

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

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 Community Foundation of Acadiana Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1035 Camellia Blvd, Ste 100 City or town, state or province, country, and ZIP or foreign postal code Lafayette, LA 70508 F Name and address of principal officer: Jason Freyou same as C above	D Employer identification number ** - *** 3023 E Telephone number (337) 769-4840 G Gross receipts \$ 66,020,411. 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.cfacadiana.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: 2000		M State of legal domicile: LA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Community Foundation of Acadiana was created to improve the quality of life in our region. The		
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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	17,882.
8	Contributions and grants (Part VIII, line 1h)	8	25,177,913.
9	Program service revenue (Part VIII, line 2g)	9	1,036,240.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	6,683,402.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	66,754.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	32,964,309.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	13,656,659.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	712,455.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	2,032,095.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	16,401,209.
19	Revenue less expenses. Subtract line 18 from line 12	19	16,563,100.
20	Total assets (Part X, line 16)	20	154,976,502.
21	Total liabilities (Part X, line 26)	21	16,254,452.
22	Net assets or fund balances. Subtract line 21 from line 20	22	138,722,050.

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 Deiadra Garrett, Treasurer	Date	
Paid Preparer Use Only	Print/Type preparer's name Carlinna L. Bertrand	Preparer's signature	Date
	Firm's name Broussard Poche, LLP	Firm's EIN ** - *** 8016	Check if self-employed <input type="checkbox"/> PTIN P01418229
	Firm's address P.O. Box 61400 Lafayette, LA 70596-1400	Phone no. (337) 988-4930	

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 Community Foundation of Acadiana is to build legacies and improve communities by connecting generous people to the causes they care about.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 163,391. including grants of \$ 155,000.) (Revenue \$) Leaders in Law - Leaders in Law Enforcement awards are designed to honor those departments who are making the most impact in their communities with the resources they have been allocated. These funds are to be used at their discretion to improve operations and continue to encourage extraordinary performance.

4b (Code:) (Expenses \$ 203,115. including grants of \$ 203,115.) (Revenue \$) Scholarships- Community Foundation of Acadiana provides assistance to students at any education level or for a specific institution. All scholarship grants are paid directly to the educational institution.

4c (Code:) (Expenses \$ 670,434. including grants of \$ 567,798.) (Revenue \$) SOLA Giving Day- Community Foundation of Acadiana hosts its annual SOLA Giving Day which was a 24 hour online fundraising event for non-profit organizations, churches, and schools.

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,255,553. including grants of \$ 12,044,545.) (Revenue \$)

4e Total program service expenses 14,292,493.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 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 columns. Includes questions 2a through 17 regarding employee reporting, 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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
Missy Andrade - (337)769-4840
1035 Camellia Boulevard, Suite 100, Lafayette, LA 70508

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, box 6 of 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) Raymond J. Hebert Former Executive Director	38.00 2.00						X	173,428.	0.	31,305.
(2) Jason Freyau Chair	8.00	X		X				0.	0.	0.
(3) Clay Darnall Vice-Chair	2.00	X		X				0.	0.	0.
(4) Jerry E. Shea, Jr. Director/Past Chair	1.00	X		X				0.	0.	0.
(5) Jim Doyle Director	1.00	X						0.	0.	0.
(6) Allyson Pharr Director	1.00	X						0.	0.	0.
(7) Wayne Phillips Director	1.00	X						0.	0.	0.
(8) Gregory Hamer Sr. Director	1.00	X						0.	0.	0.
(9) Bill Fenstermaker Director	1.00	X						0.	0.	0.
(10) Elena Knezek Director	1.00	X						0.	0.	0.
(11) Rodney Savoy Director	1.00	X						0.	0.	0.
(12) Anita Fontenot Director	1.00	X						0.	0.	0.
(13) Randy Haynie Director	1.00	X						0.	0.	0.
(14) Ian Macdonald Director	1.00	X						0.	0.	0.
(15) Mary Leach Werner Director	1.00	X						0.	0.	0.
(16) Brach Myers Director	1.00	X						0.	0.	0.
(17) Deidra Garrett MD PHD Secretary/Treasurer	1.00	X		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) Christa Billeaud Director	1.00	X						0.	0.	0.
(19) William Hendrix Director	1.00	X						0.	0.	0.
(20) Harold Taylor Director	1.00	X						0.	0.	0.
(21) Randy Prather Director	1.00	X						0.	0.	0.
(22) Missy Andrade CEO	38.00 2.00			X				0.	0.	0.
1b Subtotal								173,428.	0.	31,305.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								173,428.	0.	31,305.

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 1

	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
Stellar Technology Solutions LLC, 612 Main Street Suite 200, Stroudsburg, PA 18360	Software Support	121,691.

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 1

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	108,840.				
	c Fundraising events	1c	161,015.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,055,559.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,854,676.				
	h Total. Add lines 1a-1f		25,325,414.				
	Program Service Revenue	2 a Administrative fees	Business Code				
		525920	1,113,603.	1,113,603.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		1,113,603.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,638,836.			2,638,836.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		5,208.			5,208.	
	6 a Gross rents	6a	(i) Real	56,670.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	56,670.				
	d Net rental income or (loss)		56,670.			56,670.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	36,803,578.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	33,637,517.				
	c Gain or (loss)	7c	3,166,061.				
	d Net gain or (loss)		3,166,061.			3,166,061.	
8 a Gross income from fundraising events (not including \$ 161,015. of contributions reported on line 1c). See Part IV, line 18	8a		77,102.				
b Less: direct expenses	8b	91,445.					
c Net income or (loss) from fundraising events		-14,343.			-14,343.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
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	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		32,291,449.	1,113,603.	0.	5,852,432.		

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	12,930,929.	12,930,929.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,529.	39,529.		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	173,429.		173,429.	
7 Other salaries and wages	553,395.	87,890.	465,505.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,615.	2,637.	18,978.	
9 Other employee benefits	38,872.	3,603.	35,269.	
10 Payroll taxes	45,570.		45,570.	
11 Fees for services (nonemployees):				
a Management				
b Legal	570.		570.	
c Accounting	31,232.		31,232.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	457,317.		457,317.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	171,788.	32,799.	138,989.	
12 Advertising and promotion	500.	500.		
13 Office expenses	22,745.	6,527.	16,218.	
14 Information technology	153,417.	844.	152,573.	
15 Royalties				
16 Occupancy	21,184.	7,277.	13,907.	
17 Travel	18,108.	10,023.	8,085.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,225.		47,225.	
20 Interest	53.		53.	
21 Payments to affiliates	575.		575.	
22 Depreciation, depletion, and amortization	13,456.		13,456.	
23 Insurance	22,688.	337.	22,351.	
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 UBTI income tax	4,720.	4,720.		
b Administrative fees	947,494.	947,494.		
c Program awards	160,356.	160,356.		
d Other program expenses	30,445.	30,445.		
e All other expenses	78,128.	26,583.	51,545.	
25 Total functional expenses. Add lines 1 through 24e	15,985,340.	14,292,493.	1,692,847.	0.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	395,782.	1	916,988.
	2 Savings and temporary cash investments	32,155,740.	2	12,429,331.
	3 Pledges and grants receivable, net	80,382.	3	50,000.
	4 Accounts receivable, net		4	
	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	36,974.	9	24,839.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 227,800.		
	b Less: accumulated depreciation	10b 186,898.	10c	40,902.
	11 Investments - publicly traded securities	121,523,175.	11	134,251,780.
	12 Investments - other securities. See Part IV, line 11	658,333.	12	825,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	74,859.	15	55,974.
16 Total assets. Add lines 1 through 15 (must equal line 33)	154,976,502.	16	148,594,814.	
Liabilities	17 Accounts payable and accrued expenses	30,376.	17	12,602.
	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	16,224,076.	21	15,401,189.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	16,254,452.	26	15,413,791.
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	111,419,186.	27	108,351,731.
	28 Net assets with donor restrictions	27,302,864.	28	24,829,292.
	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	138,722,050.	32	133,181,023.
33 Total liabilities and net assets/fund balances	154,976,502.	33	148,594,814.	

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	32,291,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,985,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,306,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	138,722,050.
5	Net unrealized gains (losses) on investments	5	-21,847,136.
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	133,181,023.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,575,778.	14,856,430.	28,525,511.	25,177,913.	25,325,414.	114,461,046.
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	20,575,778.	14,856,430.	28,525,511.	25,177,913.	25,325,414.	114,461,046.
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)						28,558,594.
6 Public support. Subtract line 5 from line 4.						85,902,452.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	20,575,778.	14,856,430.	28,525,511.	25,177,913.	25,325,414.	114,461,046.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,220,645.	1,984,916.	1,760,566.	2,226,541.	2,700,714.	10,893,382.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						125,354,428.
12 Gross receipts from related activities, etc. (see instructions)					12	5,779,883.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	68.53 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	69.61 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Horizontal lines for supplemental information input.

Name of organization Community Foundation of Acadiana	Employer identification number ** - *** 3023
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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

2022

Open to Public Inspection

Name of the organization: Community Foundation of Acadiana; Employer identification number: ** - *** 3023

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.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

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	26,116,095.	24,493,718.	18,636,876.	13,883,519.	14,159,914.
b Contributions	2,458,532.	2,661,425.	3,966,230.	2,671,146.	835,626.
c Net investment earnings, gains, and losses	-3,221,960.	2,665,377.	2,856,808.	2,588,044.	-831,832.
d Grants or scholarships	246,241.	3,587,510.	874,228.	436,424.	224,300.
e Other expenditures for facilities and programs					
f Administrative expenses	277,134.	116,915.	91,968.	69,409.	55,889.
g End of year balance	24,829,292.	26,116,095.	24,493,718.	18,636,876.	13,883,519.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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"/> |
- 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				
b Buildings				
c Leasehold improvements		227,800.	186,898.	40,902.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,902.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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:

The Foundation accepts contributions from donors and agrees to transfer those assets, the return on investments of those assets, or both to another entity that is specified by the donor. ASC 958-605-25-33 specifically requires that if a non-profit establishes a fund at a community foundation with its own funds and specifies itself as the beneficiary of that fund, the community foundation must account for the transfer of such assets as a liability.

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	
		WHA Memorial	Built to Serve	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	44,337.	130,480.	59,653.	234,470.
	2	Less: Contributions	22,095.	104,400.	34,420.	160,915.
	3	Gross income (line 1 minus line 2)	22,242.	26,080.	25,233.	73,555.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,975.	24,191.		32,166.
	7	Food and beverages		12,150.	17,185.	29,335.
	8	Entertainment				
	9	Other direct expenses		7,494.	21,693.	29,187.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				90,688.
11	Net income summary. Subtract line 10 from line 3, column (d)				-17,133.	

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

2022

**Open to Public
Inspection**

Name of the organization **Community Foundation of Acadiana** Employer identification number **** - *** 3023**

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
232-HELP/Louisiana 211 1005 Jefferson St LAFAYETTE, LA 70501	** - ***8109	501(c)(3)	13,800.	0.			GENERAL SUPPORT, LEADERSHIP TRAINING
Acadiana Animal Aid 142 LeMedicin Rd CARENCRO, LA 70520	** - ***4331	501(c)(3)	66,150.	0.			GENERAL SUPPORT, BARK IN THE DARK
Acadiana Center for the Arts 101 West Vermilion Lafayette, LA 70501	** - ***8288	501(c)(3)	30,350.	0.			GENERAL SUPPORT
Acadiana Symphony Orchestra & Conservatory of Music - 412 Travis Street, Suite A - Lafayette, LA 70503	** - ***8703	501(c)(3)	5,250.	0.			GENERAL SUPPORT
Acadiana Veteran Alliance 206 Hiddenwood Drive Lafayette, LA 70508	** - ***9542	501(c)(3)	6,250.	0.			GENERAL SUPPORT, CONCERT
Action Against Hunger One Whitehall Street, 2nd Floor New York, NY 10004		501(c)(3)	20,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Aid to the Church in Need Inc. PO BOX 220384 Brooklyn, NY 11222	**-***9466	501(c)(3)	5,950.	0.			GENERAL SUPPORT, CHRISTMAS APPEAL
Ali Forney Center 224 West 35t St, 15th Floor New York, NY 10001	**-***4507	501(c)(3)	125,000.	0.			HOUSING ACQUISITION
American Battlefield Trust 1156 15th Street NW Ste 900 Washington DC, DC 20005	**-***6643	501(c)(3)	9,000.	0.			GENERAL SUPPORT
American Cancer Society PO Box 83930 Baton Rouge, LA 73123	**-***8491	501(c)(3)	32,900.	0.			GENERAL SUPPORT
AMikids 5915 Benjamin Center Drive Tampa, FL 33634	**-***1141	501(c)(3)	7,500.	0.			GENERAL SUPPORT
Ascension Episcopal School 1030 Johnston Street Lafayette, LA 70501	**-***8661	501(c)(3)	95,746.	0.			SCHOLARSHIPS, BASEBALL TURF
Austin Community Foundation 4315 Guadalupe Street, Suite 300 Austin, TX 78751	**-***4031	501(c)(3)	125,000.	0.			TRANSFER TO DAF
Baton Rouge Area Foundation 100 North Street, Ste 900 Baton Rouge, LA 70802	**-***0391	501(c)(3)	15,250.	0.			MEMBERSHIP
Bayou Community Foundation Fund at GNOF - PO BOX 582 - Houma, LA 70361	**-***5950	501(c)(3)	26,000.	0.			BAYOU GIVES DAY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Bless Your Heart Nonprofit Corporation - PO BOX 1435 - Larose, LA 70373	**-***7397	501(c)(3)	31,000.	0.			DISASTER RELIEF, GENERAL SUPPORT
Born This Way Foundation 250 West 57th Street, 23rd Floor New York, NY 10107	**-***2227	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Boy Scouts of America-Evangeline Area - 2266 S College Road, Ste E - Lafayette, LA 70508	**-***3617	501(c)(3)	32,250.	0.			GENERAL SUPPORT
Boys & Girls Clubs in Louisiana 1200 Camellia Blvd Ste 101 Lafayette, LA 70508	**-***1025	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Boys & Girls Clubs of Acadiana 1405 West Pinhook Rd, Ste 108 Lafayette, LA 70503	**-***0072	501(c)(3)	121,845.	0.			GENERAL SUPPORT
Brazos Christian Academy 3000 W. Villa Maria Road Bryan, TX 77807	**-***9163	501(c)(3)	27,600.	0.			GENERAL SUPPORT
Bridge Ministry of Acadiana, Inc. PO BOX 62029 Lafayette, LA 70596	**-***6525	501(c)(3)	48,100.	0.			GENERAL SUPPORT
Buckmasters American Deer Foundation - PO BOX 244022 - Montgomery, AL 36124	**-***8992	501(c)(3)	25,000.	0.			DISABLED HUNTERS
Camaldolese Hermits of America 62475 Highway 1 Big Sur, CA 93920	**-***0278	501(c)(3)	38,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Cameron Mills Ministry 800 Comanche Circle Lexington, KY 40503	**-***8546	501(c)(3)	12,000.	0.			GENERAL SUPPORT
Camp Bon Coeur, Inc. 300 Ridge Road Suite K Lafayette, LA 70506	**-***0741	501(c)(3)	11,100.	0.			GENERAL SUPPORT
Cardinal Newman Society PO BOX 1879 Merrifield, VA 22116	**-***1371	501(c)(3)	25,400.	0.			GENERAL SUPPORT, CATHOLIC HIGHER EDUCATION
Care Net 44180 Riverside Parkway, Suite 200 Lansdowne, VA 20176	**-***2723	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Carmelite Monastery 1250 Carmel Drive Lafayette, LA 70501		501(c)(3)	16,621.	0.			GENERAL SUPPORT
Cathedral of St. John the Evangelist - 515 Cathedral St - Lafayette, LA 70501	**-***9751	501(c)(3)	30,600.	0.			GENERAL SUPPORT
Catholic Charities of Acadiana PO BOX 3177 Lafayette, LA 70502	**-***7497	501(c)(3)	125,750.	0.			GENERAL SUPPORT, VAN PURCHASE, HURRICANE RELIEF
Catholic Charities of the Diocese of Houma Thibodeaux - 1220 Aycok Street - Houma, LA 70360	**-***2566	501(c)(3)	35,000.	0.			GENERAL SUPPORT
Catholic Foundation of South Louisiana - PO BOX 505 - Schriever, LA 70395	**-***1690	501(c)(3)	60,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Catholic High School-New Iberia 1301 De Lasalle Drive New Iberia, LA 70560		501(c)(3)	25,512.	0.			SCHOLARSHIP SUPPORT, GENERAL SUPPORT, ATHLETICS
Catholic Relief Services 228 West Lexington Street Baltimore, MD 21201	**-***3422	501(c)(3)	61,600.	0.			RELIEF SERVICES, GENERAL SUPPORT
CENLA PREGNANCY CENTER PO BOX 13907 Alexandria, LA 71315	**-***8688	501(c)(3)	15,000.	0.			GENERAL SUPPORT
Central Catholic High School 2100 Cedar Street, Unit 1 Morgan City, LA 70380	**-***6617	501(c)(3)	80,000.	0.			GENERAL SUPPORT, ANNUAL APPEAL
Charlotte Lozier Institute 2800 Shirlington Road Suite 1200 Arlington, VA 22203	**-***8700	501(c)(3)	20,000.	0.			EDUCATION
Children's Hospital, Inc of New Orleans - 200 Henry Clay Avenue - New Orleans, LA 70118	**-***7503	501(c)(3)	13,000.	0.			GENERAL SUPPORT
Chitimacha Louisiana Open, Inc. 124 Heyman Blvd., Ste. 202 Lafayette, LA 70503	**-***3611	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Christ the King Parish 101 Student Union Bldg. LSU Box 251 Baton Rouge, LA 70803	**-***0935	501(c)(3)	5,250.	0.			GENERAL SUPPORT
Christian Service Center PO BOX 1507 Abbeville, LA 70511		501(c)(3)	27,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Christian Youth Camps, Inc PO BOX 2010 West Monroe, LA 71294	**-***3282	501(c)(3)	50,000.	0.			CAMP SUPPORT
Church International 430 Thomas St Warrior, AL 35180	**-***8052	501(c)(3)	10,000.	0.			GENERAL SUPPORT
City of Abbeville PO BOX 1170 Abbeville, LA 70510		501(c)(3)	39,490.	0.			COMEAX PARK TENNIS COURTS
City of Lake Charles PO BOX 3706 Lake Charles, LA 70602	**-***0641	501(c)(3)	25,000.	0.			PROJECT WONDER
City of Morgan City 723 Myrtle Street Morgan City, LA 70380		501(c)(3)	25,000.	0.			POLICE BENEVOLENT ASSOCIATION
Coastal Conservation Association Louisiana - PO BOX 86458 - Baton Rouge, LA 70879	**-***4980	501(c)(3)	25,000.	0.			JACK-CART MEMORIAL REEF PROJECT
Community Center For Life 539 Lafayette St Gretna, LA 70053	**-***3245	501(c)(3)	10,000.	0.			ASSIST PREGNANT WOMEN
Community of Jesus Crucified 103 Railroad Avenue St Martinville, LA 70582	**-***9087	501(c)(3)	47,599.	0.			GENERAL SUPPORT
Corpus Christi Catholic Church 307 Beach Drive Destin, FL 32541	**-***6617	501(c)(3)	25,000.	0.			BUILDING FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Cross Catholic Outreach Inc PO BOX 273908 Boca Raton, FL 33427	**-***6061	501(c)(3)	19,500.	0.			GENERAL SUPPORT, HAITI MISSION
Crossroads Pregnancy Resource Center - 105 Saint Louis Street - Thibodaux, LA 70301	**-***2568	501(c)(3)	6,040.	0.			GENERAL SUPPORT
Cystic Fibrosis Foundation 10101 Siegen Lane Suite 2A Baton Rouge, LA 70810	**-***0701	501(c)(3)	13,400.	0.			GENERAL SUPPORT, MEDICAL RESEARCH
CYT Lafayette 4400 Ambassador Caffery Pkwy, Ste A Lafayette, LA 70508	**-***3353	501(c)(3)	18,000.	0.			GENERAL SUPPORT
Daughters of Charity International Project Services - 18000 W. Nine Mile Road - Southfield, MI 48075		501(c)(3)	17,755.	0.			DISASTER RELIEF
Decolores Adoptions International 2615 Paul White Rd Lake Charles, LA 70611	**-***5396	501(c)(3)	51,325.	0.			GENERAL SUPPORT
Delta Waterfowl Foundation 1412 Basin Ave Bismarck, ND 58504	**-***9796	501(c)(3)	102,500.	0.			DUCK CAMPAIGN
Desormeaux Foundation 1331 JEFFERSON ST Lafayette, LA 70501	**-***4266	501(c)(3)	36,950.	0.			GENERAL SUPPORT
Dioces of Houma - Thibodaux PO BOX 505 Schriever, LA 70395	**-***2566	501(c)(3)	23,000.	0.			ANNUAL BISHOP'S APPEAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Diocese of Lafayette 1408 Carmel Drive Lafayette, LA 70501	**-***7696	501(c)(3)	115,668.	0.			RELIEF SERVICES, BISHOP SERVICES APPEAL, GENERAL SUPPORT
Disch-DeClouet Social Service Center - 432 Bank Avenue - New Iberia, LA 70560	**-***2780	501(c)(3)	21,800.	0.			ANNUAL APPEAL, GENERAL SUPPORT
Ducks Unlimited Inc. PO BOX 26 Crowley, LA 70527	**-***1460	501(c)(3)	22,000.	0.			CAJUN CHAPTER
Ecole Saint Landry/Sunset French Immersion School Inc. - PO BOX 1360 - Sunset, LA 70584	**-***0036	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Eight Days of Hope Inc PO BOX 3208 Tupelo, MS 38803	**-***2540	501(c)(3)	416,453.	0.			DISASTER RELIEF
El Consul de Dios 6413 C Johnston St Lafayette, LA 70508	**-***0881	501(c)(3)	15,000.	0.			GENERAL SUPPORT
Elijah List Ministries 525 2nd Ave, SW Ste 629 Albany, OR 97321	**-***0199	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Episcopal Church of the Ascension 1030 Johnston Street Lafayette, LA 70501	**-***1101	501(c)(3)	118,064.	0.			GENERAL SUPPORT
Episcopal Church of the Epiphany 303 West Main St New Iberia, LA 70560		501(c)(3)	201,000.	0.			CAMPAIGN CONTRIBUTIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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Episcopal School of Acadiana PO BOX 380 Cade, LA 70519	**_***1427	501(c)(3)	128,450.	0.			SCHOLARSHIPS, ANNUAL FUND
Eternal Word Television Network, Inc. - 5817 Old Leeds Rd - Irondale, AL 35210	**_***1391	501(c)(3)	6,400.	0.			GENERAL SUPPORT
Faith House of Acadiana PO BOX 93145 Lafayette, LA 70509	**_***0067	501(c)(3)	15,350.	0.			GENERAL SUPPORT
Family Missions Company 12611 Everglade Rd Abbeville, LA 70510	**_***6886	501(c)(3)	46,450.	0.			RETREAT CENTER, SUPPORT OF CAPITAL CAMPAIGN, GENERAL SUPPORT
Fellowship of Catholic University Students - PO BOX 17408 - Denver, CO 80217	**_***2811	501(c)(3)	28,450.	0.			MISSIONARY SUPPORT, GENERAL SUPPORT
First Baptist Church of Elton PO BOX 39 Elton, LA 70532		501(c)(3)	25,000.	0.			GENERAL SUPPORT
First Baptist Church of Lafayette 1100 Lee Avenue Lafayette, LA 70501	**_***9752	501(c)(3)	10,000.	0.			GENERAL SUPPORT
First Methodist Church 119 Jefferson St New Iberia, LA 70560		501(c)(3)	10,000.	0.			BIBLE STUDY
Fletcher Technical Community College Foundation Inc - 1407 Highway 311 - Schriever, LA 70395	**_***5988	501(c)(3)	21,000.	0.			TECHNICAL PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Food For The Poor, Inc. 6401 Lyons Road Coconut Creek, FL 33073	**-***4510	501(c)(3)	10,600.	0.			ANNUAL APPEAL, GENERAL SUPPORT
For the Birds of Acadiana 220 Cambridge Drive Lafayette, LA 70503	**-***4416	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Fraternus 1824 E Main St, STE M Easley, SC 29640	**-***3205	501(c)(3)	50,000.	0.			ANNUAL GIFT
Friends of Warner Parks Capital Campaign - 50 Vaughn Road - Nashville, TN 37220	**-***3658	501(c)(3)	50,000.	0.			CAPITAL CAMPAIGN
Gay Men's Health Crisis (GMHC) 307 West 38th St New York, NY 10018	**-***0146	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Golden Meadow - Fourchon International Tarpon Rodeo, Inc. - PO BOX 1165 - Larose, LA 70373	**-***6248	501(c)(3)	11,000.	0.			SPONSORSHIP, GENERAL SUPPORT
Gospel Lakes Ministries, Inc. PO BOX 67 New Waverly, TX 77358	**-***7085	501(c)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
Grace Presbyterian Church 518 Roselawn Blvd Lafayette, LA 70503		501(c)(3)	6,000.	0.			GENERAL SUPPORT
Grambling State University PO BOX 25 Grambling, LA 71245		501(c)(3)	6,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Greater Baton Rouge Food Bank, Inc PO BOX 45830 Baton Rouge, LA 70895	**-***5318	501(c)(3)	9,000.	0.			GENERAL SUPPORT
Guidestone Colorado PO BOX 1056 Salida, CO 81201	**-***2291	501(c)(3)	11,520.	0.			GENERAL AND SALARY SUPPORT
Haiti Mission PO BOX 694 Thibodaux, LA 70302	**-***1365	501(c)(3)	21,750.	0.			ANNUAL HAITI GOLF TOURNAMENT, GENERAL SUPPORT
Healing Care Ministries PO BOX 96 Ashland, OH 44805	**-***6218	501(c)(3)	55,000.	0.			GENERAL SUPPORT AND CABINS
Healing House Hope for Grieving Children - 160 S Beadle Road - Lafayette, LA 70508	**-***4590	501(c)(3)	26,850.	0.			GENERAL SUPPORT
Help One Now PO BOX 26716 Raleigh, NC 27611	**-***8295	501(c)(3)	20,000.	0.			GENERAL SUPPORT
Holy Cross Catholic Church - Lafayette - 415 Robley Dr. - Lafayette, LA 70503	**-***6617	501(c)(3)	21,700.	0.			GENERAL SUPPORT
Holy Cross Catholic Church - Morgan City - 2100 Cedar Street, Unit 3 - Morgan City, LA 70381	**-***6617	501(c)(3)	15,250.	0.			GENERAL SUPPORT, ROOF REPAIR
Holy Family Catholic School 200 St John Street Lafayette, LA 70501	**-***6617	501(c)(3)	827,961.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT, GYM CONSTRUCTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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Home for the Holidays PO BOX 60486 Lafayette, LA 70596	**_***1020	501(c)(3)	8,767.	0.			GENERAL SUPPORT
Hope for Opelousas 330 East Madison Street Opelousas, LA 70570	**_***6853	501(c)(3)	81,250.	0.			GENERAL SUPPORT
Hope Thrives NPO, Inc. 800 Cannon Bridge Rd Demorest, GA 30535		501(c)(3)	11,000.	0.			GENERAL SUPPORT
Hospice of Acadiana Foundation 2600 Johnston St, Ste 200 Lafayette, LA 70503	**_***6610	501(c)(3)	12,500.	0.			GENERAL SUPPORT
Hospice of Acadiana, Inc 2600 Johnston St, Ste 200 Lafayette, LA 70503	**_***6231	501(c)(3)	58,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, IN-HOUSE CARE FACILITY
Human Life International 4 Family Life Lane Front Royal, VA 22630	**_***1765	501(c)(3)	75,000.	0.			MATCHING GIFT CAMPAIGN
Iberia Culutural Resources Association - 312 Marie Street - New Iberia, LA 70563	**_***7930	501(c)(3)	17,020.	0.			GENERAL SUPPORT
Iberia Homeless Shelter, Inc. PO BOX 13364 New Iberia, LA 70562	**_***2051	501(c)(3)	6,600.	0.			ANNUAL APPEAL, GENERAL SUPPORT
Iberia Humane Society, Inc. dba Angel Paws - PO BOX 11422 - New Iberia, LA 70562	**_***4871	501(c)(3)	5,750.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Innocence Project New Orleans PO BOX 792808 New Orleans, LA 70179	**-***1261	501(c)(3)	6,000.	0.			GENERAL SUPPORT
International Academy of Trial Lawyers Foundation - 5841 Cedar Lake Road S Ste 204 - Minneapolis, MN 55416	**-***7150	501(c)(3)	10,100.	0.			GENERAL SUPPORT
International Fellowship of Christians and Jews - PO BOX 96105 - Washington, DC 20090	**-***6096	501(c)(3)	11,200.	0.			GENERAL SUPPORT
John Paul the Great Academy 1522 Carmel Drive Lafayette, LA 70501	**-***3643	501(c)(3)	62,200.	0.			GENERAL SUPPORT, TUITION ASSISTANCE
Junior Achievement of Greater Baton Rouge & Acadiana - PO BOX 52148 - Lafayette, LA 70505	**-***5727	501(c)(3)	20,000.	0.			FINANCIAL LITERACY CLASSES, GENERAL SUPPORT
Junior League of Lafayette 504 Richland Ave Lafayette, LA 70508	**-***5471	501(c)(3)	22,750.	0.			COMMUNITY PROGRAM, SCHOLARSHIPS, GENERAL SUPPORT
Knights of Columbus Charities, Inc. - PO BOX 1966 - New Haven, CT 06509	**-***7608	501(c)(3)	5,250.	0.			DISASTER RELIEF
Lady of the Sea Hospital 200 West 134th Place Cut Off, LA 70345	**-***2041	501(c)(3)	10,000.	0.			SCHOLARSHIPS
Lady Pio Home Run Club 337 Croughan Lane Crowley, LA 70526	**-***8390	501(c)(3)	10,000.	0.			SOFTBALL IMPROVEMENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Lafayette Central Park, Inc. 2901 Johnston St., Ste. 304 Lafayette, LA 70503	**-***2778	501(c)(3)	395,194.	0.			CAPITAL EXPENDITURES
Lafourche Parish School Board PO BOX 879 Thibodaux, LA 70302	**-***0636	501(c)(3)	6,000.	0.			SPORTS AND ACADEMIC SUPPLIES
Leukemia & Lymphoma Society PO BOX 735336 Dallas, TX 75373	**-***4916	501(c)(3)	13,700.	0.			CANCER RESEARCH, GENERAL SUPPORT
Lone Star College - North Harris 2700 W W Thorne Dr Houston, TX 77073	**-***6902	501(c)(3)	6,000.	0.			SCHOLARSHIPS
Louisiana Baptist Children's Home PO BOX 4196 Monroe, LA 71211	**-***0696	501(c)(3)	20,000.	0.			GENERAL SUPPORT
Louisiana Knights of Columbus Charities, Inc. - PO BOX 51166 - Lafayette, LA 70505	**-***8127	501(c)(3)	5,500.	0.			LOUISIANA DISASTER RELIEF FUND, GENERAL SUPPORT
Louisiana Right to Life 200 Allen Toussaint Blvd New Orleans, LA 70124	**-***7634	501(c)(3)	82,550.	0.			GENERAL SUPPORT
Louisiana State University 1146 Pleasant Hall Baton Rouge, LA 70803	**-***0848	501(c)(3)	26,500.	0.			SCHOLARSHIPS
Louisiana Tech University 305 Wisteria Street Ruston, LA 71272	**-***1176	501(c)(3)	14,250.	0.			SCHOLARSHIPS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Louisiana Trooper Foundation PO BOX 65076 Baton Rouge, LA 70896	**-***8404	501(c)(3)	140,000.	0.			ASSISTANCE PROGRAM
Lourdes Foundation 4801 Ambassador Caffery Pkwy Lafayette, LA 70508	**-***4532	501(c)(3)	35,843.	0.			GENERAL SUPPORT, RONALD MCDONALD HOUSE
Love Acadiana 850 Kaliste Saloom Rd., Ste. 203 Lafayette, LA 70508	**-***4230	501(c)(3)	40,962.	0.			DISASTER RELIEF, GENERAL SUPPORT
LSU Eunice Foundation 3796 Nicholson Dr Baton Rouge, LA 70802	**-***8025	501(c)(3)	13,500.	0.			SCHOLARSHIPS, GENERAL SUPPORT
LSU Foundation 3796 Nicholson Dr Baton Rouge, LA 70802	**-***0969	501(c)(3)	98,500.	0.			GENERAL SUPPORT, COLLEGES OF COAST AND ENVIRONMENT
LSU Health Foundation 1100 Florida Avenue, Box 22 New Orleans, LA 70119	**-***5391	501(c)(3)	30,000.	0.			SCHOLARSHIPS
LSU Tiger Athletic Foundation PO BOX 711 Baton Rouge, LA 70821	**-***4960	501(c)(3)	222,060.	0.			BUILDING FUND, GENERAL SUPPORT, ATHLETICS
Maddie's Footprints 234 Beauregard, Unit 201 Lafayette, LA 70508	**-***4830	501(c)(3)	11,850.	0.			GENERAL SUPPORT
Manresa House of Retreats PO BOX 89 Convent, LA 70723	**-***1381	501(c)(3)	20,900.	0.			GENERAL SUPPORT

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MD Anderson Cancer Center PO BOX 4464 Houston, TX 77210	**-***1118	501(c)(3)	5,800.	0.			ANNUAL APPEAL, GENERAL SUPPORT
Miles Perret Cancer Services 2130 Kaliste Saloom Rd, Ste 200 Lafayette, LA 70508	**-***3211	501(c)(3)	121,760.	0.			GAMES OF ACADIANA, GENERAL AND OPERATING SUPPORT
Missionaries of Charity 904 Jack Street Lafayette, LA 70501	**-***6617	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Moncus Park 2851 Johnston Street #164 Lafayette, LA 70503	**-***2778	501(c)(3)	761,539.	0.			GENERAL SUPPORT, VETERANS MEMORIAL
Mount Carmel Elementary School 405 Park Avenue Abbeville, LA 70510		501(c)(3)	7,000.	0.			GENERAL SUPPORT, TUITION ASSISTANCE
NAIFA Foundation for Financial Security - 2901 Telestar Court - Falls Church, VA 22042	**-***2913	501(c)(3)	9,204.	0.			GENERAL SUPPORT
National World War II Museum 945 Magazine Street New Orleans, LA 70130	**-***0790	501(c)(3)	16,600.	0.			GENERAL SUPPORT, PATRIOTS CIRCLE
Nativity of Our Lady Catholic Church - 130 N Richelieu Circle - New Iberia, LA 70560		501(c)(3)	5,400.	0.			GENERAL SUPPORT, LADIES ALTER SOCIETY
NC State Engineering Foundation NCSU, Campus Box 7207 Raleigh, NC 27695	**-***6987	501(c)(3)	45,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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New Hope Fellowship 865 Sittig St Eunice, LA 70535		501(c)(3)	25,000.	0.			CLASSROOM PROJECT
New Iberia Museum Foundation 131 E, Main St. New Iberia, LA 70560	**-***1113	501(c)(3)	8,000.	0.			BLANCO EXHIBIT, GENERAL SUPPORT
New Life Counseling 631 E School Street Lake Charles, LA 70607	**-***5509	501(c)(3)	5,500.	0.			GENERAL SUPPORT
Nicholls State University PO BOX 2003 Thibodaux, LA 70310	**-***1425	501(c)(3)	31,000.	0.			GENERAL SUPPORT, SCHOLARSHIPS
Notre Dame High School 910 North Eastern Ave Crowley, LA 70526	**-***6617	501(c)(3)	45,250.	0.			CATHOLIC EDUCATION, CHAPEL
Ochsner Lafayette General Foundation - 920 W. Pinhook Rd. - Lafayette, LA 70503	**-***6778	501(c)(3)	8,500.	0.			GENERAL SUPPORT, MOBILE CLINIC
Opelousas Catholic School 428 E. Prudhomme St Opelousas, LA 70570	**-***3094	501(c)(3)	11,500.	0.			GENERAL SUPPORT, SCHOLARSHIP
Operation Underground Railroad PO BOX 560902 Denver, CO 80256	**-***4979	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Our Lady of Fatima Catholic Church 2319 Johnston St Lafayette, LA 70503	**-***7349	501(c)(3)	10,000.	0.			PAVE THE WAY PROJECT

Schedule I (Form 990)

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Our Lady of Fatima School 2315 Johnston St Lafayette, LA 70503	**-***0628	501(c)(3)	27,600.	0.			PAVE THE WAY PRJOECT, GENERAL SUPPORT
Our Lady of Prompt Succor Church 723 North Bayou Drive Golden Meadow, LA 70357	**-***0619	501(c)(3)	45,025.	0.			GENERAL SUPPORT, OUR LADY HELPS MINISTRY
Our Lady of the Lake Foundation PO BOX 84357 Baton Rouge, LA 70884	**-***4324	501(c)(3)	23,500.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
Our Lady of the Oaks Retreat House PO Drawer D Grand Coteau, LA 70541	**-***7599	501(c)(3)	7,100.	0.			GENERAL SUPPORT
Our Lady of Wisdom Catholic Church & Student Center - PO BOX 43599 - Lafayette, LA 70504	**-***2001	501(c)(3)	97,650.	0.			RAGIN CAJUN CATHOLICS, GENERAL SUPPORT
Our Lady Queen of Angels Church 2125 S Union St Opelousas, LA 70570	**-***2887	501(c)(3)	116,150.	0.			GENERAL SUPPORT, CHOIR
Our Savior's Church 1201 E Broussard Rd Lafayette, LA 70508	**-***9370	501(c)(3)	104,275.	0.			LEGACY FUND, DISASTER RELIEF, GENERAL SUPPORT
Palmetto Elementary School PO BOX 200 Palmetto, LA 71358		501(c)(3)	14,572.	0.			GENERAL SUPPORT
Parish Proud PO BOX 82277 Lafayette, LA 70598	**-***2714	501(c)(3)	81,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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Paul and Lulu Hilliard University Art Museum - PO BOX 42571 - Lafayette, LA 70504	**-***3836	501(c)(3)	87,000.	0.			EXPANSION PROJECT, GENERAL SUPPORT
Pelican Institute for Public Policy - 400 Poydras St, Ste900 - New Orleans, LA 70130	**-***4791	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Pharr Chapel United Methodist Church - 517 Federal Ave - Morgan City, LA 70380	**-***5614	501(c)(3)	64,500.	0.			GENERAL SUPPORT, MISSIONS
Phi Kappa Theta National Foundation - PO BOX 3482 - Worcester, MA 01613	**-***9653	501(c)(3)	50,000.	0.			LSU RECOLONIZATION
Prairie View A&M 700 University Dr Prairie View, TX 77446		501(c)(3)	6,000.	0.			SCHOLARSHIPS
Ragin Cajuns Athletic Foundation PO BOX 43603 Lafayette, LA 70504	**-***3524	501(c)(3)	19,680.	0.			ANNUAL FUNDS, GENERAL SUPPORT
Rayne Catholic Elementary School 407 S. Polk St Rayne, LA 70578		501(c)(3)	20,000.	0.			EMPLOYEE COMPENSATION
ReCover Acadiana PO BOX 2082 Lafayette, LA 70502	**-***5457	501(c)(3)	9,485.	0.			GENERAL SUPPORT
RescYOU Group 501 W St Mary, STE 414A Lafayette, LA 70506	**-***7385	501(c)(3)	5,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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Sacred Heart Church - Cut Off 15300 W. Main St. Cut Off, LA 70345		501(c)(3)	27,950.	0.			GENERAL SUPPORT
Sacred Heart Church - Morgan City P. O. Box 632 Morgan City, LA 70381		501(c)(3)	71,600.	0.			GENERAL OPERATING SUPPORT
Sacred Heart of Jesus on the Teche Catholic Church - 2514 Old Jeanerette Rd. - New Iberia, LA 70563	**_***6617	501(c)(3)	17,000.	0.			GENERAL OPERATING SUPPORT, ANNUAL APPEAL
Safari Mission USA PO BOX 932 Broken Arrow , OK 74013		501(c)(3)	10,000.	0.			HELP BUILD AFRICA
SafeHouse by Landmark, Inc. PO BOX 62833 Lafayette, LA 70596	**_***6395	501(c)(3)	23,000.	0.			GENERAL SUPPORT
Saint John the Evangelist Catholic Church - PO BOX 340 - Mermentau, LA 70556	**_***1575	501(c)(3)	11,000.	0.			GENERAL SUPPORT
Saint Joseph Abbey & Seminary College - 75376 River Road - St. Benedict, LA 70457	**_***9000	501(c)(3)	32,500.	0.			CHRISTMAS APPEAL, ANNUAL APPEAL
Saint Therese Academy 917 N Atlanta St Metairie, LA 70003	**_***7151	501(c)(3)	13,000.	0.			ANNUAL APPEAL
Samaritan's Purse PO BOX 3000 Boone, NC 28607	**_***7002	501(c)(3)	30,000.	0.			HURRIANCE RELIEF, GENERAL SUPPORT

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Schools of the Sacred Heart PO BOX 310 Grand Coteau, LA 70541	**_***7643	501(c)(3)	8,300.	0.			GENERAL SUPPORT, CHAPEL REHAB PROJECT
Second Harvest Food Bank 215 E Pinhook Road Lafayette, LA 70501	**_***6468	501(c)(3)	39,200.	0.			GENERAL SUPPORT
SerenaGroup Research Foundation 125 Cambridge Park Dr, Ste 301 Cambridge, MA 02140	**_***9611	501(c)(3)	20,000.	0.			GENERAL SUPPORT
Services and Advocacy for LGBT Elders (SAGE) - 305 Seventh Ave, 15th Floor - New York, NY 10001	**_***7657	501(c)(3)	15,000.	0.			GENERAL SUPPORT
Shriners Hospital for Children 2900 N Rocky Point Dr Tampa, FL 33607	**_***3608	501(c)(3)	6,800.	0.			GENERAL SUPPORT
Sky High for Kids 9800 Richmond Avenue, Suite 335 Houston, TX 77042	**_***5972	501(c)(3)	11,000.	0.			CANCER RESEARCH
SLCC Foundation 1101 Bertrand Dr Lafayette, LA 70506	**_***4671	501(c)(3)	491,500.	0.			GENERAL SUPPORT, HOME HEALTH PROJECT
Solomon House 520 Center Street New Iberia, LA 70560	**_***5609	501(c)(3)	16,000.	0.			GENERAL OPERATING SUPPORT, FOOD BANK, MATCH DONATION
Southeastern Louisiana University 900A W. UNIVERSITY AVE Hammond, LA 70402	**_***8821	501(c)(3)	9,000.	0.			SCHOLARSHIPS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Southern Mutual Help Association 3602 Old Jeanerette Rd New Iberia, LA 70563	**-***6092	501(c)(3)	6,000.	0.			DISASTER RELIEF, GENERAL SUPPORT
St Martin's Episcopal School 225 Green Acres Rd Metairie, LA 70003		501(c)(3)	10,000.	0.			GENERAL SUPPORT
St Anthony of Padua Catholic Church - 911 5th St - Natchitoches, LA 71457		501(c)(3)	13,500.	0.			GENERAL SUPPORT
St Bernard Catholic Church 219 East Bridge Street Breux Bridge, LA 70517	**-***9718	501(c)(3)	21,200.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
St Bernard School 251 E Bridge Street Breux Bridge, LA 70517	**-***7028	501(c)(3)	5,050.	0.			SCHOLARSHIPS FOR SBS STUDENTS IN NEED
St Charles Borromeo Catholic Church - PO BOX A - Grand Coteau, LA 70541		501(c)(3)	12,000.	0.			GENERAL SUPPORT
St Dominic School 6326 Memphis Street New Orleans, LA 70124	**-***6617	501(c)(3)	5,990.	0.			FINANCIAL ASSISTANCE
St Edmund Catholic School 351 W. Magnolia Ave Eunice, LA 70535	**-***3160	501(c)(3)	287,500.	0.			SCHOLARSHIPS, GENERAL SUPPORT, GYM RESTORATION
St Edward School 175 Porter Street New Iberia, LA 70560	**-***7742	501(c)(3)	10,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
St Francis Diner, Inc PO BOX 9106 New Iberia, LA 70562	**-***7052	501(c)(3)	7,500.	0.			GENERAL SUPPORT
St Francis School 490 St Joseph Avenue Iota, LA 70543	**-***4798	501(c)(3)	227,978.	0.			EDUCATIONAL AND CAMPUS ENHANCEMENTS, STAFF COMPENSATION
St Ignatius School 180 Church Street Grand Coteau, LA 70541	**-***1020	501(c)(3)	10,000.	0.			SCHOLARSHIPS
St Jude Children's Research Hospital - 501 St. Jude Place - Memphis, TN 38105	**-***6012	501(c)(3)	45,900.	0.			GENERAL SUPPORT, CANCER RESEARCH
St Margaret of Scotland Catholic Church - PO BOX 340 - Mermentau, LA 70556		501(c)(3)	10,000.	0.			BUILDING FUND
St Martin's Episcopal Church-Metairie - 2216 Metairie Rd - Metairie, LA 70001	**-***9496	501(c)(3)	10,000.	0.			GENERAL SUPPORT
St Mary Mother of the Church 419 Doucet Rd Lafayette, LA 70503		501(c)(3)	7,500.	0.			GENERAL SUPPORT
St Mary Outreach 608 First Street, Ste. 102 Morgan City, LA 70380	**-***7133	501(c)(3)	15,000.	0.			GENERAL SUPPORT
St Michael Catholic School 805 East Northern Crowley, LA 70526		501(c)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
St Paul Center for Biblical Theology - 1468 Parkview Circle - Steubenville, OH 43952	**-***0638	501(c)(3)	10,000.	0.			CAPITAL CAMPAIGN
St Paul's Episcopal Church PO BOX 1101 Abbeville, LA 70511		501(c)(3)	78,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT
St Peter's Catholic School PO BOX 12507 New Iberia, LA 70562	**-***6617	501(c)(3)	9,000.	0.			GENERAL SUPPORT, FALL FEST
St Pius X Catholic Church PO BOX 80489 Lafayette, LA 70598	**-***6617	501(c)(3)	113,900.	0.			BUILDING FUND, GENERAL SUPPORT
St Teresa Center for Works of Mercy - 103 Railroad Avenue - St Martinville, LA 70582	**-***6179	501(c)(3)	20,100.	0.			GENERAL SUPPORT
St Thomas More Catholic High School - 450 East Farrel Road - Lafayette, LA 70508	**-***9307	501(c)(3)	141,653.	0.			ENVISION MORE, ATHLETICS, CHAPEL
St Thomas More Catholic Church 1011 Sittig St Eunice, LA 70535		501(c)(3)	10,755.	0.			LSUE STUDENT CENTER, GENERAL SUPPORT
Sts. Leo-Seton Catholic School 502 St. Leo Street Lafayette, LA 70501	**-***7696	501(c)(3)	7,000.	0.			SCHOLARSHIPS
Sun Valley Film Festival PO BOX 3471 Sun Valley, ID 83353	**-***7380	501(c)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
Susan G. Komen 13770 Noel Road, Ste 801889 Dallas, TX 75380	**_***5298	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Teurlings Catholic High School 139 Teurlings Dr. Lafayette, LA 70501	**_***9260	501(c)(3)	21,500.	0.			SCHOLARSHIP
The Bayou Church 2234 Kaliste Saloom Rd Lafayette, LA 70508		501(c)(3)	17,930.	0.			GENERAL SUPPORT
The Culture Project International PO BOX 86 Wynnewood, PA 19096	**_***0049	501(c)(3)	6,000.	0.			GENERAL SUPPORT
The Current Media, LLC 106 Memory Lane Lafayette, LA 70506	**_***1272	501(c)(3)	40,500.	0.			GENERAL SUPPORT
The Cursillo Center for the Diocese of Lafayette - 3651 HWY 104 - Opelousas, LA 70570	**_***7696	501(c)(3)	7,500.	0.			CHAPEL ROOF, GENERAL SUPPORT
The Extra Mile, Region IV, Inc. 720 St. John Street Lafayette, LA 70501	**_***6339	501(c)(3)	102,350.	0.			W&C HOME, GENERAL SUPPORT
The Family Tree 1602 West Pinhook, Suite 100A Lafayette, LA 70508	**_***9405	501(c)(3)	10,750.	0.			GENERAL SUPPORT
The Healing Place Church 19202 Highland Road Baton Rouge, LA 70809	**_***7744	501(c)(3)	20,000.	0.			NEW CAMPUS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
The Hub Lafayette - Urban Ministries - 4400-A Ambassador Caffery Box 134 - Lafayette, LA 70508	**_***5792	501(c)(3)	10,250.	0.			GENERAL SUPPORT
The Lesbian, Gay, Bisexual & Transgender Community Center - 208 W 13th St - New York, NY 10011	**_***7805	501(c)(3)	25,000.	0.			GENERAL SUPPORT
The Nashville Zoo 3777 Nolensville Pike Nashville, TN 37211	**_***1210	501(c)(3)	62,500.	0.			EXHIBIT EXPANSION
The National Restaurant Association Educational Foundation - 2055 L St. NW - Washington, DC 20036	**_***3388	501(c)(3)	6,000.	0.			GENERAL SUPPORT
The Refinery Mission PO BOX 1437 Opelousas, LA 70571	**_***2470	501(c)(3)	10,000.	0.			GENERAL SUPPORT
The Salvation Army PO BOX 269 Alexandria, VA 22314	**_***3701	501(c)(3)	5,600.	0.			GENERAL SUPPORT
Town of Washington Cemetery Foundation - PO BOX 42 - Washington, LA 70589	**_***3776	501(c)(3)	12,000.	0.			CEMETARY MAINTENANCE
Trinity Bible Church 130 E. Broussard Road Lafayette, LA 70503	**_***9546	501(c)(3)	8,000.	0.			GENERAL SUPPORT
Tunnels to Towers Foundation 2361 Hylan Blvd Staten Island, NY 10306	**_***4654	501(c)(3)	12,600.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UL Lafayette Alumni Association PO BOX 40151 Lafayette, LA 70504	**-***3776	501(c)(3)	7,000.	0.			SPRING GALA
United Way of Acadiana 215 E Pinhook Road Lafayette, LA 70501	**-***3639	501(c)(3)	26,437.	0.			TEACHER/SCHOOL GRANTS, GENERAL SUPPORT, LEF AWARDS
University of Louisiana at Lafayette Foundation - PO BOX 44290 - Lafayette, LA 70504	**-***3836	501(c)(3)	997,972.	0.			SCHOLARSHIP FUNDS, GENERAL SUPPORT, ATHLETICS
University of New Orleans Foundation - 2021 Lakeshore Dr - New Orleans, LA 70148	**-***1326	501(c)(3)	10,000.	0.			GENERAL SUPPORT
University of North Texas Mayborn School of Journalism - 1155 Union Circle #311460 - Denton, TX 76203		501(c)(3)	10,000.	0.			SCHOLARSHIPS
Valerie's House Inc PO BOX 1955 Fort Myers, FL 33902	**-***1240	501(c)(3)	15,000.	0.			GENERAL SUPPORT
Washington University in St. Louis 700 Rosedale Ave St Louis, MO 63112	**-***3611	501(c)(3)	250,000.	0.			CEREBRAL PALSY RESEARCH FUND
Westminster Christian Academy 186 Westminster Drive Opelousas, LA 70570	**-***0629	501(c)(3)	19,750.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
Wild Cat Inc. 1640 North Bertrand Drive Lafayette, LA 70506	**-***7617	501(c)(3)	5,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
Witness to Love 1039 Rue Maline St Martinville, LA 70582	**_***6034	501(c)(3)	32,850.	0.			GENERAL SUPPORT
Womans New Life Center 4612 S. Claiborne Ave New Orleans, LA 70125	**_***5326	501(c)(3)	7,250.	0.			GENERAL SUPPORT
Women of Wisdom PO BOX 92391 Lafayette, LA 70509	**_***5485	501(c)(3)	52,261.	0.			GENERAL SUPPORT
Women's Help Center 7515 Scenic HWY Baton Rouge, LA 70807	**_***3708	501(c)(3)	30,000.	0.			GENERAL SUPPORT
Woodberry Forest School 898 Woodberry Forest Rd Woodberry Forest, VA 22989	**_***9590	501(c)(3)	10,000.	0.			SCHOLARSHIPS
World Vision International PO BOX 9716, MS110 Federal Way, WA 98063	**_***2279	501(c)(3)	14,872.	0.			GENERAL SUPPORT, DISASTER RELIEF
Wounded Warrior Project PO BOX 758540 Topeka, KS 66675	**_***0934	501(c)(3)	13,900.	0.			GENERAL SUPPORT
Young Life PO BOX 51952 Lafayette, LA 70505	**_***5934	501(c)(3)	5,500.	0.			GENERAL SUPPORT

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
Cash Assistance Schumacher Clinical Partners Employee Emergency Relief Fund	16	24,803.	0.		
Cash assistance MacLaff Inc. Employee Emergency Relief Fund	2	2,250.	0.		
Cash Assistance Barnum Employee Disaster Relief Fund	1	1,349.	0.		
Cash assistance NAIFA Family Response Fund	3	5,000.	0.		
Cash Assistance VieMed Employee Emergency Relief Fund	8	6,126.	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:

All grants or requests for assistance are reviewed to insure that the entity is a valid governmental entity or IRS approved public charity.

Records are kept of this compliance check, along with support for any grants that are denied.

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Community Foundation of Acadiana

Employer identification number

-*3023

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 type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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) 2022

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) Raymond J. Hebert Former Executive Director	(i)	163,428.	10,000.	0.	0.	31,305.	204,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Community Foundation of Acadiana

Employer identification number

-*3023

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	2,854,676.	AVG FMV DATE OF DONA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

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?

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

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) 2022

**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.

OMB No. 1545-0047

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Name of the organization

Community Foundation of Acadiana

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-*3023

Form 990, Part I, Line 1, Description of Organization Mission:

Foundation achieves this goal by increasing charitable giving, creating meaningful and effective giving opportunities for our donors, and providing leadership in our region. These efforts are grounded in the belief that through philanthropy the Foundation can positively impact our community. The Foundation is committed to servicing and benefitting the geographic area of south-central Louisiana. It has positioned itself as a "tool" for individual donors, families and corporations to increase and enhance their charitable and philanthropic interests. It has also positioned itself as a "tool" for other entities (including local government entities) to help realize objectives and/or projects that may need an objective third party.

Form 990, Part III, Line 4d, Other Program Services:

Various grants and expenses for other charitable programs
Expenses \$ 13,255,553. including grants of \$ 12,044,545. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

A draft of the Form 990 is provided to the entire board of directors for review prior to filing.

Form 990, Part VI, Section B, Line 12c:

Annually each board and committee member is asked to review and update his/her conflict of interest disclosure.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990) 2022

Name of the organization

Community Foundation of Acadiana

Employer identification number

** - *** 3023

The Executive Committee of the board of directors reviews key employee salaries annually. A comparison with the published Council on Foundations salary survey is used to provide comparative compensation data.

Form 990, Part VI, Section C, Line 19:

A copy of the annual report, most recent 990, and most recent audit report for Community Foundation of Acadiana are provided on its website. In addition, copies of governing documents, conflict of interest policy, and financial statements are available upon request by calling or emailing the foundation.

**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.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

Community Foundation of Acadiana

Employer identification number
-*3023

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
CFA Alpha Properties, L.L.C, - 20-1991510 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Holds royalty interests	Louisiana		34,000.	Community Foundation of Acadiana

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
CFA Real Estate Holding - 86-1068132 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Inactive/merged into Community Foundation of Acadiana on 11/30/2010	Louisiana	501(c)(2)		Community Foundation of Acadiana		X
Louisiana Real Estate Foundation - 20-3951303, 1035 Camellia Blvd, Ste 100, Lafayette, LA 70508	Facilitates contribution of real estate and manages real estate owned	Louisiana	501(c)(3)	Supporting Type I	Community Foundation of Acadiana		X
Louisiana Parks Foundation - 27-3675223 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Supports parks of the State of Louisiana	Louisiana	501(c)(3)	Line 7	Community Foundation of Acadiana		X

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

Schedule R (Form 990) 2022

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Form **990-W**
(Worksheet)

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

2023

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

► Keep for your records. Do not send to the Internal Revenue Service.

FOR YOUR RECORDS

DO NOT FILE

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2022 return. 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	3,755.
c	2023 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	Adjusted To 3,760.

		(a)	(b)	(c)	(d)	
11	Installment due dates	11	04/18/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	940.	940.	940.	940.
13	2022 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14	940.	940.	940.	940.

Form **990-W**

FOR YOUR RECORDS

DO NOT FILE

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Community Foundation of Acadiana Number, street, and room or suite no. If a P.O. box, see instructions. 1035 Camellia Blvd, Ste 100 City or town, state or province, country, and ZIP or foreign postal code Lafayette, LA 70508	** - *** 3023
		C Book value of all assets at end of year 148,594,814.	E Group exemption number (see instructions)
			F <input type="checkbox"/> Check box if an amended return.
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 2			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.			
L The books are in care of <u>Missy Andrade</u> Telephone number <u>(337) 769-4840</u>			

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	19,442.
2 Reserved	2	
3 Add lines 1 and 2	3	19,442.
4 Charitable contributions (see instructions for limitation rules) <u>Stmt 1 Stmt 2</u>	4	560.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	18,882.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	18,882.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	17,882.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,755.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	3,755.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	3,755.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	3,755.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	2,080.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g	
7	Total payments. Add lines 6a through 6g	7	2,080.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	37.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	1,712.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	Treasurer _____	Title _____
Paid Preparer Use Only	Print/Type preparer's name Carlinna L. Bertrand	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name Broussard Poche, LLP	Firm's EIN ** - *** 8016		PTIN P01418229
	Firm's address P.O. Box 61400	Firm's EIN ** - *** 8016		Phone no. (337) 988-4930
	Lafayette, LA 70596-1400			

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

Form 990-T	Contributions	Statement	1
Description/Kind of Property	Method Used to Determine FMV	Amount	
Charitable contributions - Healthcare Innovation Fund II LLC	N/A	560.	
Total to Form 990-T, Part I, line 4		560.	

Form 990-T	Contributions Summary	Statement	2
------------	-----------------------	-----------	---

Qualified Contributions Subject to 100% Limit
 Qualified Contributions Subject to 25% Limit

Carryover of Prior Years Unused Contributions
 For Tax Year 2017
 For Tax Year 2018
 For Tax Year 2019
 For Tax Year 2020
 For Tax Year 2021

Total Carryover			
Total Current Year 10% Contributions		560	
Total Contributions Available		560	
Taxable Income Limitation as Adjusted		1,844	
Excess Contributions		0	
Excess 100% Contributions		0	
Total Excess Contributions		0	
Allowable Contributions Deduction			560
Total Contribution Deduction			560

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Community Foundation of Acadiana	B Employer identification number ** - *** 3023
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 2

E Describe the unrelated trade or business **Investments in Partnerships with UBTI**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance _____	1c			
2 Cost of goods sold (Part III, line 8) _____	2			
3 Gross profit. Subtract line 2 from line 1c _____	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions _____	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	4b			
c Capital loss deduction for trusts _____	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 3 _____	5	19,442.		19,442.
6 Rent income (Part IV) _____	6			
7 Unrelated debt-financed income (Part V) _____	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	9			
10 Exploited exempt activity income (Part VIII) _____	10			
11 Advertising income (Part IX) _____	11			
12 Other income (see instructions; attach statement) _____	12			
13 Total. Combine lines 3 through 12 _____	13	19,442.		19,442.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X) _____				1
2 Salaries and wages _____				2
3 Repairs and maintenance _____				3
4 Bad debts _____				4
5 Interest (attach statement). See instructions _____				5
6 Taxes and licenses _____				6
7 Depreciation (attach Form 4562). See instructions _____	7			
8 Less depreciation claimed in Part III and elsewhere on return _____	8a			8b
9 Depletion _____				9
10 Contributions to deferred compensation plans _____				10
11 Employee benefit programs _____				11
12 Excess exempt expenses (Part VIII) _____				12
13 Excess readership costs (Part IX) _____				13
14 Other deductions (attach statement) _____				14
15 Total deductions. Add lines 1 through 14 _____				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____				16 19,442.
17 Deduction for net operating loss. See instructions _____				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____				18 19,442.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Form 990-T (A)	Income (Loss) from Partnerships	Statement	3
Description		Net Income or (Loss)	
Healthcare Innovation Fund II LLC - Ordinary Business Income (loss)		19,651.	
Healthcare Innovation Fund II LLC - Net Rental Real Estate Income		-209.	
Total Included on Schedule A, Part I, line 5		19,442.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: Community Foundation of Acadiana; B Employer identification number: ** - *** 3023; C Unrelated business activity code: 523000; D Sequence: 2 of 2

E Describe the unrelated trade or business: Investments in Partnerships with UBTI

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, and Amount. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. Form 990-T

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name Community Foundation of Acadiana	Employer identification number **-***3023
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	3,755.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	3,755.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,056.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,056.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	514.	514.	514.	514.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				2,080.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				2,080.
14 Add amounts on lines 16 and 17 of the preceding column	14		514.	1,028.	1,542.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	538.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		514.	1,028.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	514.	514.	514.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	See Attached Worksheet			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 37.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Louisiana Department of Revenue
 Post Office Box 91011
 Baton Rouge, LA 70821-9011

LA Corporation Income Tax Return for 2022	LA Corporation Franchise Tax Return for 2023
Mark box if:	
Calendar Year filer	<input checked="" type="checkbox"/>
Fiscal Year filer <i>(Enter dates below)</i>	<input type="checkbox"/>
Short period return <i>(Enter dates below)</i>	<input type="checkbox"/>
Income (MMDDYY)	Franchise (MMDDYY)
Began	Began
Ended	Ended

Mark box if:

- Name change.
- Address change.
- Amended return.
- Amended due to IRS audit.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return
- Timely requested extension for federal income tax purposes.

Enter your LA Revenue Account Number here (Not FEIN):

5	0	6	0	7	8	5	0	0	1	For office use only.
---	---	---	---	---	---	---	---	---	---	----------------------

Legal Name COMMUNITY FOUNDATION OF ACADIANA		
Trade Name		
Mailing Address 1035 CAMELLIA BLVD		
Unit Type SUITE	Unit Number 100	
City LAFAYETTE	State LA	ZIP 70508
Foreign Nation, if not United States <i>(do not abbreviate)</i>		

A. Federal Employer Identification Number	7 2 1 4 9 3 0 2 3
B. Total business interest expense	
C. Total business interest expense deduction	
D. Income tax apportionment percentage	1 0 0 . 0 %
E. Gross revenues	1 9 4 4 2
F. Total assets	1 4 8 5 9 4 8 1 4
G. NAICS code	
H. Enter the state abbreviation for location of the principal place of business.	L A
I. Does the income of this corporation include the income of any disregarded entities?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
J. Was the income of this corporation included in a consolidated federal income tax return?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
K. If answered yes to J, enter FEIN of consolidated federal income tax return.	
L. Do the books of the corporation contain intercompany debt?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
M. Enter the code for the federal form filed.	9
N. Enter the code for the type of entity.	0 1
O. Pass-through Entity Tax Election	<input type="checkbox"/>

Computation of Income Tax - See instructions.

1A. Louisiana net income before loss adjustments	<input type="checkbox"/>	1 7 8 8 2
1B. Subchapter S corporation exclusion	<input type="checkbox"/>	
Loss carryforward		
[\$.00]		
1C. less federal tax refund applicable to loss		
[\$.00]		
Attach schedule.		
1C1. Loss carryforward utilized		
1D. Louisiana taxable income	<input type="checkbox"/>	1 7 8 8 2
2. Louisiana income tax	<input type="checkbox"/>	6 2 6
3. Nonrefundable income tax credits from Schedule NRC-P1		
4. Income tax after priority 1 credits		6 2 6

Computation of Franchise Tax - See instructions.

5A. Total capital stock, surplus, & undivided profits	<input type="checkbox"/>	
5B. Franchise tax apportionment percentage		
5C. Franchise taxable base	<input type="checkbox"/>	
6. Amount of assessed value of real and personal property in Louisiana in 2022		
7. Louisiana franchise tax	<input type="checkbox"/>	
8. Nonrefundable franchise tax credits from Schedule NRC-P1		
9. Franchise tax after priority 1 credits		

IMPORTANT!

All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



FOR OFFICE USE ONLY

<input type="checkbox"/> Field Flag	
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22321

Enter your LA Revenue Account Number here. ▶

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Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26.	
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			
28. Amount of overpayment to be credited to 2023 income tax			
29. Amount of overpayment to be credited to 2024 franchise tax			
30. Amount of overpayment to be refunded			

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Signature of Officer	Title of Officer	
Print Name of Officer	Telephone	Date (mm/dd/yyyy)

PAID PREPARER USE ONLY	Print Preparer's Name CARLINNA BERTRAND CPA	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	BROUSSARD POCHE LLP		Firm's FEIN ▶ 720538016
	Firm's Address ▶	103 N AVE F CROWLEY, LA 70526		Telephone ▶ (337) 783-5693

IMPORTANT!
All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

PTIN, FEIN, or LDR Account Number of Paid Preparer

7 2 - 0 5 3 8 0 1 6

For Office Use Only.



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Enter your LA Revenue Account Number here. ▶

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Schedule NRC-P1 – Nonrefundable Priority 1 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			
7. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.			
8. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8.			

Description	Code
Premium Tax	100
Bone Marrow	120

Description	Code
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations to Public Schools	170
Other	199

Schedule RC-P4 – Refundable Priority 4 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		
6. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1.			
7. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter here and on CIFT-620, Line 16B, Col. 2.			

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F



Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			

Description	Code
Previously Unemployed	208
New Jobs Credit	224
Eligible Re-entrants	228
Apprenticeship (2007)	236
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Other	399

Description	Code
Refunds by Utilities	412
Donation to School Tuition Organization	424
QMC Music Job Creation Credit	454
Neighborhood Assistance	457
Research and Development	458
Ports of Louisiana Import Export Cargo	459

Description	Code
LA Import	460
LA Work Opportunity	461
Youth Jobs	462
Apprenticeship (2022)	463
Donation to Qualified Foster Care Organization	464
Inventory Tax Credit Carried Forward & ITEP	500

Description	Code
Ad Valorem Natural Gas Credit Carried Forward	502
Atchafalaya Trace	504
Cane River Heritage Area	506
Ports of Louisiana Investor	508
Enterprise Zone	510
Recycling Credit	550
Other	599

Schedule NRC-P3 – Part II - Transferable, Nonrefundable Priority 3 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
7.			
7A.			
8.			
8A.			
9.			
9A.			
10. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1.			
11. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 2.			

IMPORTANT! These codes must be claimed on Lines 7 through 9.

Description	Code
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI Credit	258

Description	Code
New Markets	259
Motion Picture Infrastructure	261
Angel Investor	262

Description	Code
Other	299



Enter your LA Revenue Account Number here. ▶

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Schedule RC-P2 – Part I – Refundable Priority 2 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		

Schedule RC-P2 – Part II – Transferable, Refundable Priority 2 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
6. Musical and Theatrical Production	6 2 F		
6A.			
7. Musical and Theatrical Production	6 2 F		
7A.			
8. Musical and Theatrical Production	6 2 F		
8A.			
9. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.			
10. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2.			

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Milk Producers	58F
Technology Commercialization	59F

Description	Code
School Readiness Child Care Provider	65F
School Readiness Business - Supported Child Care	67F

Description	Code
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

Description	Code
Digital Interactive Media and Software	73F
Other Refundable	80F



All applicable schedules must be completed.

Schedule A – Required Information				
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN	Percentage
		2		
	No <input type="checkbox"/>	3		
		4		
		5		
	2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN/SSN
2				
No <input type="checkbox"/>		3		
		4		
		5		
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.		Yes <input type="checkbox"/>	1	FEIN
	2			
	No <input type="checkbox"/>	3		
		4		
		5		

Schedule B – Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales			
B. Charges for services			
C. Other gross apportionable income			
D. Total – Add the amounts in Columns 1 and 2.			
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input type="checkbox"/>			
3. For certain oil & gas businesses only (see instructions). Income tax property ratio – Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input type="checkbox"/>			
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			
5. Total of percents in Column 3			
6. Average of percents — Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			



Schedule C – Computation of Corporate Income Tax Property Ratio For Certain Oil & Gas Companies				
	Located Everywhere		Located in Louisiana	
	1. Beginning of year	2. End of year	3. Beginning of year	4. End of year
Intangible Assets				
1. Cash				
2. Notes and accounts receivable				
3. Reserve for bad debts	()	()		
4. Investment in U.S. govt. obligations				
5. Stock and obligations of subsidiaries				
6. Other investments – Attach schedule				
7. Loans to stockholders				
8. Other intangible assets – Attach schedule				
9. Accumulated depreciation	()	()		
10. Total intangible assets – Add Lines 1 through 9				
Real and Tangible Assets				
11. Inventories				
12. Bldgs. and other depreciable assets				
13. Accumulated depreciation	()	()	()	()
14. Depletable assets				
15. Accumulated depletion	()	()	()	()
16. Land				
17. Other real & tangible assets – Attach schedule				
18. Excessive reserves, assets not reflected on books, or undervalued assets				
19. Total real and tangible assets – Add Lines 11 through 18				
20. Less real and tangible assets not used in production of net apportionable income – Attach schedule				
21. Balance – Subtract Line 20 from Line 19				
22. Beginning of year balance				
23. Total – Add Lines 21 and 22.				
24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2)				



Enter your LA Revenue Account Number here. ▶

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Schedule D – Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts		.00	22. Other employee benefit plans		.00
1B. Less returns and allowances		.00	23. Other deductions – Attach schedule.	\$ 1,000	.00
1C. Balance. Subtract Line 1B from Line 1A.		.00	24. Total deductions – Add Lines 10 through 23.	\$ 1,560	.00
2. Less: Cost of goods sold and/or operations – Attach schedule.		.00	25. Net income from all sources – Subtract Line 24 from Line 9.	\$ 17,882	.00
3. Gross profit – Subtract Line 2 from Line 1C.		.00	26. Allocable income from all sources:		
4. Gross rents		.00	26A. Net rents and royalties from immovable or corporeal movable property		.00
5. Gross royalties		.00	26B. Royalties from the use of patents, trademarks, etc.		.00
6. Income from estates, trusts, partnerships	\$ 19,442	.00	26C. Income from estates, trusts, and partnerships		.00
7. Income from construction, repair, etc.		.00	26D. Income from construction, repair, etc.		.00
8. Other income – Attach schedule.		.00	26E. Other allocable income		.00
9. Total income – Add Lines 3 through 8.	\$ 19,442	.00	26F. Allocable expenses	()	.00
10. Compensation of officers		.00	26G. Net allocable income from all sources		.00
11. Salaries and wages (not deducted elsewhere)		.00	27. Net income subject to apportionment – Subtract Line 26G from Line 25.		.00
12. Repairs		.00	28. Net income apportioned to Louisiana	\$ 17,882	.00
13. Bad debts		.00	29. Allocable income from Louisiana sources:		
14. Rent		.00	29A. Net rents and royalties from immovable or corporeal movable property		.00
15. Taxes and licenses – Attach schedule.		.00	29B. Royalties from the use of patents, trademarks, etc.		.00
16. Interest		.00	29C. Income from estates, trusts, and partnerships		.00
17. Charitable Contributions	\$ 560	.00	29D. Income from construction, repair, etc.		.00
18. Depreciation – Attach schedule.		.00	29E. Other allocable income		.00
19. Depletion – Attach schedule.		.00	29F. Allocable expenses	()	.00
20. Advertising		.00	29G. Net allocable income from Louisiana sources		.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00	30. Louisiana net income before loss adjustments – Add Line 28 and Line 29G.	\$ 17,882	.00



Schedule E – Reconciliation of Income Per Books with Income Per Return			
1. Net income per books		6. Total – Add Lines 1 through 5c.	
2. Louisiana income tax		7. Income recorded on books this year, but not included in this return – Attach Schedule.	
3. Excess of capital loss over capital gains		8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year – Attach schedule		a. Depreciation	
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	
a. Depreciation		c. Other – Attach Schedule	
b. Depletion		9. Total – Add Lines 7 through 8c.	
c. Other – Attach schedule.		10. Net income from all sources per return – Subtract Line 9 from Line 6.	

Schedule G – Liabilities and Capital from Balance Sheet		
Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable		
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred		
3. Other current liabilities – Attach schedule.		
4. Loans from stockholders – Attach schedule.		
5. Due to subsidiaries and affiliates		
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred		
7. Other liabilities – Attach schedule.		
8. Capital stock: a. Preferred stock		
b. Common stock		
9. Paid-in or capital surplus		
10. Surplus reserves – Attach schedule.		
11. Earned surplus and undivided profits		
12. Excessive reserves or undervalued assets		
13. Totals – Add Lines 1 through 12.		



All applicable schedules must be completed.

Schedule F – Reconciliation of Federal and Louisiana Net Income See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	
a. Federal disallowed business interest expense (see instructions)	
2. Additions to federal net income:	
a. Louisiana income tax	
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit (see instructions).	
d. Other additions – Attach schedule.	
e. Total additions – Add Lines 2a through 2d.	
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	
b. All other dividends	
c. Interest	
d. Road Home – The amount included in federal taxable income.	
e. Louisiana depletion in excess of federal depletion	
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
h. Compensation for disaster services (see instructions).	
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E	
j. COVID-19 Relief Benefits	
k. Other subtractions – Attach schedule.	
l. Total subtractions – Add Lines 3a through 3k.	
4. Louisiana net income from all sources – The amount should agree with Schedule D, Line 25.	



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock – Include paid-in or Capital Surplus	
1B. Preferred Stock – Include paid-in or Capital Surplus	
2. Total Capital stock – Add Lines 1A and 1B.	
3. Surplus and undivided profits	
4. Surplus reserves – Include any excessive reserves or undervalued assets	
5. Total – Add Lines 2, 3, and 4	
6. Due to subsidiaries and affiliates (Do not net with receivables)	
7. Deposit liabilities to affiliates – Included in the amount on Line 6	
8. Accounts payable less than 180 days old – Included in the amount on Line 6	
9. Adjusted debt to affiliates – Subtract Lines 7 and 8 from Line 6	
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	
11. Additional Surplus and Undivided Profits – See instructions	
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	
Preferred Stock	
13. Paid-in or capital surplus – Include items of paid-in capital in excess of par value	
14. Surplus reserves – Attach schedule	
15. Earned surplus and undivided profits	
16. Excessive reserves or undervalued assets	
17. Additional surplus and undivided profits – From Line 11 above	
18. Allowable deductions – See instructions	<input type="checkbox"/>
19. Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Schedule H – Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash		
2. Notes and accounts receivable		
3. Reserve for bad debts	()	()
4. Investment in U.S. gov. obligations		
5. Stock and obligations of subsidiaries		
6. Other investments – Attach schedule		
7. Loans to stockholders		
8. Other intangible assets – Attach schedule		
9. Accumulated depreciation	()	()
10. Total intangible assets – Add Lines 1-9		
11. Inventories		
12. Bldgs. and other depreciable assets		
13. Accumulated depreciation	()	()
14. Depletable assets		
15. Accumulated depletion	()	()
16. Land		
17. Other real & tangible assets – Attach schedule		
18. Excessive reserves, assets not reflected on books, or undervalued assets		
19. Total real and tangible assets – Add Lines 11 through 18		
20. Total Assets – Add Lines 10 and 19		
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		



Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Schedule I – Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales			
B. Charges for services			
C. Other Revenues:			
(i) Rents and royalties			
(ii) Dividends and interest from subsidiaries			
(iii) Other dividends and interest			
(iv) All other revenues			
D. Total – If the ratio is not used, check the box. <input type="checkbox"/>			
2. Franchise tax property ratio – Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			
3. Total of applicable percents in Column 3			
4. Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			



Schedule J – Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			17,882.00
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$50,000 of net taxable income	17,882.00	x 3.5% =	626.00
b. Next \$100,000		x 5.5% =	
c. Over \$150,000		x 7.5% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			626.00

Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income		x 1.85% =	
b. Next \$75,000		x 3.5% =	
c. Over \$100,000		x 4.25% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

Schedule K – Summary of Estimated Tax Payments				
	Check number	Date	Income Tax Amount	Franchise Tax Amount
1. Credit from prior year return				
2. First quarter estimated payment				
3. Second quarter estimated payment				
4. Third quarter estimated payment				
5. Fourth quarter estimated payment				
6. Amount of extension payment				



