00	X						0.	0.	0.
(14) KARL E. HOEFER BOARD MEMBER	2.00	X						0.	0.	0.
(15) EDWIN K. HUNTER BOARD MEMBER	2.00	X						0.	0.	0.
(16) ERIC L. LABORDE, MD BOARD MEMBER	2.00	X						0.	0.	0.
(17) JOSEPH N. MACALUSO, JR., MD BOARD MEMBER	2.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CRIS MANDRY, MD BOARD MEMBER	2.00	X						0.	0.	0.
(19) BRIAN H. MELIUS, DVM BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANDRE M. RUBENSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(21) ROBERT A. SAVOIE, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
(22) L. KING SCOTT, DDS BOARD MEMBER	2.00	X						0.	0.	0.
(23) E. PAIGE SENSENBRENNER, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(24) P.K. SCHEERLE, RN BOARD MEMBER	2.00	X						0.	0.	0.
(25) CARROLL W. SUGGS BOARD MEMBER	2.00	X						0.	0.	0.
(26) NAJEEB M. THOMAS, MD BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								930,604.	0.	238,586.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								930,604.	0.	238,586.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CREWCIAL PARTNERS LLC, 810 SEVENTH AVENUE, 32ND FLOOR, NEW YORK, NY 10019	INVESTMENT MANAGEMENT	338,157.
BLACKBAUD INC. 65 FAIRCHILD STREET, CHARLESTON, SC 29492	DIGITAL SERVICES	194,326.
DESIGN THE PLANET, LLC, 3900 N. CAUSEWAY BLVD SUITE 420, METAIRIE, LA 70002	WEBSITE DEVELOPMENT AND MAINTENANCE	108,585.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	191,033.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	395,435.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,046,439.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 947,190.					
	h Total. Add lines 1a-1f			13,632,907.				
	Program Service Revenue	2 a FEES & CONTRACTS GOV. AGENCIES	Business Code	541900	2,599,636.	2,599,636.		
b FITNESS CENTER REVENUE			713940	100,050.	100,050.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				2,699,686.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,702,128.		-65,370.	1767498.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	904,331.				
			(ii) Personal					
				603,744.				
	b Less: rental expenses	6b		300,587.				
	c Rental income or (loss)	6c						
	d Net rental income or (loss)			300,587.		117,356.	183,231.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	39,377,128.				
			(ii) Other					
				35,906,996.				
				3,470,132.				
	d Net gain or (loss)			3,470,132.			3470132.	
8 a Gross income from fundraising events (not including \$ 191,033. of contributions reported on line 1c). See Part IV, line 18	8a		59,438.					
		b Less: direct expenses	8b		117,765.			
		c Net income or (loss) from fundraising events			-58,327.			-58,327.
9 a Gross income from gaming activities. See Part IV, line 19	9a		2,375.					
		b Less: direct expenses	9b		880.			
		c Net income or (loss) from gaming activities			1,495.			1,495.
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a INSURANCE SETTLEMENT	Business Code	900099	152,551.			152,551.	
	b REFUNDS/REIMBURSEMENTS		900099	42,982.	42,982.			
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			195,533.				
12 Total revenue. See instructions			21,944,141.	2,742,668.	51,986.	5516580.		

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).

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

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 domestic organizations and domestic governments. See Part IV, line 21	6,085,100.	6,085,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	637,501.	637,501.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	752,274.	161,734.	428,806.	161,734.
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	978,137.	152,655.	104,549.	720,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,311.		11,060.	42,251.
9 Other employee benefits	141,453.	21,185.	606.	119,662.
10 Payroll taxes	124,950.	23,323.	29,325.	72,302.
11 Fees for services (nonemployees):				
a Management				
b Legal	81,367.	26,488.	20,310.	34,569.
c Accounting	69,812.		69,812.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,715,082.	2,599,636.	115,446.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	428,572.	119,995.	8,317.	300,260.
12 Advertising and promotion	1,726.			1,726.
13 Office expenses	426,651.	24,508.	16,712.	385,431.
14 Information technology	13,320.		216.	13,104.
15 Royalties				
16 Occupancy	236,082.	131,398.	56,936.	47,748.
17 Travel	187,811.	6,536.	6,772.	174,503.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,376.	792.	792.	792.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,240.	7,930.	18,731.	47,579.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR UNCOLLECT	1,941,082.	1,904,332.	36,750.	
b COMMUNITY SUPPORT	303,075.	48.	73.	302,954.
c DUES & SUBSCRIPTIONS	198,402.	5,722.	8,238.	184,442.
d EQUIPMENT PURCHASES AND	41,132.	34,459.	3,397.	3,276.
e All other expenses	4,181.		438.	3,743.
25 Total functional expenses. Add lines 1 through 24e	15,497,637.	11,943,342.	937,286.	2,617,009.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,506,953.	1	1,988,200.
	2 Savings and temporary cash investments	3,582,277.	2	4,231,772.
	3 Pledges and grants receivable, net	1,505,764.	3	3,887,213.
	4 Accounts receivable, net	167,786.	4	746,865.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	157,977.	9	205,132.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,646,164.		
	b Less: accumulated depreciation	10b 2,128,040.	10c	23,518,124.
	11 Investments - publicly traded securities	161,283,918.	11	127,847,810.
	12 Investments - other securities. See Part IV, line 11	21,593,100.	12	29,587,325.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	52,378.
	15 Other assets. See Part IV, line 11	199,285.	15	89,225.
16 Total assets. Add lines 1 through 15 (must equal line 33)	207,439,304.	16	192,154,044.	
Liabilities	17 Accounts payable and accrued expenses	571,295.	17	1,308,503.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	41,422,408.	21	32,937,028.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	4,517,384.
	24 Unsecured notes and loans payable to unrelated third parties	1,919,435.	24	1,642,322.
	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	262,194.	25	216,230.
	26 Total liabilities. Add lines 17 through 25	44,175,332.	26	40,621,467.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,006,154.	27	20,020,199.
	28 Net assets with donor restrictions	141,257,818.	28	131,512,378.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	163,263,972.	32	151,532,577.
33 Total liabilities and net assets/fund balances	207,439,304.	33	192,154,044.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,944,141.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,497,637.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,446,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163,263,972.
5	Net unrealized gains (losses) on investments	5	-18,177,899.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,532,577.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a 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 on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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 separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5821216.	11885330.	9505968.	9296838.	13632907.	50142259.
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 Total. Add lines 1 through 3	5821216.	11885330.	9505968.	9296838.	13632907.	50142259.
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)						8765696.
6 Public support. Subtract line 5 from line 4.						41376563.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5821216.	11885330.	9505968.	9296838.	13632907.	50142259.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3997721.	3969623.	1695183.	2147422.	2326083.	14136032.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					51,986.	51,986.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,290.	3,770.	4,820.	175,583.	197,028.	386,491.
11 Total support. Add lines 7 through 10						64716768.
12 Gross receipts from related activities, etc. (see instructions)					12	13,725,964.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	63.93 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	64.17 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
 (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAMING NET INCOME

2017 AMOUNT: \$ 5,290.

2018 AMOUNT: \$ 3,770.

2019 AMOUNT: \$ 4,820.

2021 AMOUNT: \$ 1,495.

REFUNDS/REIMBURSEMENTS

2020 AMOUNT: \$ 175,583.

2021 AMOUNT: \$ 195,533.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

LSU HEALTH FOUNDATION, NEW ORLEANS

Employer identification number

-*5391

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization	Employer identification number
LSU HEALTH FOUNDATION, NEW ORLEANS	** - ***5391

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES & ELIZABETH WETMORE TRUST 116 LONGWOOD DRIVE MANDEVILLE, LA 70471	\$ 1,442,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE AL COPELAND FOUNDATION 2601 SEVERN AVENUE, 17TH FLOOR METAIRIE, LA 70002	\$ 2,000,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOE W. AND DOROTHY DORSETT BROWN FOUNDATION 320 HAMMOND HWY STE. 500 METAIRIE, LA 70005	\$ 394,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST., SW WASHINGTON, DC 20416	\$ 395,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBERT J. ALLEN 5527 PRYTANIA ST. NEW ORLEANS, LA 70115	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	IRVING HARRIS FOUNDATION 191 N. WACKER DR. STE 1500 CHICAGO, IL 60606	\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LSU HEALTH FOUNDATION, NEW ORLEANS	Employer identification number ** - ***5391
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRISTOPHER CHAMBLISS HARROD 7425 BOCAGE BLVD BATON ROUGE, LA 70809	\$ 500,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JIMMY N. PONDER 208 ACADIA WOODS DR. THIBODAUX, LA 70301	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE DAVID AND LUCILE PACKARD FOUNDATION 343 SECOND ST LOS ALTOS, CA 94022	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	601 SOUTH GALVEZ LLC 601 S GALVEZ ST NEW ORLEANS, LA 70119	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LSU HEALTH FOUNDATION, NEW ORLEANS	Employer identification number ** - ***5391
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	GIFT CERTIFICATES/CARDS _____ _____ _____	\$ 378.	06/30/22
10	LAND _____ _____ _____	\$ 650,000.	08/12/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization LSU HEALTH FOUNDATION, NEW ORLEANS	Employer identification number ** - *** 5391
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: LSU HEALTH FOUNDATION, NEW ORLEANS
Employer identification number: ** - *** 5391

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	124,466,251.	98,709,444.	96,098,383.	94,779,344.	91,318,803.
b Contributions	5,386,569.	2,127,190.	3,149,200.	3,000,662.	2,274,752.
c Net investment earnings, gains, and losses	-12,340,237.	29,316,929.	6,952,092.	3,871,015.	6,883,108.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,229,324.	3,316,021.	5,204,632.	3,610,874.	3,841,043.
f Administrative expenses	2,508,299.	2,371,291.	2,285,599.	1,941,764.	1,856,276.
g End of year balance	110,774,960.	124,466,251.	98,709,444.	96,098,383.	94,779,344.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 62.9400 %
 - c Term endowment 37.0600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,181,523.		14,181,523.
b Buildings		9,518,594.	1,921,252.	7,597,342.
c Leasehold improvements				
d Equipment				
e Other		1,946,047.	206,788.	1,739,259.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,518,124.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	18,115,260.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY		
(C) INVESTMENTS	10,722,065.	END-OF-YEAR MARKET VALUE
(D) CONVERTIBLE DEBT	750,000.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	29,587,325.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) SPLIT-INTEREST AGREEMENT	216,230.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	216,230.

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,611,195.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-18,177,899.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	960,399.	
	e Add lines 2a through 2d	2e		-17,217,500.
3	Subtract line 2e from line 1		3	21,828,695.
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	115,446.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		115,446.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,944,141.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,342,590.
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 Other losses	2c		
	d Other (Describe in Part XIII.)	2d	960,399.	
	e Add lines 2a through 2d	2e		960,399.
3	Subtract line 2e from line 1		3	15,382,191.
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	115,446.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		115,446.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,497,637.

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

UNDER AGREEMENTS WITH LOUISIANA STATE UNIVERSITY AGRICULTURAL AND MECHANICAL COLLEGE (THE "UNIVERSITY"), THE FOUNDATION HOLDS AND MANAGES FUNDS RECEIVED BY THE UNIVERSITY AS STATE MATCHING FUNDS FOR VARIOUS ACCOUNTS OF THE ENDOWED CHAIRS FOR EMINENT SCHOLARS, ENDOWED PROFESSORSHIPS AND THE ENDOWED SUPERIOR GRADUATE STUDENT SCHOLARSHIPS PROGRAMS.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED FOR INVESTMENT AND AS A SOURCE OF INCOME FOR THE UNIVERSITY'S PROGRAMS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT FOUNDATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	577,725.
SPECIAL EVENTS EXPENSES	53,988.
ERTC	328,686.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	960,399.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	577,725.
SPECIAL EVENTS EXPENSES	53,988.
ERTC	328,686.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	960,399.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

LSU HEALTH FOUNDATION, NEW ORLEANS

** - *** 5391

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		38,596,117.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	INVESTMENTS		7,294,513.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		3,169,960.
NORTH AMERICA	0	0	INVESTMENTS		152,159.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		846,372.
3 a Subtotal	0	0			50,059,121.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			50,059,121.

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

Schedule F (Form 990) 2021

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))	
		CAMP TIGER BENEFIT	TIGER CLASSIC GOLF	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	151,227.	44,080.	55,164.	250,471.
	2	Less: Contributions	109,766.	39,280.	41,987.	191,033.
	3	Gross income (line 1 minus line 2)	41,461.	4,800.	13,177.	59,438.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	61,291.	1,641.	7,625.	70,557.
	6	Rent/facility costs	2,950.	5,712.	2,500.	11,162.
	7	Food and beverages	3,272.	6,295.	7,684.	17,251.
	8	Entertainment				
	9	Other direct expenses	460.	12,338.	5,997.	18,795.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				117,765.
11	Net income summary. Subtract line 10 from line 3, column (d)				-58,327.	

Part III Gaming. Complete if the organization answered "Yes" on 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			
Direct Expenses	2	Cash prizes			
	3	Noncash 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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LSU HEALTH FOUNDATION, NEW ORLEANS** Employer identification number **** - *** 5391**

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? **Yes** **No**
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LSU HEALTH SCIENCES CENTER - NEW ORLEANS - 433 BOLIVAR STREET - NEW ORLEANS, LA 70112	** - *** 7770		6,085,100.	0.			LSUHSC-NO IS A SUPPORTED ORGANIZATION OF LSU HEALTH FOUNDATION, NEW ORLEANS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **1.**

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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 noncash assistance
SCHOLARSHIPS AND AWARDS	211	637,501.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION IS THE RECIPIENT OF GRANT FUNDS, IN ACCORDANCE WITH ITS
 STATED MISSION, FOR THE LSU HEALTH SCIENCES CENTER - NEW ORLEANS CAMPUS.
 THE FOUNDATION ADMINISTERS, IN THE FORM OF REIMBURSEMENTS OF EXPENSES, OR
 DIRECTLY TO VENDORS FOR SERVICES RENDERED, SUPPORT OF THE BENEFICIARY FOR
 PURPOSES WHICH PRIVATE FUNDS WERE CONTRIBUTED TO THE FOUNDATION. ALL
 DISBURSEMENT REQUESTS ARE REVIEWED BY CAMPUS CUSTODIANS AND THE
 FOUNDATION'S FINANCE DEPARTMENT. THE CAMPUS IS PROVIDED WITH THE BALANCE OF
 FUNDS AVAILABLE IN FOUNDATION ACCOUNTS FOR SPECIFIC RESTRICTED PURPOSES

Part IV Supplemental Information

(PURPOSE AND TIMING RESTRICTIONS), AND THE CAMPUS PROVIDES DOCUMENTATION OF EXPENDITURE APPROPRIATENESS. REPORTS OF THE SPECIFIC PURPOSE EXPENSES MADE IN SUPPORT OF AND TO BENEFIT THE CAMPUS ARE MAINTAINED BY THE FOUNDATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2021

Open to Public Inspection

Name of the organization

LSU HEALTH FOUNDATION, NEW ORLEANS

Employer identification number

**** - ***5391**

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 on 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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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 on 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?
- 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

Part II 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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW ALTIER PRESIDENT & CEO	(i)	339,446.	40,000.	14,400.	20,329.	66,375.	480,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY HEMPHILL VICE-PRESIDENT & CFO	(i)	182,823.	0.	0.	11,410.	47,875.	242,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRYSTAL OLIVEIRA CHIEF DEVELOPMENT OFFICER	(i)	146,779.	1,000.	0.	8,583.	33,664.	190,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

MATTHEW D. ALTIER - \$6,000 CONTRIBUTION FOR 457(B) PLAN FOR EMPLOYEE ONLY
CONTRIBUTIONS DURING CALENDAR YEAR 2021.

PART I, LINE 7:

THE ORGANIZATION PROVIDED BONUSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **LSU HEALTH FOUNDATION, NEW ORLEANS** Employer identification number **** - ***5391**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	41	19,494.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		18,618.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	657,007.	FMV
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	X	1	650,000.	FMV
17 Real estate - Other				
18 Collectibles	X	15	2,320.	FMV
19 Food inventory	X	28	5,940.	FMV
20 Drugs and medical supplies	X	4	22,294.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CERTIFIC)	X	142	28,583.	FMV
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 V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF INSTANCES OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION RECEIVES STOCK CONTRIBUTIONS WHICH THIRD PARTY INVESTMENT CONSULTANTS SELL AS SOON AS PRACTICAL, PER COMPANY POLICY.

SCHEDULE M, LINE 33:

OF THE \$657,007 REPORTED ON LINE 9, ONLY \$199,941 IS REPORTED ON FORM 990, PART VIII, LINE 1G. THE DIFFERENCE OF \$457,066 IS DUE TO THE FACT THAT SOME PRIOR YEAR PLEDGE AMOUNTS WERE SATISFIED IN THE CURRENT YEAR THROUGH THE DONATION OF STOCK; THE PLEDGE AMOUNTS WERE INCLUDED IN THE ORGANIZATION'S REVENUES IN THE PRIOR YEAR WHEN BOOKED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Inspection

Name of the organization

LSU HEALTH FOUNDATION, NEW ORLEANS

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

BUSINESS RESOURCES, PARTNERSHIPS, PROGRAMS, REAL ESTATE AND PROPERTY
LEASES, AUXILIARY BUSINESSES, AND OTHER SERVICES THAT SUPPORT AND
STRENGTHEN THE EDUCATIONAL AND COMMUNITY MISSION OF THE LSU HEALTH
SCIENCES CENTER - NEW ORLEANS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FOUNDATION SENT A WRITTEN REQUEST TO ALGIERS DEVELOPMENT DISTRICT
TERMINATE THE CEA OF THE LSU HEALTH FITNESS CENTER IN OCTOBER 2021.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC SERVICE THROUGH DIRECT PATIENT CARE, INCLUDING CARE OF INDIGENT
AND UNINSURED PATIENTS. HEALTH CARE SERVICES ARE PROVIDED THROUGH
LSUHSC-NO CLINICS IN ALLIED HEALTH, DENTISTRY, MEDICINE, NURSING, AND
IN NUMEROUS AFFILIATED HOSPITALS AND CLINICS THROUGHOUT LOUISIANA.
LSUHSC-NO PROVIDES REFERRAL SERVICES, CONTINUING EDUCATION, AND
INFORMATION RELEVANT TO THE PUBLIC HEALTH OF THE CITIZENS OF LOUISIANA.
IN ADDITION, LSUHSC-NO WORKS COOPERATIVELY WITH TWO AREA HEALTH
EDUCATION CENTERS (AHECS), WHOSE PROGRAMS FOCUS ON IMPROVING THE NUMBER
AND DISTRIBUTION OF HEALTH CARE PROVIDERS IN UNDERSERVED RURAL AND
URBAN AREAS OF LOUISIANA AND ON SUPPORTING EXISTING RURAL HEALTH CARE
PROVIDERS THROUGH CONTINUING EDUCATION PROGRAMS. LSUHSC-NO SERVES THE
NEW ORLEANS COMMUNITY OF 376,971 CITIZENS LOCALLY AND 1,013,000 IN THE
GREATER NEW ORLEANS REGION ALONG WITH SUPPORTING THE HEALTHCARE
PROFESSION THROUGHOUT THE STATE OF LOUISIANA. LSUHSC-NO PROVIDES

PATIENT CARE IN METROPOLITAN NEW ORLEANS, AS WELL AS BATON ROUGE AND

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

Schedule O (Form 990) 2021

Name of the organization LSU HEALTH FOUNDATION, NEW ORLEANS	Employer identification number **-***5391
--	--

LAFAYETTE WITH OVER 1,062,180 PATIENT VISITS ANNUALLY. CURRENTLY, ON AVERAGE 3,000 STUDENTS, 2,400 FACULTY AND STAFF, AND 1,000 RESIDENTS ARE SERVED BY THE FOUNDATION'S EFFORTS ACROSS ALL SCHOOLS IN SUPPORT OF THE LSUHSC-NO CAMPUS. IN A 2021-2022 ECONOMIC IMPACT STUDY, 4,320 DIRECT JOBS AND AN ADDITIONAL 4,798 JOBS ALONG WITH \$1.6 BILLION IN ECONOMIC OUTPUT ARE EFFECTS OF THE LSUHSC-NO CAMPUS. IN SERVING THE LSUHSC-NO CAMPUS, THE FOUNDATION HAS ASSISTED IN PROVIDING VITAL CHAIRS, PROFESSORSHIPS, AWARDS AND SCHOLARSHIPS TO BOTH FACULTY, RESIDENTS, AND STUDENTS. THE FOUNDATION HOUSES APPROXIMATELY 1,500 RESTRICTED FUNDS MANAGED FOR THESE EFFORTS, INCLUDING THE SUPPORT OF 211 DIRECT SCHOLARSHIPS AND MORE THAN \$33 MILLION IN RESEARCH FUNDING OVER THE PAST THREE YEARS AT LSUHSC-NO. IN ADDITION, THE FOUNDATION SERVES AS A MECHANISM FOR DONATIONS WITHOUT VALUE, INCLUDING ANATOMICAL GIFTS AND OTHER TYPES OF PROPERTY THAT ASSIST LSUHSC-NO IN PROVIDING EDUCATION TO ITS STUDENTS.

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

FORM 990 IS REVIEWED BY THE CFO AND THE AUDIT COMMITTEE PRIOR TO FILING.

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

THE FOUNDATION'S CONFLICTS OF INTEREST POLICY COVERS THE BOARD AND OFFICERS OF THE FOUNDATION. AS RELATED PARTY TRANSACTIONS COME TO THE ATTENTION OF THE BOARD OR STAFF, GENERAL COUNSEL IS ENGAGED ON THE APPROPRIATENESS OF THE TRANSACTION TO ENSURE IT DOES NOT CAUSE A CONFLICT. IF IT IS DETERMINED THAT A TRANSACTION CAUSES A CONFLICT OF INTEREST, THAT TRANSACTION IS BROUGHT TO THE EXECUTIVE COMMITTEE OR BOARD FOR REVIEW TO ENSURE THE TRANSACTION INURES TO THE BENEFIT OF THE FOUNDATION AND ONLY THEN CAN IT BE APPROVED. IF BOARD MEMBERS ARE INVOLVED IN THE TRANSACTION, THEY ARE ASKED

Name of the organization

LSU HEALTH FOUNDATION, NEW ORLEANS

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-*5391

TO RECUSE THEMSELVES FROM DECISION MAKING OR MAY BE ASKED TO REMOVE THEMSELVES FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS A PERSONNEL COMMITTEE WHO REVIEWS AND AN EXECUTIVE COMMITTEE WHO APPROVES THE SALARY OF THE PRESIDENT & CEO. COMPENSATION AND BENEFITS ARE DETERMINED USING A THIRD PARTY CONSULTANT. THE SALARIES OF THE STAFF THAT REPORT TO THE PRESIDENT & CEO ARE DETERMINED AND APPROVED BY THE PRESIDENT & CEO. OTHER OFFICER SALARIES ARE BENCHMARKED AGAINST THIRD PARTY SOURCES. THE PERSONNEL COMMITTEE REVIEWS THE ANNUAL COMPENSATION OF ALL EMPLOYEES PRESENTED BY THE PRESIDENT & CEO FOR APPROPRIATENESS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS FOR THE FINANCIAL STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

Name of the organization **LSU HEALTH FOUNDATION, NEW ORLEANS** Employer identification number ****-***5391**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FOUNDATION ENTERPRISES, LLC - 85-1150306 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	HOLDING COMPANY	LOUISIANA	0.	0.	LSU HEALTH FOUNDATION, NEW ORLEANS
LSU HEALTH FITNESS, LLC - 85-1194153 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	FITNESS CENTER	LOUISIANA	321,575.	27,736.	FOUNDATION ENTERPRISES, LLC
2126 TULANE, LLC - 85-1208892 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	HOTEL PROJECT - REAL ESTATE	LOUISIANA		45,106.	FOUNDATION ENTERPRISES, LLC
2127 POYDRAS STREET, LLC - 85-1776340 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	STUDENT HOUSING PROJECT - REAL ESTATE	LOUISIANA	66,786.	0.	FOUNDATION ENTERPRISES, LLC

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LSU HEALTH SCIENCES CENTER - NEW ORLEANS - 72-6087770, 433 BOLIVAR STREET, NEW ORLEANS, LA 70112	MEDICAL EDUCATION	LOUISIANA			N/A		X

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MV1, LLC - 85-1317847 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	MARINER'S VILLAGE PROJECT - REAL ESTATE	LOUISIANA	0.	0.	FOUNDATION ENTERPRISES, LLC
8890 QUARTERS LAKE ROAD, LLC - 85-1406619 2000 TULANE AVE, 4TH FLOOR NEW ORLEANS, LA 70112	BR RETIREMENT VILLAGE - REAL ESTATE	LOUISIANA	0.	0.	FOUNDATION ENTERPRISES, LLC
HEALTH FOUNDATION ENTERPRISES, LLC - 86-1386640, 2000 TULANE AVE, 4TH FLOOR, NEW ORLEANS, LA 70112	OTHER PASSIVE INCOME FROM LEASES/AGREEMENTS	LOUISIANA	125,110.	183,121.	FOUNDATION ENTERPRISES, LLC
LSU HEALTH FOUNDATION PHARMACY SERVICES LLC - 87-3877063, 2000 TULANE AVE, 4TH FLOOR, NEW ORLEANS, LA 70112	PHARMACY PROJECT	LOUISIANA	100,000.	69,962.	FOUNDATION ENTERPRISES, LLC

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 HEALTH SCIENCES CENTER - NEW ORLEANS	B	6,085,100.	CASH TRANSACTION
(2) LSU HEALTH SCIENCES CENTER - NEW ORLEANS	J	115,378.	CASH TRANSACTION
(3) LSU HEALTH SCIENCES CENTER - NEW ORLEANS	K	465,684.	CASH TRANSACTION
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Type and Entity: INVESTMENTS POST-2017 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	107,520.										
B	2021	65,370.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
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Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	200,000.
2	Tax on the amount on line 1. See instructions for tax computation	2	42,000.
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	42,000.
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	42,000.
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	42,000.
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	42,000.
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	46,612.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	10/17/22	12/15/22	03/15/23	06/15/23
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	5,680.	5,680.	5,680.	5,680.
13	2021 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX 46,612.
OVERPAYMENT APPLIED 46,612.
AMOUNT DUE 0.