

# Return of Organization Exempt From Income Tax

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

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2005** calendar year, or tax year beginning **7/1/2005**, 2005, and ending **6/30/2006**, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>LAKE SUPERIOR STATE UNIVERSITY FOUNDATION</b>	<b>D</b> Employer identification number <b>38 : 2576021</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>650 West Easterday Avenue</b>	<b>E</b> Telephone number ( <b>906</b> ) <b>635-2666</b>
		City or town, state or country, and ZIP + 4 <b>Sault Ste Marie, MI 49783</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ [www.lssu.edu/foundation](http://www.lssu.edu/foundation)

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,433,032**

**I** Group Exemption Number ▶  
**M** Check ▶  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,012,689</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>0</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>0</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>987,811</b> noncash \$ <b>24,878</b> )	<b>1d</b>			<b>1,012,689</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>0</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			<b>0</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>48,997</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>81,177</b>
	<b>6a</b> Gross rents	<b>6a</b>	<b>0</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>	<b>0</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>0</b>
<b>7</b> Other investment income (describe ▶)	<b>7</b>			<b>0</b>	
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>252,632</b>	<b>8a</b>	<b>0</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>159,717</b>	<b>8b</b>	<b>0</b>	
	<b>c</b> Gain or (loss) (attach schedule) <b>Stmt 1</b>	<b>92,915</b>	<b>8c</b>	<b>0</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>92,915</b>	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1a)	<b>9a</b>	<b>0</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>0</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>0</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>0</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>0</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			<b>0</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>37,537</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1,273,315</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>612,823</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>352,824</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>96,461</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>0</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>1,062,108</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>211,207</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>5,015,446</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Stmt 2</b>	<b>20</b>			<b>188,828</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>5,415,481</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) <b>Stmt 3</b> (cash \$ <u>592,732</u> noncash \$ <u>20,091</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>	<b>612,823</b>	<b>612,823</b>		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>	<b>0</b>	<b>0</b>		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>	<b>0</b>	<b>0</b>		
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b>	<b>94,824</b>	<b>94,824</b>	<b>0</b> <b>Stmt 4</b>	
<b>26</b>	Other salaries and wages	<b>26</b>	<b>117,411</b>	<b>0</b>	<b>5,311</b>	
<b>27</b>	Pension plan contributions	<b>27</b>	<b>13,200</b>	<b>0</b>	<b>0</b>	
<b>28</b>	Other employee benefits	<b>28</b>	<b>25,899</b>	<b>0</b>	<b>0</b>	
<b>29</b>	Payroll taxes	<b>29</b>	<b>8,314</b>	<b>0</b>	<b>0</b>	
<b>30</b>	Professional fundraising fees	<b>30</b>	<b>1,680</b>	<b>0</b>	<b>1,680</b>	
<b>31</b>	Accounting fees	<b>31</b>	<b>6,313</b>	<b>0</b>	<b>430</b>	
<b>32</b>	Legal fees	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>33</b>	Supplies	<b>33</b>	<b>27,258</b>	<b>0</b>	<b>13,949</b>	
<b>34</b>	Telephone	<b>34</b>	<b>4,764</b>	<b>0</b>	<b>1,580</b>	
<b>35</b>	Postage and shipping	<b>35</b>	<b>22,754</b>	<b>0</b>	<b>7,943</b>	
<b>36</b>	Occupancy	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>37</b>	Equipment rental and maintenance	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>38</b>	Printing and publications	<b>38</b>	<b>35,483</b>	<b>0</b>	<b>13,563</b>	
<b>39</b>	Travel	<b>39</b>	<b>2,894</b>	<b>0</b>	<b>144</b>	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	<b>40,307</b>	<b>0</b>	<b>37,314</b>	
<b>41</b>	Interest	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>43</b>	Other expenses not covered above (itemize):					
a	<b>See Statement 5</b>	<b>43a</b>	<b>48,184</b>	<b>33,637</b>	<b>14,547</b>	
b		<b>43b</b>				
c		<b>43c</b>				
d		<b>43d</b>				
e		<b>43e</b>				
f		<b>43f</b>				
g		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>1,062,108</b>	<b>612,823</b>	<b>352,824</b>	<b>96,461</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Raise endowed funds for Lake Superior State Univ</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>See Statement 6</u> ..... ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b</b> ..... ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> ..... ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> ..... ..... ..... ..... ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►	<b>612,823</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	<b>1,245,765</b>	<b>45</b>	<b>1,143,718</b>
	<b>46</b> Savings and temporary cash investments . . . . .	<b>0</b>	<b>46</b>	<b>0</b>
	<b>47a</b> Accounts receivable . . . . .	<b>0</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>0</b>	<b>47c</b>	<b>0</b>
	<b>48a</b> Pledges receivable . . . . .	<b>473,884</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>9,511</b>	<b>48c</b>	<b>464,373</b>
	<b>49</b> Grants receivable . . . . .	<b>0</b>	<b>49</b>	<b>0</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	<b>0</b>	<b>50</b>	<b>0</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>0</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>0</b>	<b>51c</b>	<b>0</b>
	<b>52</b> Inventories for sale or use . . . . .	<b>0</b>	<b>52</b>	<b>0</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	<b>37</b>	<b>53</b>	<b>572</b>
	<b>54</b> Investments—securities (attach schedule) <b>Stmt 7</b> ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>3,411,343</b>	<b>54</b>	<b>3,928,298</b>
	<b>Liabilities</b>	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>0</b>	
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>0</b>	<b>55c</b>	<b>0</b>
<b>56</b> Investments—other (attach schedule) . . . . .		<b>0</b>	<b>56</b>	<b>0</b>
<b>57a</b> Land, buildings, and equipment: basis . . . . .		<b>0</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>0</b>	<b>57c</b>	<b>0</b>
<b>58</b> Other assets (describe ▶ . . . . .)		<b>0</b>	<b>58</b>	<b>0</b>
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .		<b>5,127,672</b>	<b>59</b>	<b>5,536,961</b>
<b>60</b> Accounts payable and accrued expenses . . . . .		<b>42,133</b>	<b>60</b>	<b>54,025</b>
<b>61</b> Grants payable . . . . .		<b>0</b>	<b>61</b>	<b>0</b>
<b>62</b> Deferred revenue . . . . .		<b>0</b>	<b>62</b>	<b>0</b>
<b>Net Assets or Fund Balances</b>	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	<b>0</b>	<b>63</b>	<b>0</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	<b>0</b>	<b>64a</b>	<b>0</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	<b>0</b>	<b>64b</b>	<b>0</b>
	<b>65</b> Other liabilities (describe ▶ <a href="#">See Statement 8</a> . . . . .)	<b>70,093</b>	<b>65</b>	<b>67,455</b>
	<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	<b>112,226</b>	<b>66</b>	<b>121,480</b>
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	<b>53,856</b>	<b>67</b>	<b>988</b>
	<b>68</b> Temporarily restricted . . . . .	<b>1,220,916</b>	<b>68</b>	<b>1,265,760</b>
	<b>69</b> Permanently restricted . . . . .	<b>3,740,674</b>	<b>69</b>	<b>4,148,733</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .	<b>5,015,446</b>	<b>73</b>	<b>5,415,481</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	<b>5,127,672</b>	<b>74</b>	<b>5,536,961</b>	





<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		<input checked="" type="checkbox"/>
	<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>c</b> Dues, assessments, and similar amounts from members	85c	
	<b>d</b> Section 162(e) lobbying and political expenditures	85d	
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	87a	
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
	<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>MI</u>		
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	4
<b>91a</b>	The books are in care of ▶ <u>Lake Superior State University</u> Telephone no. ▶ <u>906-635-2621</u> Located at ▶ <u>650 West Easterday, Sault Ste Marie, MI</u> ZIP + 4 ▶ <u>49783</u>		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
	<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	<input checked="" type="checkbox"/>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>48,997</b>	
<b>96</b> Dividends and interest from securities . . . . .			<b>14</b>	<b>81,177</b>	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>92,915</b>	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> <u>Change in Donor Split Inte</u>			<b>36</b>	<b>37,537</b>	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		<b>0</b>		<b>260,626</b>	<b>\$0</b>
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					<b>260,626</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: Dave Eitland, Executive Director Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

Employer identification number

**38 ; 2576021**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>Thomas Coates</b> 650 West Easterday Avenue, Sault Ste Marie, M	<b>Dir Annual/Athl Dev</b> 40	<b>57,379</b>	<b>22,922</b>	<b>0</b>
<b>Sharon Dorrity</b> 650 West Easterday Avenue, Sault Ste Marie, M	<b>Constituent Relation</b> 40	<b>35,808</b>	<b>16,203</b>	<b>0</b>
Total number of other employees paid over \$50,000 . ▶		<b>0</b>		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		<b>0</b>

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		<b>0</b>

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		✓
<b>b</b> Lending of money or other extension of credit? . . . . .		✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	✓	
<b>e</b> Transfer of any part of its income or assets? . . . . .		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . . <b>Stmnt 11.</b>	✓	
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	✓	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** .....
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .		
<b>b</b>	Admissions policies? . . . . .		
<b>c</b>	Employment of faculty or administrative staff? . . . . .		
<b>d</b>	Scholarships or other financial assistance? . . . . .		
<b>e</b>	Educational policies? . . . . .		
<b>f</b>	Use of facilities? . . . . .		
<b>g</b>	Athletic programs? . . . . .		
<b>h</b>	Other extracurricular activities? . . . . .		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	<b>41</b>	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		✓	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> ). . . . .		✓	
<b>c</b> Media advertisements. . . . .		✓	
<b>d</b> Mailings to members, legislators, or the public . . . . .		✓	
<b>e</b> Publications, or published or broadcast statements . . . . .		✓	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body. . . . .		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		✓	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> ). . . . .			<b>0</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Statement 1**

Form: 990

Page: 1

Part: I

Question: 8

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

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**Sales of Assets Other than Inventory**

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**Publicly Traded Securities**

**Description:**

**Sold To:**

**Sales Price:** \$252,632.00

**Expense of Sale:** \$0.00

**Cost or value when acquired:** \$159,717.00

**Depreciation since acquisition:** \$0.00

**Net Sale:** **\$92,915.00**

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**Date Sold:**

**Date acquired:**

**How acquired:**

**Statement 2**

Form: 990

Page: 1

Part: I

Question: 20

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

**Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Unrealized Gain on Investments	\$188,828.00
<b>Total:</b>	<b>\$188,828.00</b>

**Statement 3**

Form: 990

Page: 2

Part: II

Question: 22

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION****38-2576021****Grants and Allocations**

<b>Date:</b>		<b>Name and Address:</b>
<b>Type:</b>	Cash	Lake Superior State University
<b>Number of individuals:</b>		650 West Easterday Avenue
<b>Grant Amount</b>	\$592,732.00	Sault Ste. Marie, MI 49783-1656
<b>Classification</b>	Program Services	United States
<b>Relationship:</b>	Donee	
<b>Description of Property:</b>		

**How Determined****Book Value of Property:****FMV of Property:**

<b>Date:</b>	06/30/2006	<b>Name and Address:</b>
<b>Type:</b>	NonCash	Lake Superior State University
<b>Number of individuals:</b>		650 West Easterday
<b>Grant Amount</b>	\$20,091.00	Sault Ste. Marie, MI 49783-1656
<b>Classification</b>	Program Services	United States
<b>Relationship:</b>	Donee	
<b>Description of Property:</b>	Educational Materials	

**How Determined****Book Value of Property:** \$20,091.00 by donor**FMV of Property:** \$20,091.00 by donor**Total Grants: \$612,823.00**

**Statement 4**

Form: 990

Page: 2

Part: II

Question: 25

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

**Compensation Detail**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
David Eitland				
Compensation	\$68,175.00	\$0.00	\$68,175.00	\$0.00
Benefits	\$26,649.00	\$0.00	\$26,649.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$94,824.00	\$0.00	\$94,824.00	\$0.00
<b>Total:</b>	<b>\$94,824.00</b>	<b>\$0.00</b>	<b>\$94,824.00</b>	<b>\$0.00</b>

**Statement 5**

Form: 990

Page: 2

Part: II

Question: 43

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION****38-2576021****Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Investment Management Fees	\$13,789.00	\$0.00	\$13,789.00	\$0.00
Bad Debt Expense	\$10,430.00	\$0.00	\$10,430.00	\$0.00
Annuity Payments	\$6,332.00	\$0.00	\$6,332.00	\$0.00
Bank Credit Card Expenses	\$994.00	\$0.00	\$994.00	\$0.00
Insurance	\$5,058.00	\$0.00	\$2,042.00	\$3,016.00
Professional Fees	\$958.00	\$0.00	\$0.00	\$958.00
Premiums	\$10,573.00	\$0.00	\$0.00	\$10,573.00
Bank Service Charge & Filing Fee	\$50.00	\$0.00	\$50.00	\$0.00
<b>Total:</b>	<b>\$48,184.00</b>	<b>\$0.00</b>	<b>\$33,637.00</b>	<b>\$14,547.00</b>

**Statement 6**

Form: 990

Page: 3

Part: III

Question:

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Postsecondary Education: All funds raised, net of expenses are transferred to Lake Superior State University to support its educational mission. (1 university)	\$612,823.00
<b>Grants and Allocations: \$612,823.00 This amount includes foreign grants: No</b>	
	<b>Total: \$612,823.00</b>

**Statement 7**

Form: 990

Page: 4

Part: IV

Question: 54

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION****38-2576021****Investments - Securities**

<b>Security</b>	<b>Valuation Type</b>	<b>Amount</b>
Money Market Funds	FMV	\$18.00
Equity Funds	FMV	\$2,828,313.00
Bond/Fixed Income Funds	FMV	\$1,090,587.00
Marketable Securities	FMV	\$9,380.00
<b>Total:</b>		<b>\$3,928,298.00</b>

**Statement 8**

Form: 990

Page: 4

Part: IV

Question: 65

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

**Other Liabilities**

<b>Liability Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Annuity Obligation	\$70,093.00	\$67,455.00
<b>Total:</b>	<b>\$70,093.00</b>	<b>\$67,455.00</b>

**Statement 9**

Form: 990

Page: 5

Part: V

Question:

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION****38-2576021****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Dr Kevin Cooper 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Dr Betty J Youngblood 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	First Vice-Chair	0	\$0.00	\$0.00	\$0.00
David Eitland 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Exec Director Fdn	40	\$68,175.00	\$26,649.00	\$0.00
Anthony G Bosbous 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
L Meg Brown 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Patricia Caruso 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
William Connolly 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Ted Haapala 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Rodney Lang 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Dr Robert H Mackie 650 West Easterday Avenue	Board Member	0	\$0.00	\$0.00	\$0.00

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Sault Ste Marie, MI 49783 United States					
Dr Madan Saluja 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Kelvin P Smyth 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Ian Ward 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Don Wilson 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Dr Thomas G Robinson 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Second Vice Chair	0	\$0.00	\$0.00	\$0.00
Carol Andary 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
James Bearman 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Gary Benjamin 650 West Easterday Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
H James Bourque 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Chuck Cliff 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Betsy Demaray 650 West Easterday Avenue	Board Member	0	\$0.00	\$0.00	\$0.00

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Sault Ste Marie, MI 49783 United States					
James Kjolhede 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Dr W W -Frenchie- LaJoie 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Gary McClellan 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Senator Walter North 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Chairman	0	\$0.00	\$0.00	\$0.00
Anthony Palumbo 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Greg Parker 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Dr Patrick Shannon 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Ron Sober 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
William Bollin 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Joseph Herbig 650 West Easterday Avenue Sault Ste Marie, MI 49783 United States	Treasurer	0	\$0.00	\$0.00	\$0.00
<b>TOTALS</b>			<b>\$68,175.00</b>	<b>\$26,649.00</b>	<b>\$0.00</b>

**Statement 10**

Form: 990

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Part: VI

Question: 80 b

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**

**38-2576021**

**Related Organizations**

<b>Description</b>	<b>Exempt</b>
Lake Superior State University	Yes

**Statement 11**  
Form: Schedule A  
Page: 2  
Part: III  
Question: 3

**LAKE SUPERIOR STATE UNIVERSITY FOUNDATION**  
**38-2576021**

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**Explanation of Grant Determination**

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**Explanation of grant qualifications**

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Eligibility criteria and application requirements are developed for each grant available. Students may apply for the grants. The applications are reviewed by selection committees and qualified students are awarded the grants.