

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Community Foundation of Acadiana</b>		<b>D</b> Employer identification number <b>** - ***3023</b>
	Doing business as		<b>E</b> Telephone number <b>(337) 769-4840</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1035 Camellia Blvd, Ste 100</b>		<b>G</b> Gross receipts \$ <b>111,659,232.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Lafayette, LA 70508</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>Deiadra Garrett, MD, PH. same as C above</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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		If "No," attach a list. See instructions	
<b>J</b> Website: <b>www.cfacadiana.org</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2000</b>	<b>M</b> State of legal domicile: <b>LA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Community Foundation of Acadiana was created to improve the quality of life in our region. The</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>30,408.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>17,691,358.</b>	<b>19,978,212.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,193,413.</b>	<b>1,338,744.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,954,527.</b>	<b>10,337,487.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>35,171.</b>	<b>48,997.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>22,874,469.</b>	<b>31,703,440.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>13,938,455.</b>	<b>19,575,230.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,003,411.</b>	<b>996,072.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,059,818.</b>	<b>3,183,884.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,001,684.</b>	<b>23,755,186.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,872,785.</b>	<b>7,948,254.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>168,320,050.</b>	<b>183,519,760.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>17,000,270.</b>	<b>18,285,811.</b>
		<b>151,319,780.</b>	<b>165,233,949.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>Joe Spell, Current Secretary/Treasurer</b>				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>Carlinna L. Bertrand</b>				<b>P01418229</b>
	Firm's name <b>Broussard Poche, LLP</b>	Firm's EIN <b>** - ***8016</b>		Phone no. <b>(337) 988-4930</b>	
Firm's address <b>P.O. Box 61400 Lafayette, LA 70596-1400</b>					

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 \$ 127,548. including grants of \$ 120,000. ) (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 \$ 300,574. including grants of \$ 300,574. ) (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 \$ 1,417,591. including grants of \$ 1,350,165. ) (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 \$ 19,870,327. including grants of \$ 17,804,491. ) (Revenue \$ )

4e Total program service expenses 21,716,040.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b> X	
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b> X	
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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 .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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, Yes, No. Rows 1a-1c regarding Form 1096 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 rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), charitable solicitations (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and various other IRS filing requirements (10-17).

**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
<b>1a</b>	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.		
	<b>1a</b> 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b>	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>b</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) Missy Andrade CEO	38.00 2.00			X				226,162.	0.	18,186.
(2) Clay Darnall Past Chair	2.00	X		X				0.	0.	0.
(3) Jim Doyle Director	1.00	X						0.	0.	0.
(4) Allyson Pharr Director	1.00	X						0.	0.	0.
(5) Wayne Phillips Director	1.00	X						0.	0.	0.
(6) Elena Knezek Director	1.00	X						0.	0.	0.
(7) Ian Macdonald Vice Chair	2.00	X		X				0.	0.	0.
(8) Mary Leach Werner Director	1.00	X						0.	0.	0.
(9) Deiadra Garrett MD PHD Chair	2.00	X		X				0.	0.	0.
(10) Randy Prather Director	1.00	X						0.	0.	0.
(11) Marie Centanni Director	1.00	X						0.	0.	0.
(12) Grant Guillotte Director	1.00	X						0.	0.	0.
(13) Casey Hoyt Director	1.00	X						0.	0.	0.
(14) Mark Musso Director	1.00	X						0.	0.	0.
(15) Chris Rader Secretary/Treasurer	2.00	X		X				0.	0.	0.
(16) William Rucks Director	1.00	X						0.	0.	0.
(17) Rob Eddy Director	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EJ Krampe Director	1.00	X					0.	0.	0.	
(19) Shelly Cestia Director	1.00	X					0.	0.	0.	
(20) Karen King Director	1.00	X					0.	0.	0.	
(21) Joe Spell Director	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							226,162.	0.	18,186.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							226,162.	0.	18,186.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
TRIAD CONSTRUCTION SERVICES, LLC PO BOX 53176, LAFAYETTE, LA 70505 One Acadiana	Construction for Parc Sans Souci Play	420,347.
804 E St. Mary Blvd, Lafayette, LA 70505	Campaign for One Acadiana (Impact Aca	229,488.
Stellar Technology Solutions LLC PO BOX 825441, PHILADELPHIA, PA 19182	Software Support/Technology	118,458.

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	144,203.				
	<b>c</b> Fundraising events .....	<b>1c</b>	194,132.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	19,639,877.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,187,800.				
	<b>h Total.</b> Add lines 1a-1f .....		19,978,212.				
<b>Program Service Revenue</b>	<b>2 a</b> Administrative fees .....	<b>Business Code</b>					
		525920	1,338,744.	1,338,744.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,338,744.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,450,759.			4,450,759.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		2,542.			2,542.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	67,707.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	67,707.				
	<b>d</b> Net rental income or (loss) .....		67,707.			67,707.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	85,705,105.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	79,818,377.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	5,886,728.				
<b>d</b> Net gain or (loss) .....		5,886,728.			5,886,728.		
<b>8 a</b> Gross income from fundraising events (not including \$ 194,132. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		116,163.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	137,415.					
<b>c</b> Net income or (loss) from fundraising events .....		-21,252.			-21,252.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		31,703,440.	1,338,744.	0.	10,386,484.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,575,230.	19,575,230.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	226,162.		226,162.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	644,325.	18,509.	625,816.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,128.	555.	22,573.	
<b>9</b> Other employee benefits	37,951.		37,951.	
<b>10</b> Payroll taxes	64,506.	1,416.	63,090.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	383.		383.	
<b>c</b> Accounting	34,824.		34,824.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	574,425.		574,425.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	798,543.	652,518.	146,025.	
<b>12</b> Advertising and promotion	2,099.		2,099.	
<b>13</b> Office expenses	14,667.	2,491.	12,176.	
<b>14</b> Information technology	158,714.		158,714.	
<b>15</b> Royalties				
<b>16</b> Occupancy	15,637.	2,196.	13,441.	
<b>17</b> Travel	8,958.	7,948.	1,010.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,623.		31,623.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,809.		11,809.	
<b>23</b> Insurance	26,292.		26,292.	
<b>24</b> 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.)				
<b>a</b> Administrative fees	1,169,480.	1,169,473.	7.	
<b>b</b> Program awards	120,716.	120,716.		
<b>c</b> Dues and subscriptions	97,105.	69,540.	27,565.	
<b>d</b> Other program expenses	63,619.	63,619.		
<b>e</b> All other expenses	54,990.	31,829.	23,161.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	23,755,186.	21,716,040.	2,039,146.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,024,782.	<b>1</b>	4,326,476.
	<b>2</b> Savings and temporary cash investments .....	8,148,848.	<b>2</b>	3,920,049.
	<b>3</b> Pledges and grants receivable, net .....	50,000.	<b>3</b>	25,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,740.	<b>9</b>	61,452.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 221,914.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 193,113.	<b>10c</b>	28,801.
	<b>11</b> Investments - publicly traded securities .....	158,086,631.	<b>11</b>	174,234,978.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	825,000.	<b>12</b>	825,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	127,981.	<b>15</b>	98,004.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	168,320,050.	<b>16</b>	183,519,760.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	51,750.	<b>17</b>	21,035.
	<b>18</b> Grants payable .....		<b>18</b>	4,967.
	<b>19</b> Deferred revenue .....		<b>19</b>	6,395.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	16,948,520.	<b>21</b>	18,253,414.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,000,270.	<b>26</b>	18,285,811.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	124,199,154.	<b>27</b>	136,390,503.
	<b>28</b> Net assets with donor restrictions .....	27,120,626.	<b>28</b>	28,843,446.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	151,319,780.	<b>32</b>	165,233,949.
	<b>33</b> Total liabilities and net assets/fund balances .....	168,320,050.	<b>33</b>	183,519,760.

**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	31,703,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,755,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,948,254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151,319,780.
5	Net unrealized gains (losses) on investments	5	5,965,915.
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	165,233,949.

**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	2a	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	2b	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.	2c	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? _____	3a	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 _____	3b	



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,525,511.	25,177,913.	25,325,414.	17,691,358.	19,978,212.	116,698,408.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	28,525,511.	25,177,913.	25,325,414.	17,691,358.	19,978,212.	116,698,408.
<b>5</b> 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) .....						23,178,848.
<b>6 Public support.</b> Subtract line 5 from line 4.						93,519,560.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	28,525,511.	25,177,913.	25,325,414.	17,691,358.	19,978,212.	116,698,408.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,760,566.	2,226,541.	2,700,714.	3,848,615.	4,521,008.	15,057,444.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						131,755,852.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,501,166.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.98 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	70.54 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			



Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Community Foundation of Acadiana

Employer identification number

\*\* - \*\*\* 3023

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization  <b>Community Foundation of Acadiana</b>	Employer identification number  <b>** - ***3023</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>975,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>2,960,426.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>1,005,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Community Foundation of Acadiana</b>	Employer identification number  <b>** - ***3023</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 731,195.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 423,195.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Community Foundation of Acadiana</b>	Employer identification number  <b>** - ***3023</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	Shares of Various stock _____ _____ _____	\$ <u>2,395,601.</u>	_____
<u>7</u>	Shares of Various stock _____ _____ _____	\$ <u>731,195.</u>	_____
<u>8</u>	Shares of Various stock _____ _____ _____	\$ <u>423,195.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>Community Foundation of Acadiana</b>	Employer identification number  <b>** - *** 3023</b>
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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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	471	668
2 Aggregate value of contributions to (during year)	15,820,732.	4,157,480.
3 Aggregate value of grants from (during year)	14,874,108.	4,701,122.
4 Aggregate value at end of year	133,529,927.	49,989,833.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 in 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
<b>1a</b> Beginning of year balance	27,120,628.	24,829,292.	26,116,095.	24,493,718.	18,636,876.
<b>b</b> Contributions	401,336.	452,177.	2,458,532.	2,661,425.	3,966,230.
<b>c</b> Net investment earnings, gains, and losses	2,804,501.	3,006,811.	-3,221,960.	2,665,377.	2,856,808.
<b>d</b> Grants or scholarships	1,112,450.	851,190.	246,241.	3,587,510.	874,228.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	370,569.	316,462.	277,134.	116,915.	91,968.
<b>g</b> End of year balance	28,843,446.	27,120,628.	24,829,292.	26,116,095.	24,493,718.

- 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                                  |
|---|-----|-------------------------------------|
| <b>(i)</b> Unrelated organizations?   |     | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations?  |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |                                     |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		221,914.	193,113.	28,801.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				28,801.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d .....		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**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 (add col. (a) through col. (c))	
		Built to Serve (event type)	Fete-Dieu du Teche (event type)	3 (total number)		
Revenue	1	Gross receipts	133,985.	76,008.	100,302.	310,295.
	2	Less: Contributions	102,664.	56,280.	35,188.	194,132.
	3	Gross income (line 1 minus line 2)	31,321.	19,728.	65,114.	116,163.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	35,859.	2,888.	15,421.	54,168.
	7	Food and beverages	6,596.	1,175.	29,660.	37,431.
	8	Entertainment				
	9	Other direct expenses	3,200.	26,770.	15,846.	45,816.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				137,415.
11	Net income summary. Subtract line 10 from line 3, column (d)				-21,252.	

**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)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
232-HELP/Louisiana 211 1005 Jefferson St LAFAYETTE, LA 70501	** - ***8109	501(c)(3)	18,400.	0.			GENERAL SUPPORT, GALA
Acadiana Animal Aid 142 LeMedicin Rd CARENCRO, LA 70520	** - ***4331	501(c)(3)	62,716.	0.			GENERAL SUPPORT, BARK IN THE DARK
Acadiana Center for the Arts 101 West Vermilion Lafayette, LA 70501	** - ***8288	501(c)(3)	89,867.	0.			GENERAL SUPPORT, EXPANSION OF ARTS PROGRAM
Acadiana Veteran Alliance 206 Hiddenwood Drive Lafayette, LA 70508	** - ***9542	501(c)(3)	5,210.	0.			GENERAL SUPPORT
Aid to the Church in Need Inc. PO BOX 220384 Brooklyn, NY 11222	** - ***9466	501(c)(3)	5,700.	0.			GENERAL SUPPORT, CHRISTMAS APPEAL
Ali Forney Center 224 West 35t St, 15th Floor New York, NY 10001	** - ***4507	501(c)(3)	237,000.	0.			GENERAL FUNDS, DRAG BRUNCH

- 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 .....

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

Schedule I (Form 990) (Rev. 12-2024)

**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
American Battlefield Trust 1156 15th Street NW Ste 900 Washington DC, DC 20005	**-***6643	501(c)(3)	8,000.	0.			CIVIL WAR
American Cancer Society PO Box 83930 Baton Rouge, LA 73123	**-***8491	501(c)(3)	50,450.	0.			GENERAL SUPPORT, BLACK & WHITE GALA
Ascension Episcopal School 1030 Johnston Street Lafayette, LA 70501	**-***8661	501(c)(3)	40,837.	0.			SCHOLARSHIPS, ANNUAL GIVING
Austin Community Foundation 4315 Guadalupe Street, Suite 300 Austin, TX 78751	**-***4031	501(c)(3)	175,000.	0.			TRANSFER TO DAF
Bayou Community Foundation Fund at GNOF - PO BOX 582 - Houma, LA 70361	**-***5950	501(c)(3)	161,372.	0.			REBUILD SOUTH LAFOURCHE, General Support
Bless Your Heart Nonprofit Corporation - PO BOX 1435 - Larose, LA 70373	**-***7397	501(c)(3)	28,360.	0.			GALA, BAYOU RECOVERY FUND, GENERAL SUPPORT
Boy Scouts of America-Evangeline Area - 2266 S College Road, Ste E - Lafayette, LA 70508	**-***3617	501(c)(3)	55,750.	0.			GENERAL SUPPORT
Boys & Girls Clubs of Acadiana 1405 West Pinhook Rd, Ste 108 Lafayette, LA 70503	**-***0072	501(c)(3)	155,098.	0.			ROOF, AC, GENERAL SUPPORT
Brazos Christian Academy 3000 W. Villa Maria Road Bryan, TX 77807	**-***9163	501(c)(3)	32,000.	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
Bridge Ministry of Acadiana, Inc. PO BOX 62029 Lafayette, LA 70596	**-***6525	501(c)(3)	83,098.	0.			GENERAL SUPPORT
Camaldolese Hermits of America 62475 Highway 1 Big Sur, CA 93920	**-***0278	501(c)(3)	30,568.	0.			GENERAL SUPPORT
Camp Bon Coeur, Inc. 300 Ridge Road Suite K Lafayette, LA 70506	**-***0741	501(c)(3)	12,390.	0.			GENERAL SUPPORT
Cathedral of St. John the Evangelist - 515 Cathedral St - Lafayette, LA 70501	**-***9751	501(c)(3)	53,225.	0.			GENERAL SUPPORT
Catholic Charities of Acadiana PO BOX 3177 Lafayette, LA 70502	**-***7497	501(c)(3)	284,660.	0.			GENERAL SUPPORT, ST. JOSEPH'S DINER, HOMELESS SHELTER
Catholic Charities of the Diocese of Houma Thibodeaux - 1220 Aycoc Street - Houma, LA 70360	**-***2566	501(c)(3)	20,500.	0.			BAYOU RECOVERY FUND, SR. STANISLAUS LANGLINAIS ENDOWMENT
Catholic Foundation of South Louisiana - PO BOX 505 - Schriever, LA 70395	**-***1690	501(c)(3)	40,000.	0.			GENERAL SUPPORT
Catholic High School-New Iberia 1301 De Lasalle Drive New Iberia, LA 70560	**-***1295	501(c)(3)	34,965.	0.			SCHOLARSHIP SUPPORT, GENERAL SUPPORT, ATHLETICS
Catholic Relief Services 228 West Lexington Street Baltimore, MD 21201	**-***3422	501(c)(3)	33,100.	0.			RELIEF SERVICES, 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
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)	67,000.	0.			GENERAL SUPPORT, TUITION ASSISTANCE
Christ the King Parish 101 Student Union Bldg. LSU Box 251 Baton Rouge, LA 70803	**-***0935	501(c)(3)	10,000.	0.			FOCUS MINISTRY
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)	97,653.	0.			EUCCHARISTIC PROCESSION, GENERAL SUPPORT
Corpus Christi Catholic Church 307 Beach Drive Destin, FL 32541	**-***6617	501(c)(3)	5,500.	0.			GENERAL SUPPORT
Cross Catholic Outreach Inc PO BOX 273908 Boca Raton, FL 33427	**-***6061	501(c)(3)	10,750.	0.			GENERAL SUPPORT, HAITI MISSION
Cystic Fibrosis Foundation 10101 Siegen Lane Suite 2A Baton Rouge, LA 70810	**-***0701	501(c)(3)	6,000.	0.			GENERAL SUPPORT
CYT Lafayette 4400 Ambassador Caffery Pkwy, Ste A Lafayette, LA 70508	**-***3353	501(c)(3)	27,433.	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
Decolores Adoptions International 2615 Paul White Rd Lake Charles, LA 70611	**-***5396	501(c)(3)	35,000.	0.			GENERAL SUPPORT
Delta Waterfowl Foundation 1412 Basin Ave Bismarck, ND 58504	**-***9796	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Desormeaux Foundation 1331 JEFFERSON ST Lafayette, LA 70501	**-***4266	501(c)(3)	22,825.	0.			GENERAL SUPPORT
Dioces of Houma - Thibodaux PO BOX 505 Schriever, LA 70395	**-***2566	501(c)(3)	24,500.	0.			ANNUAL BISHOP'S APPEAL
Diocese of Lafayette 1408 Carmel Drive Lafayette, LA 70501	**-***7696	501(c)(3)	64,057.	0.			BISHOP SERVICES APPEAL, GENERAL SUPPORT
Disch-DeClouet Social Service Center - 432 Bank Avenue - New Iberia, LA 70560	**-***2780	501(c)(3)	31,500.	0.			ANNUAL APPEAL, GENERAL SUPPORT
Ducks Unlimited Inc. PO BOX 26 Crowley, LA 70527	**-***1460	501(c)(3)	11,000.	0.			GENERAL SUPPORT
Ecole Saint Landry/Sunset French Immersion School Inc. - PO BOX 1360 - Sunset, LA 70584	**-***0036	501(c)(3)	12,714.	0.			GENERAL SUPPORT
Eight Days of Hope Inc PO BOX 3208 Tupelo, MS 38803	**-***2540	501(c)(3)	75,000.	0.			GENERAL SUPPORT, DISASTER RELIEF

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
Elijah List Ministries 525 2nd Ave, SW Ste 629 Albany, OR 97321	**-***0199	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Episcopal School of Acadiana PO BOX 380 Cade, LA 70519	**-***1427	501(c)(3)	494,500.	0.			CAPITAL IMPROVEMENTS, SCHOLARSHIPS, ANNUAL FUND
Eternal Word Television Network, Inc. - 5817 Old Leeds Rd - Irondale, AL 35210	**-***1391	501(c)(3)	7,600.	0.			GENERAL SUPPORT
Faith House of Acadiana PO BOX 93145 Lafayette, LA 70509	**-***0067	501(c)(3)	34,843.	0.			GENERAL SUPPORT, NIGHT OF HOPE
Family Missions Company 12611 Everglade Rd Abbeville, LA 70510	**-***6886	501(c)(3)	45,200.	0.			RETREAT CENTER, SUPPORT OF CAPITAL CAMPAIGN, GENERAL SUPPORT
Fellowship of Catholic University Students - PO BOX 17408 - Denver, CO 80217	**-***2811	501(c)(3)	51,100.	0.			MISSIONARY SUPPORT, GENERAL SUPPORT
First Baptist Church of Lafayette 1100 Lee Avenue Lafayette, LA 70501	**-***9752	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Food For The Poor, Inc. 6401 Lyons Road Coconut Creek, FL 33073	**-***4510	501(c)(3)	18,087.	0.			GENERAL SUPPORT
For the Birds of Acadiana 220 Cambridge Drive Lafayette, LA 70503	**-***4416	501(c)(3)	13,498.	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
Fraternus 1824 E Main St, STE M Easley, SC 29640	**-***3205	501(c)(3)	50,000.	0.			ANNUAL GIFT
Friends of Warner Parks 50 Vaughn Road Nashville, TN 37220	**-***3658	501(c)(3)	100,000.	0.			ANNUAL GIFT
Gay Men's Health Crisis (GMHC) 307 West 38th St New York, NY 10018	**-***0146	501(c)(3)	35,000.	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
Grambling State University PO BOX 25 Grambling, LA 71245	**-***0751	501(c)(3)	9,500.	0.			SCHOLARSHIPS
Haiti Mission PO BOX 694 Thibodaux, LA 70302	**-***1365	501(c)(3)	13,000.	0.			ANNUAL HAITI GOLF TOURNAMENT, GENERAL SUPPORT
Healing House Hope for Grieving Children - 160 S Beadle Road - Lafayette, LA 70508	**-***4590	501(c)(3)	38,682.	0.			GENERAL SUPPORT
Help One Now PO BOX 26716 Raleigh, NC 27611	**-***8295	501(c)(3)	25,000.	0.			UGANGA CLASSROOM PROJECT, 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
Holy Cross Catholic Church - Lafayette - 415 Robley Dr. - Lafayette, LA 70503	**-***8937	501(c)(3)	39,801.	0.			GENERAL SUPPORT
Holy Cross Catholic Church - Morgan City - 2100 Cedar Street, Unit 3 - Morgan City, LA 70381	**-***1187	501(c)(3)	18,000.	0.			GENERAL SUPPORT, MAINTENANCE
Holy Family Catholic School 200 St John Street Lafayette, LA 70501	**-***5471	501(c)(3)	1,040,600.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
Home for the Holidays PO BOX 60486 Lafayette, LA 70596	**-***1020	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Hope for Opelousas 330 East Madison Street Opelousas, LA 70570	**-***6853	501(c)(3)	284,005.	0.			COMMUNITY DEVELOPMENT, GOLF TOURNAMENT, GENERAL SUPPORT
Hospice of Acadiana Foundation 2600 Johnston St, Ste 200 Lafayette, LA 70503	**-***6610	501(c)(3)	48,508.	0.			ENDOWMENT CAMPAIGN, GENERAL SUPPORT
Hospice of Acadiana, Inc 2600 Johnston St, Ste 200 Lafayette, LA 70503	**-***6231	501(c)(3)	69,900.	0.			GENERAL SUPPORT, FOOD W/ LOVE PROJECT
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)	15,535.	0.			SYMPHONY, LITERARY FESTIVAL, 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
Iberia Homeless Shelter, Inc. PO BOX 13364 New Iberia, LA 70562	**-***2051	501(c)(3)	16,312.	0.			GENERAL SUPPORT
Iberia Humane Society, Inc. dba Angel Paws - PO BOX 11422 - New Iberia, LA 70562	**-***4871	501(c)(3)	7,223.	0.			GENERAL SUPPORT
International Academy of Trial Lawyers Foundation - 5841 Cedar Lake Road S Ste 204 - Minneapolis, MN 55416	**-***7150	501(c)(3)	15,000.	0.			GENERAL SUPPORT
International Fellowship of Christians and Jews - PO BOX 96105 - Washington, DC 20090	**-***6096	501(c)(3)	10,600.	0.			GENERAL SUPPORT
John Paul the Great Academy 1522 Carmel Drive Lafayette, LA 70501	**-***3643	501(c)(3)	149,185.	0.			GENERAL SUPPORT, SCHOLARSHIPS
Junior Achievement of Greater Baton Rouge & Acadiana - PO BOX 52148 - Lafayette, LA 70505	**-***5727	501(c)(3)	15,950.	0.			BUSINESS HALL OF FAME, GENERAL SUPPORT
Lady of the Sea Hospital 200 West 134th Place Cut Off, LA 70345	**-***2041	501(c)(3)	20,000.	0.			CONSTRUCTION OF FITNESS CENTER
Lafourche Parish School Board PO BOX 879 Thibodaux, LA 70302	**-***0636	501(c)(3)	13,500.	0.			SPORTS AND ACADEMIC SUPPLIES
Louisiana Right to Life 200 Allen Toussaint Blvd New Orleans, LA 70124	**-***7634	501(c)(3)	212,845.	0.			GENERAL SUPPORT, LAFAYETTE GALA

**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
Louisiana State University 1146 Pleasant Hall Baton Rouge, LA 70803	**-***0848	501(c)(3)	23,500.	0.			SCHOLARSHIPS
Louisiana Tech University 305 Wisteria Street Ruston, LA 71272	**-***1176	501(c)(3)	5,250.	0.			SCHOLARSHIPS
Lourdes Foundation 4801 Ambassador Caffery Pkwy Lafayette, LA 70508	**-***4532	501(c)(3)	3,142,333.	0.			CHAPEL, GENERAL SUPPORT, NEW PEDIATRIC ICU
Love Acadiana 850 Kaliste Saloom Rd., Ste. 203 Lafayette, LA 70508	**-***4230	501(c)(3)	22,500.	0.			GOBBLE BOX, GENERAL SUPPORT
LSU Eunice Foundation 3796 Nicholson Dr Baton Rouge, LA 70802	**-***8025	501(c)(3)	8,575.	0.			SCHOLARSHIPS, GENERAL SUPPORT
LSU Foundation 3796 Nicholson Dr Baton Rouge, LA 70802	**-***0969	501(c)(3)	339,750.	0.			GENERAL SUPPORT, LAW SCHOOL, SCHOLARSHIPS
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)	145,000.	0.			GENERAL SUPPORT, ATHLETICS, OAKS TIGER CAPITAL CAMPAIGN
Maddie's Footprints 234 Beauregard, Unit 201 Lafayette, LA 70508	**-***4830	501(c)(3)	12,000.	0.			GENERAL SUPPORT, GALA

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Manresa House of Retreats PO BOX 89 Convent, LA 70723	**-***1381	501(c)(3)	15,400.	0.			INSURANCE FUND, GENERAL SUPPORT
MD Anderson Cancer Center PO BOX 4464 Houston, TX 77210	**-***1118	501(c)(3)	7,800.	0.			ANNUAL APPEAL, GENERAL SUPPORT
Miles Perret Cancer Services 2130 Kaliste Saloom Rd, Ste 200 Lafayette, LA 70508	**-***3211	501(c)(3)	546,899.	0.			GAMES OF ACADIANA, GENERAL AND OPERATING SUPPORT, BUILDING RENOVATIONS
Moncus Park 2851 Johnston Street #164 Lafayette, LA 70503	**-***2778	501(c)(3)	915,421.	0.			GENERAL SUPPORT, LEGACY CAMPAIGN
New Iberia Museum Foundation 131 E, Main St. New Iberia, LA 70560	**-***1113	501(c)(3)	6,237.	0.			GENERAL SUPPORT
Nicholls State University Foundation - PO BOX 2003 - Thibodaux, LA 70310	**-***1425	501(c)(3)	35,500.	0.			GENERAL SUPPORT
Notre Dame High School 910 North Eastern Ave Crowley, LA 70526	**-***6617	501(c)(3)	18,000.	0.			GENERAL SUPPORT, REPROM
Ochsner Lafayette General Foundation - 920 W. Pinhook Rd. - Lafayette, LA 70503	**-***6778	501(c)(3)	20,000.	0.			MOTHER-BABY WING
Opelousas Catholic School 428 E. Prudhomme St Opelousas, LA 70570	**-***3094	501(c)(3)	11,500.	0.			GENERAL SUPPORT, SCHOLARSHIP

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Our Lady of Prompt Succor Church 723 North Bayou Drive Golden Meadow, LA 70357	**-***0619	501(c)(3)	32,627.	0.			GENERAL SUPPORT
Our Lady of the Oaks Retreat House PO Drawer D Grand Coteau, LA 70541	**-***9823	501(c)(3)	13,400.	0.			GENERAL SUPPORT, RETREAT CENTER
Our Lady of Wisdom Catholic Church & Student Center - PO BOX 43599 - Lafayette, LA 70504	**-***2001	501(c)(3)	1,351,892.	0.			RAGIN CAJUN CATHOLICS, GENERAL SUPPORT, CAPITAL CAMPAGIN, BIBLE STUDY ROOM
Our Lady Queen of Angels Church 2125 S Union St Opelousas, LA 70570	**-***2887	501(c)(3)	21,000.	0.			GENERAL SUPPORT, CHOIR
Our Savior's Church 1201 E Broussard Rd Lafayette, LA 70508	**-***9370	501(c)(3)	268,175.	0.			GENERAL SUPPORT, LEGACY DONATION
Palmetto Elementary School PO BOX 200 Palmetto, LA 71358	**-***1257	501(c)(3)	7,999.	0.			GENERAL SUPPORT
Parish Proud PO BOX 82277 Lafayette, LA 70598	**-***2714	501(c)(3)	136,562.	0.			GENERAL SUPPORT
Pelican Institute for Public Policy - 400 Poydras St, Ste900 - New Orleans, LA 70130	**-***4791	501(c)(3)	40,000.	0.			GENERAL SUPPORT
Pharr Chapel United Methodist Church - 517 Federal Ave - Morgan City, LA 70380	**-***5614	501(c)(3)	20,000.	0.			GENERAL SUPPORT

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Phi Kappa Theta National Foundation - PO BOX 3482 - Worcester, MA 01613	**-***9653	501(c)(3)	50,000.	0.			LSU RECOLONIZATION
Rayne Catholic Elementary School 407 S. Polk St Rayne, LA 70578	**-***9911	501(c)(3)	20,000.	0.			EMPLOYEE BENEFITS
Sacred Heart of Jesus Roman Catholic - P. O. Box 632 - Morgan City, LA 70381	**-***2566	501(c)(3)	70,906.	0.			GENERAL OPERATING SUPPORT
SafeHouse by Landmark, Inc. PO BOX 62833 Lafayette, LA 70596	**-***6395	501(c)(3)	20,625.	0.			GENERAL SUPPORT
Saint John the Evangelist Catholic Church - PO BOX 340 - Mermentau, LA 70556	**-***1575	501(c)(3)	113,937.	0.			GENERAL SUPPORT
Saint Joseph Abbey & Seminary College - 75376 River Road - St. Benedict, LA 70457	**-***9000	501(c)(3)	16,800.	0.			CHRISTMAS APPEAL, ANNUAL APPEAL
Samaritan's Purse PO BOX 3000 Boone, NC 28607	**-***7002	501(c)(3)	85,000.	0.			DISASTER RELIEF, GENERAL SUPPORT
Schools of the Sacred Heart PO BOX 310 Grand Coteau, LA 70541	**-***7643	501(c)(3)	10,500.	0.			GENERAL SUPPORT, CHAPEL REHAB PROJECT
Second Harvest Food Bank 215 E Pinhook Road Lafayette, LA 70501	**-***6468	501(c)(3)	61,762.	0.			GENERAL SUPPORT, DISASTER RELIEF

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Services and Advocacy for LGBT Elders (SAGE) - 305 Seventh Ave, 15th Floor - New York, NY 10001	**-***7657	501(c)(3)	50,000.	0.			GENERAL SUPPORT
Sky High for Kids 9800 Richmond Avenue, Suite 335 Houston, TX 77042	**-***5972	501(c)(3)	6,000.	0.			CANCER RESEARCH
Solomon House 520 Center Street New Iberia, LA 70560	**-***5609	501(c)(3)	23,822.	0.			GENERAL OPERATING SUPPORT
St Anthony of Padua Catholic Church - 911 5th St - Natchitoches, LA 71457		501(c)(3)	19,600.	0.			GENERAL SUPPORT
St Bernard Catholic Church 219 East Bridge Street Breaux Bridge, LA 70517	**-***9718	501(c)(3)	22,100.	0.			GENERAL SUPPORT
St Edward School 175 Porter Street New Iberia, LA 70560	**-***9939	501(c)(3)	30,397.	0.			GENERAL SUPPORT
St Jude Children's Research Hospital - 501 St. Jude Place - Memphis, TN 38105	**-***6012	501(c)(3)	41,950.	0.			GENERAL SUPPORT, CANCER RESEARCH
St Martin's Episcopal Church-Metairie - 2216 Metairie Rd - Metairie, LA 70001	**-***9496	501(c)(3)	11,000.	0.			GENERAL SUPPORT
St Mary Mother of the Church 419 Doucet Rd Lafayette, LA 70503		501(c)(3)	27,950.	0.			GENERAL SUPPORT, HANDICAP RAMP

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St Mary Outreach 608 First Street, Ste. 102 Morgan City, LA 70380	**-***7133	501(c)(3)	11,500.	0.			GENERAL SUPPORT
St Michael Catholic School 805 East Northern Crowley, LA 70526	**-***7007	501(c)(3)	20,450.	0.			GENERAL SUPPORT
St Paul's Episcopal Church PO BOX 1101 Abbeville, LA 70511		501(c)(3)	40,500.	0.			GENERAL SUPPORT
St Peter's Catholic Church PO BOX 12507 New Iberia, LA 70562	**-***4596	501(c)(3)	88,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
St Pius X Catholic Church PO BOX 80489 Lafayette, LA 70598	**-***6617	501(c)(3)	86,475.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
St Teresa Center for Works of Mercy - 103 Railroad Avenue - St Martinville, LA 70582	**-***6179	501(c)(3)	53,531.	0.			RENOVATIONS, GENERAL SUPPORT
St Thomas More Catholic High School Foundation - 450 East Farrel Road - Lafayette, LA 70508	**-***9307	501(c)(3)	23,508.	0.			HOPE FEST, GENERAL SUPPORT, ENVISION MORE
St Thomas More Catholic Church 1011 Sittig St Eunice, LA 70535	**-***6625	501(c)(3)	10,000.	0.			LSUE STUDENT CENTER, GENERAL SUPPORT
Sts. Leo-Seton Catholic School 502 St. Leo Street Lafayette, LA 70501	**-***7696	501(c)(3)	18,500.	0.			SCHOLARSHIPS

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Teurlings Catholic High School 139 Teurlings Dr. Lafayette, LA 70501	**-***9260	501(c)(3)	29,729.	0.			GENERAL SUPPORT, SCHOLARSHIP
The Bayou Church 2234 Kaliste Saloom Rd Lafayette, LA 70508		501(c)(3)	21,200.	0.			GENERAL SUPPORT
The Current Media, LLC 106 Memory Lane Lafayette, LA 70506	**-***1272	501(c)(3)	27,773.	0.			GENERAL SUPPORT, BIG TOWNS
The Extra Mile, Region IV, Inc. 720 St. John Street Lafayette, LA 70501	**-***6339	501(c)(3)	75,000.	0.			LAMARC, GENERAL SUPPORT
The Hub Lafayette - Urban Ministries - 4400-A Ambassador Caffery Box 134 - Lafayette, LA 70508	**-***5792	501(c)(3)	32,763.	0.			GENERAL SUPPORT
The Lesbian, Gay, Bisexual & Transgender Community Center - 208 W 13th St - New York, NY 10011	**-***7805	501(c)(3)	30,000.	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)	11,500.	0.			GENERAL SUPPORT, MEN HOME

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The Salvation Army PO BOX 269 Alexandria, VA 22314	**-***3701	501(c)(3)	31,300.	0.			GENERAL SUPPORT, DISASTER RELIEF
Trinity Bible Church 130 E. Broussard Road Lafayette, LA 70503	**-***9546	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Tunnels to Towers Foundation 2361 Hylan Blvd Staten Island, NY 10306	**-***4654	501(c)(3)	26,635.	0.			GENERAL SUPPORT
United Way of Acadiana 215 E Pinhook Road Lafayette, LA 70501	**-***3639	501(c)(3)	35,238.	0.			GENERAL SUPPORT
University of Louisiana at Lafayette Foundation - PO BOX 44290 - Lafayette, LA 70504	**-***3836	501(c)(3)	249,550.	0.			GENERAL SUPPORT, SCHOLARSHIPS
Witness to Love 1039 Rue Maline St Martinville, LA 70582	**-***6034	501(c)(3)	295,267.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
Womans New Life Center 4612 S. Claiborne Ave New Orleans, LA 70125	**-***5326	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Women's Help Center 7515 Scenic HWY Baton Rouge, LA 70807	**-***3708	501(c)(3)	30,000.	0.			PREGNANT WOMEN
Wounded Warrior Project PO BOX 758540 Topeka, KS 66675	**-***0934	501(c)(3)	11,250.	0.			GENERAL SUPPORT

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Young Life PO BOX 51952 Lafayette, LA 70505	**-***5934	501(c)(3)	8,397.	0.			GENERAL SUPPORT
Acadiana Outreach Center PO BOX 2747 LAFAYETTE, LA 70502	**-***5867	501(c)(3)	20,500.	0.			GENERAL SUPPORT
Acadiana Roots PO BOX 1260 EUNICE, LA 70535	**-***5786	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Alice Boucher Elementary School 400 PATTERSON ST. LAFAYETTE, LA 70501	**-***7612		5,539.	0.			GENERAL SUPPORT, TEACHER APPRECIATION
American Junior Golf Association 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517	**-***3914	501(c)(3)	127,000.	0.			SPONSORSHIPS
American Red Cross of Louisiana 2640 CANAL STREET NEW ORLEANS, LA 70119	**-***6605	501(c)(3)	34,748.	0.			GENERAL SUPPORT, Disaster Relief
Big Brothers Big Sisters of Acadiana - 123 E. MAIN STREET - LAFAYETTE, LA 70501	**-***4741	501(c)(3)	41,807.	0.			GENERAL SUPPORT
Cathedral Carmel School 848 St. John Street Lafayette, LA 70501	**-***0271	501(c)(3)	110,250.	0.			BUILDING RENOVATIONS, CAPITAL CAMPAIGN
Cheekwood Estate and Gardens 1200 Forrest Park Dr. Nashville, TN 37205	**-***7921	501(c)(3)	15,000.	0.			GENERAL SUPPORT

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Children's Museum of Acadiana 201 East Congress Street Lafayette, LA 70501	**-***5773	501(c)(3)	35,026.	0.			GENERAL SUPPORT, DESIGN WORK
Cite des Arts 109 Vine Street Lafayette, LA 70501	**-***1585	501(c)(3)	6,428.	0.			GENERAL SUPPORT, EMERGENCY FUND
Compassion International 12290 Voyager Parkway Colorado Springs, CO 80921	**-***3707	501(c)(3)	40,042.	0.			GENERAL SUPPORT
Delta Tau Delta Educational Foundation - 10000 Allisonville Rd. - Fishers, IN 46038	**-***0203	501(c)(3)	6,000.	0.			GENERAL SUPPORT
Dominican Sisters of Mary 4597 Warren Road Ann Arbor, MI 48105	**-***9686	501(c)(3)	6,500.	0.			GENERAL SUPPORT
Fellowship Church - Frisco 2450 N. Hwy 121 Grapevine, TX 76051	**-***2539		9,000.	0.			GENERAL SUPPORT
Grand Opera House of the South, Inc. - 505 North Parkerson - Crowley, LA 70526	**-***6675	501(c)(3)	25,000.	0.			GENERAL SUPPORT
Greater New Orleans Foundation 919 St. Charles Ave. New Orleans, LA 70130	**-***8921	501(c)(3)	25,000.	0.			LA JOURNALISM FUND
Hearts of Hope P.O. Box 53967 Lafayette, LA 70505	**-***1800	501(c)(3)	29,295.	0.			GENERAL SUPPORT

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Heritage Parc 2323 Moss Street Lafayette, LA 70501	**-***4373	501(c)(3)	6,659.	0.			VARIOUS PROJECTS
House of Destiny P.O. Box 470529 Tulsa, OK 74147			10,000.	0.			GENERAL SUPPORT
Isaiah International 240 Hornsby Rd Lafayette, LA 70506	**-***1439	501(c)(3)	25,700.	0.			GENERAL SUPPORT
Lafayette Ballet Theatre 201 Petroleum Drive Lafayette, LA 70508	**-***7048	501(c)(3)	36,579.	0.			GENERAL SUPPORT
Lafayette Habitat for Humanity 823 W. Congress Lafayette, LA 70501	**-***8936	501(c)(3)	14,943.	0.			WOMEN BUILD, GENERAL SUPPORT
Lafayette High School 3000 W. Congress Lafayette, LA 70506	**-***6481	501(c)(3)	11,398.	0.			GENERAL SUPPORT, FINANCIAL LITERACY
Lafayette Parish School System P.O. Box 2158 Lafayette, LA 70502	**-***0625		402,911.	0.			STAFF RECOGNITION EVENT, ACE
Louisiana 4-H Foundation 104 G Efferson Hall Baton Rouge, LA 70803	**-***7519	501(c)(3)	27,800.	0.			GENERAL SUPPORT
Love of People 1400 NW Evangeline Thruway Suite 20 Lafayette, LA 70501	**-***3743	501(c)(3)	16,000.	0.			THANKSGIVING NEEDS, GENERAL SUPPORT

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Love Our Schools Foundation P.O. Box 53051 Lafayette, LA 70505	**-***3585	501(c)(3)	67,500.	0.			HOME GIVEAWAY, GENERAL SUPPORT
Mary's House Pregnancy Care Center 906 Margaret Place Shreveport, LA 71101	**-***3937	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Northshore Community Foundation 807 North Columbia Street Covington, LA 70433	**-***7784	501(c)(3)	6,250.	0.			PROJECTS
Northside High School 301 Dunland Street Lafayette, LA 70501	**-***9198	501(c)(3)	5,168.	0.			GENERAL SUPPORT
Oschner Clinic Foundation 1514 Jefferson Highway, BH 607, Philanthropy Dept. - New Orleans, LA 70121	**-***2505	501(c)(3)	25,800.	0.			GENERAL SUPPORT
Red Bird Ministries P.O. Box 266 Breaux Bridge, LA 70517	**-***0902	501(c)(3)	12,638.	0.			GENERAL SUPPORT
Sacred Heart of Jesus Catholic Church - 200 W. Main Street - Broussard, LA 70518	**-***4168		28,250.	0.			GENERAL SUPPORT
Saint Luc French Immersion and Cultural Campus - PO Box 1324 - Arnaudville, LA 70512	**-***9388	501(c)(3)	6,487.	0.			GENERAL SUPPORT
Samford University 800 Lakeshore Dr. Birmingham, AL 35229	**-***2914	501(c)(3)	10,000.	0.			ATHLETICS, COACHES LEADERSHIP ACADEMY

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Sister Servants of the Eternal World - 3721 Belmont Road - Birmingham, AL 35210	**-***2042		10,000.	0.			CATHOLIC RETREATS
Southern University and A&M College - P.O. Box 96231, Scholarship Coordinator - Baton Rouge, LA 70813			6,500.	0.			SCHOLARSHIPS
Special Olympics Louisiana, Inc P.O. Box 189 Hammond, LA 70404	**-***6608	501(c)(3)	6,375.	0.			GENERAL SUPPORT
St. Edward Catholic Church 175 Ambassador W Lemell Drive New Iberia, LA 70560	**-***7742		11,500.	0.			GENERAL SUPPORT, CHURCH FAIR
St. Genevieve Catholic School 201 Elizabeth Ave Lafayette, LA 70501	**-***0861		9,500.	0.			GENERAL SUPPORT
St. Louis Cathedral 615 Pere Antoine Alley New Orleans, LA 70116	**-***8922		11,600.	0.			BUILDING RESTORATION, GENERAL SUPPORT
St. Mary Chapter Louisiana Landmarks Society - P.O. Box 400 - Franklin, LA 70538	**-***4046	501(c)(3)	15,500.	0.			GENERAL SUPPORT
St. Mary Magdalen Catholic Church 300 Pere Margret St. Abbeville, LA 70510	**-***2760		7,500.	0.			HONDURAS MISSION
St. Peter the Apostle Catholic School - 1210 Main St. - Hackberry, LA 70645			15,000.	0.			GENERAL SUPPORT

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St. Pius Elementary School 205 E. Bayou Pkwy. Lafayette, LA 70508	**-***3127		7,600.	0.			SCHOLARSHIPS, GENERAL SUPPORT
Team Gleason Foundation P.O.Box 24493 New Orleans, LA 70184	**-***9316	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Texas A & M University P.O. Box 2800 College Station, TX 77841	**-***5725	501(c)(3)	11,750.	0.			SCHOLARSHIPS
The Acosta Foundation 322 St. Theresa Avenue Ville Platte, LA 70586	**-***9989	501(c)(3)	5,385.	0.			RENOVATIONS
The Lafayette Museum Association, Inc. - 1122 Lafayette Street - Lafayette, LA 70501	**-***7428	501(c)(3)	5,109.	0.			GENERAL SUPPORT
The Miracle Foundation 1506 West Sixth St. Austin, TX 78703	**-***9580	501(c)(3)	18,600.	0.			THE STRENGTHEN PROGRAM
The Unexpected Pregnancy Center 117 E. Pershing St. New Iberia, LA 70560	**-***4526	501(c)(3)	8,700.	0.			GENERAL SUPPORT
Trinity Episcopal Church 302 Greenwood St Morgan City, LA 70380			5,870.	0.			GENERAL SUPPORT
Tulane University P.O. Box 61075 New Orleans, LA 70161	**-***3889	501(c)(3)	8,000.	0.			GENERAL SUPPORT, 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.)

(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
Two Little Tigers Charities Inc. 200 Forest Grove Drive Youngsville, LA 70592	**-***4603	501(c)(3)	30,000.	0.			COOKING TRAILER, CHRISTIMAS EVENTS, PRIDE SUPPORT
United Gospel Tabernacle P.O. Box 1235 DBA Hope Center Galliano, LA 70354	**-***8926	501(c)(3)	7,500.	0.			FOOD PANTRY
University of Louisiana at Lafayette - P.O. Box 44050, Office of Scholarships - Lafayette, LA 70504	**-***0820		29,250.	0.			SCHOLARSHIPS
Ush One See, Inc P.O. Box 14125 New Iberia, LA 70562	**-***6648	501(c)(3)	8,945.	0.			GENERAL SUPPORT, RACE SPONSORSHIP
Vermilion 4-H Foundation 1105 West Port St. Abbeville, LA 70510	**-***2950	501(c)(3)	50,000.	0.			SCHOLARISHIP
Vermilion Catholic High School 425 Park Avenue Abbeville, LA 70510	**-***5044	501(c)(3)	10,600.	0.			SCHOLARSHIPS, GENERAL SUPPORT
Southern Blue Ridge Hikers P.O. Box 9721 New Iberia, LA 70562	**-***5377		21,000.	0.			Trails
Abbeville United Methodist Church 213 N. State St. Abbeville, LA 70510			10,094.	0.			General Support
Acadian Baptist Center 1202 Academy Dr. Eunice, LA 70535	**-***0419		11,000.	0.			New Dorm, 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
Acadiana Queer Collective 501 Jefferson St. LafAYETTE, LA 70501	**-***5444		11,495.	0.			General Support
Acadiana Symphony Orchestra & Conservatory of Music - 412 Travis Street, Suite A - LafAYETTE, LA 70503	**-***8703		9,744.	0.			General Support
American Heart Association 110 Veterans Blvd., Ste. 160 Metairie, LA 70005	**-***3797		5,800.	0.			HeartStarter Kit, General Support
Ava Maria University 5050 Ave Maria Blvd Ava Maria, FL 34142	**-***2006		9,500.	0.			General Support
Bailey House, INC. 1751 Park Ave. New York, NY 10035	**-***5181		10,000.	0.			General Support
Baptist Tabernacle 8501 E. Kingston Rd. Shreveport, LA 71118			20,000.	0.			Shreveport Christian Academy
Basin Arts 113 Clinton Street Lafayette, LA 70501	**-***9789		10,513.	0.			General Support
Baton Rouge Youth Coalition 460 N. 11th Street Baton Rouge, LA 70802	**-***7597		10,000.	0.			General Support
Bayou Civic Club, Inc. P.O Box 1105 Larose, LA 70373	**-***5515		6,500.	0.			General Support, Festival Sponsorship

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
Beacon Community Connections P.O. Box 3771 Lafayette, LA 70502	**-***5134		19,469.	0.			General Support
Because of Brucey 203 Breezy Lane Youngsville, LA 70592	**-***2333		20,000.	0.			General Support, Animal Care
Blue Ribbon Soiree 1612 Oakdale Baton Rouge, LA 70810	**-***2262		10,000.	0.			General Support
BOFFO 85 Kenmare Street, Unit 22 New York, LA 10012	**-***6480		10,000.	0.			General Support
Boys Home Inc. 414 Boys Home Road Covington, VA 24426	**-***5870		12,000.	0.			General Support, Facilities
Breakthrough T1D 1776 Yorktown, Ste. 560 Houston, TX 77056	**-***7729		25,000.	0.			BR Gala
Build NYC 1460 Broadway New York, NY 10036	**-***6695		10,000.	0.			Annual Appeal
Cajun Hearts of Hope 1361 Duchamp Rd. Broussard, LA 70518	**-***8067		11,500.	0.			General Support
Carmelite Monastery 1250 Carmel Drive Lafayette, LA 70501			57,600.	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
Cathedral-Basilica of Saint Louis King of France - 615 Pere Antoine Alley - New Orleans, LA 70116	**-***6617		11,600.	0.			General Support
Cathedral-Carmel Foundation 848 St. John Street Lafayette, LA 70501	**-***0271		71,190.	0.			Preservation Project
Change Agent Network, Inc. 4514 Cole Ave., Ste. 600 Dallas, TX 75205	**-***8669		16,500.	0.			General Support
City Court of Morgan City Youth Center - P.O. Box 1577 - Morgan City, LA 70381	**-***0908		5,100.	0.			General Support
Coeurs D'Acadian Fund 130 E. Kaliste Saloom Rd. Lafayette, LA 70508	**-***4519		10,894.	0.			General Support, EERF
Cross International, Inc. 1280 SW 36th Ave., Ste. 303 Pompano Beach, FL 33069	**-***6387		10,000.	0.			General Support, Hurricane Recovery
Cut Off Youth Center, Inc. P.O. Box 421 Cut Off, LA 70345	**-***8839		13,000.	0.			General Support
Dreams Come True of Louisiana P.O. Box 1252 Youngsville, LA 70592	**-***4216		6,000.	0.			General Support
DREAMS Foundation of Acadiana 113 Oil Center Dr. Lafayette, LA 70503	**-***0540		5,485.	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
E4E Relief, LLC 401 N. Tryon, Ste. 250 Charlotte, NC 28202	**-***7387		46,353.	0.			Balance of EERF
Ecole Bilingue de la Nouvelle-Orleans - 812 General Pershing St. - New Orleans, LA 70115	**-***0328		10,000.	0.			General Support
Employee Assistance Foundation 100 North Street, Ste 900 Baton Rouge, LA 70802	**-***8986		47,387.	0.			Balance of EERF
Episcopal Church of the Epiphany 303 W. Main St. New Iberia, LA 70560			12,000.	0.			General Support
FBX031 Foundation 4117 Guadalupe St. Austin, TX 78751	**-***8299		76,823.	0.			Medical Research
Foster the Love Louisiana P.O. Box 53593 Lafayette, LA 70505	**-***9256		11,142.	0.			General Support
Gifting Grace Project, Inc. 217 Rue Louis XIV, #100 Lafayette, LA 70508	**-***1236		14,144.	0.			General Support
Greater Baton Rouge Food Bank, Inc P.O.Box 45830 Baton Rouge, LA 70895	**-***5318		7,000.	0.			General Support
Guidestone Colorado P.O. Box 1056 Salida, CO 81201	**-***2291		12,000.	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
Healing Care Ministries 83 State Route 42 West Salem, OH 44287	**-***6218		10,000.	0.			General Support
Heifer International 1 World Avenue Little Rock, AR 72202	**-***9477		7,500.	0.			General Support
Helix Community Schools 4400 Airpark Blvd. Baton Rouge, LA 70807	**-***9405		250,000.	0.			General Support
Holy Rosary Catholic School 12925 E. Main St. Larose, LA 70373	**-***4442		15,000.	0.			General Support
Holy Rosary Redevelopment P.O. Box 5256 Lafayette, LA 70502	**-***7617		14,814.	0.			General Support
Home of Grace P.O. Box 5009 Vancleave, MS 39565	**-***4485		10,000.	0.			General Support
Jesuit Spirituality Center 313 Martin Luther King Dr. Grand Coteau, LA 70541	**-***5597		20,000.	0.			General Support
Jesus & Jiu Jitsu, Inc. 2401 Creekdale Dr. Denton, TX 76210	**-***6869		10,000.	0.			General Support
Kids Meal, Inc. 330 Garden Oaks Blvd Houston, TX 77018	**-***0447		6,145.	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
Knights of Columbus Charities, Inc. - P.O. Box 1966 - New Haven, CT 06509	**-***7608		5,050.	0.			Disaster Relief
Lafayette City-Parish Consolidated Government - P.O. Box 4017-C - Lafayette, LA 70502	**-***9877		15,856.	0.			Adopt a Bus Stop
Lafayette Coucil on Aging, Inc. 160 Industrial Pkwy Lafayette, LA 70508	**-***9877		5,500.	0.			General Support
Lafayette Little League 4400-A Ambassador Caffery, Ste. 316 Lafayette, LA 70508	**-***8707		7,092.	0.			General Support
Lafourche Concert and Events Club 2615 N. Bayou Dr. Golden Meadow, LA 70357	**-***9823		5,500.	0.			Athletics, New Sign
Launch Leeville P.O. Box 487 Golden Meadow, LA 70357	**-***4130		10,000.	0.			Balloon Festival, Chapel Restoration
Leukemia & Lymphoma Society P.O. Box 22324 New York, NY 10087	**-***4916		7,900.	0.			General Support
Lions Club International Foundation - P.O. Box 2361 - Lafayette, LA 10087	**-***0455		7,500.	0.			General Support, Wildfire Efforts
Live Like Liam of Iberia, Inc. 2712 Blue Haven New Iberia, LA 70502	**-***0139		12,162.	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
Louisiana Architectural Foundation 521 American St. Baton Rouge, LA 70563	**-***6869		10,000.	0.			Support LAF Film
Louisiana Youth Seminar (LYS) P.O. Box 14241 Baton Rouge, LA 70802	**-***0035		7,000.	0.			Summer Programming
M.D. Anderson Cancer Center P.O. Box 301439 Houston, TX 70898	**-***7488		7,000.	0.			Brain & Spine Center
Make-A-Wish Foundation of the Texas Gulf Coast & Louisiana - 12625 Southwest Freeway - Stafford, TX 77477	**-***6615		6,940.	0.			General Support
Massachusetts Institute of Technology - 77 Massachusetts Ave, . Bldg. 11-320 - Cambridge, MA 02139			6,000.	0.			Scholarship
Masters Guild Association 139 James Comeaux Rd. Ste. B Pmb 59 Lafayette, LA 70508	**-***8372		12,500.	0.			General Support
My Brother Rocks the Spectrum Foundation - 5520 Crebs Ave. - Tarzana, CA 91356	**-***3642		10,000.	0.			General Support
Nativity of Our Lady Catholic Church - 130 N. Richelieu Circle - New Iberia, LA 70560	**-***4864		6,400.	0.			General Support
New Hope Community Development of Acadiana - P.O. Box 53654 - Lafayette, LA 70505	**-***7648		11,585.	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
New Horizons Foundation 731 Chapel Hills Dr. Colorado Springs, CO 80920	**-***3082		10,000.	0.			General Support
Nicholls State University P.O. Box 2003 Thibodaux, LA 70310	**-***1797		8,750.	0.			Scholarship
North Carolina Agricultural and Technical University - 1601 E. Market - Greensboro, NC 27411			10,000.	0.			Scholarship
Oil Patch Kids P.O. Box 50886 Midland, TX 79710	**-***7538		15,000.	0.			General Support
Opelousas Pregnancy Center P.O. Box 1997 Opelousas, LA 70570	**-***5214		7,500.	0.			General Support
Our Lady of Fatima Church 2319 Johnston St. Lafayette, LA 70503	**-***6617		20,000.	0.			Raise the Roof
Our Lady of Fatima School 2315 Johnston St. Lafayette, LA 70503	**-***2136		11,500.	0.			General Support
Our Lady of the Rosary Catholic Church - 1322 Moss St. - New Orleans, LA 70119	**-***3611		6,250.	0.			General Support
Pathway Church, Inc. P.O. Box 81243 Lafayette, LA 70598	**-***9199		10,000.	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
Performing Arts Serving Acadiana (PASA) - P.O.Box 51974 - Lafayette, LA 70505	**-***0993		28,781.	0.			General Support
Placed Adoption Education 2218 Vida Shaw Rd. New Iberia, LA 70563	**-***2171		6,238.	0.			General Support
Port Barre Elementary 199 O G Track Rd. Port Barre, LA 70577	**-***1257		5,588.	0.			General Support
Rafiki Foundation P.O. Box 1988 Eustis, FL 32727	**-***7089		12,000.	0.			General Support
Ragin Cajuns Athletic Foundation P.O. Box 43603 Lafayette, LA 70504	**-***3524		58,000.	0.			Athletic Support
Raphael-Evelyn Education Foundation - P.O. Box 60681 - Lafayette, LA 70596	**-***8024		54,168.	0.			General Support
Sacred Heart Church 15300 W. Main St. Cut Off, LA 70345	**-***2683		28,175.	0.			General Support, Repairs
Sacred Heart of Jesus on the Teche Catholic Church - 2514 Old Jeanerette Rd. - New Iberia, LA 70563	**-***5958		11,200.	0.			Annual Appeal
SAFE inc of Transylvania County 515 N. Broad St. # 1 Brevard, NC 28712	**-***0904		10,000.	0.			Hurricane Recovery

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
Safety Net Soutlions Initiative Corp. - 330 Greenmount Ave., Ste. 300 #517139 - Baltimore, MD 21278	**-***2068		25,000.	0.			General Support
Sentinel Foundation 210 Delburg St. Davidson, NC 28036	**-***4849		30,000.	0.			General Support
Shriners Hospital for Children 2900 N. Rocky Point Dr. Tampa, FL 33607	**-***3608		10,800.	0.			General Support
Sid Roth's It's Supernatural / Messianic Vision - P.O. Box 39222 - Charlotte, NC 28278	**-***1247		10,000.	0.			General Support
SLHS Project Graduation Inc. P.O. Box 1369 Cut Off, LA 70345	**-***4922		7,500.	0.			Project Graduation
Southeastern Louisiana University 900A W. UNIVERSITY AVE, SLU 10768 Hammond, LA 70402	**-***8821		9,750.	0.			Scholarships
Southwest Mississippi Community College Foundation - 1156 College Dr. - Summit, MS 39666	**-***6622		20,000.	0.			Bear Baseball
St. Bernard School 251 E. Bridge St. Breaux Bridge, LA 70517	**-***7028		5,608.	0.			Tuition Assistance
St. Dominic School 6326 Memphis St. New Orleans, LA 70124	**-***6617		11,233.	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
St. Francis School 490 St. Joseph Ave. Iota, LA 70543	**-***4798		230,315.	0.			General Support
St. Landry - Evangeline United Way 5367 I-49 S. Service Rd. Opelousas, LA 70570	**-***4845		10,000.	0.			General Support
St. Martin Hospital Service District No. 2 - 210 Champagne Blvd - Breaux Bridge, LA 70517	**-***1685		50,000.	0.			Heliport Construction
St. Mary's Episcopal Church P.O. Box 95 Franklin, LA 70538	**-***4330		15,000.	0.			General Support, Paving Project
Student Health Coalition of Mississippi - 3975 I 55 N Apt X8 - Jackson, MS 39216	**-***8482		20,000.	0.			General Support
Sun Valley Culinary Institute P.O. Box 3088 Sun Valley, ID 83353	**-***9929		22,000.	0.			General Support
Sun Valley Film Festival P.O. Box 3471 Sun Valley, ID 83353	**-***7380		25,000.	0.			General Support
Texas Liver Foundation Bissonnet St., Ste. 30 Houston, TX 77005	**-***8778		24,470.	0.			Team Super Wade
The Allies of the Little Ones VV P.O. Box 3620 Houma, LA 70361	**-***2047		25,750.	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
The University of Texas M.D. Anderson Cancer Center - P.O. Box 4486 - Houston, TX 77210	**-***0816		6,774.	0.			General Support
Theatre Aspen 110 E. Hallam St. #126 Aspen, CO 81611	**-***9032		6,000.	0.			General Support
Uncommon Construction Inc. P.O. Box 791438 New Orleans, LA 70119	**-***3284		10,000.	0.			Disadvantage Youth
University of Houston-Downtown 1 Main St., Ste. S350 Houston, TX 77002			8,250.	0.			Scholarships
University of North Texas Mayborn School of Journalism - 1155 Union Circle #311460 - Denton, TX 76203			10,000.	0.			Houston Area, Public Relations
University of San Francisco 2130 Fulton St. San Francisco, CA 94117			10,000.	0.			Scholarships
University of Southern Mississippi 118 College Dr. #5133 Hattiesburg, MS 39406	**-***2505		7,000.	0.			Scholarships
Valerie's House Inc. P.O. Box 1955 Fort Myers, FL 33902	**-***1240		10,000.	0.			General Support
VIN Foundation 413 F. Street Davis, CA 95616	**-***0163		283,000.	0.			Scholarship, Hurricane Relief

**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
Warrior Brands dba Victor + Valor 4500 Williams Dr. Ste. 212-421 Georgetown, TX 78633	**-***7069		15,000.	0.			General Support
Wound Care Collaborative Community 255 S. Orange Ave., St. 104 #1377 Orlando, FL 32801	**-***9330		25,000.	0.			General Support
WPC Management 100 Spring View Dr. Youngsville, LA 70592	**-***9460		15,000.	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

**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)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

**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) Missy Andrade CEO	(i)	189,162.	37,000.	0.	4,715.	13,471.	244,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	558	6,187,800.	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 on 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

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.

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

Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>Community Foundation of Acadiana</b>	Employer identification number <b>** - ***3023</b>
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**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 \$ 19,870,327. including grants of \$ 17,804,491. Revenue \$ 0.

**Form 990, Part VI, Section B, line 11b:**  
 For confidentiality purposes, CFA does not disclose major donor information. This information may be made available upon request.

**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:**  
 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)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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
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
William C. Schumacher Family Foundation - 82-3932028, 1035 Camellia Blvd, Ste 100, Lafayette, LA 70508	Increasing giving, connecting donors, leadership on community	Louisiana	501(c)(3)	Line 8			X

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

Schedule R (Form 990) (Rev. 1-2025)

See Part VII for Continuations



**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)			



**Part VII Supplemental Information**

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

**Part II, Identification of Related Tax-Exempt Organizations:**

Name of Related Organization:

William C. Schumacher Family Foundation

Primary Activity: Increasing giving, connecting donors, leadership on community needs



Form **990-W**  
(Worksheet)

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

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

**2025**

► 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. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2024 return. <b>Caution:</b> 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	6,386.
c	<b>2025 Estimated Tax.</b> 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 6,400.

	(a)	(b)	(c)	(d)
11	Installment due dates			12/15/25
12	Installments. Enter 25% of line 10c in columns (a) through (d)			6,400.
13	2024 Overpayment			
14	Payment due (Subtract line 13 from line 12)			6,400.

Form **990-W**

**FOR YOUR RECORDS**

**DO NOT FILE**

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**Community Foundation of Acadiana**

EIN or SSN

**\*\* - \*\*\* 3023**

Name and title of officer or person subject to tax

**Joe Spell  
Current Secretary/Treasurer**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here .....	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>6,386.</u>
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **Broussard Poche, LLP** to enter my PIN **03023**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**72436104930**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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

2024

For calendar year 2024 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 an 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Header section containing organization name (Community Foundation of Acadiana), address (1035 Camellia Blvd, Ste 100, Lafayette, LA 70508), EIN (33-333-3023), and book value of assets (183,519,760).

Section G: Check organization type (501(c) corporation checked). Section H: Check if filing only to claim. Section I: Check if a 501(c)(3) organization filing a consolidated return. Section J: Enter the number of attached Schedules A (2). Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No checked). Section L: The books are in care of (Missy Andrade) Telephone number ((337)769-4840).

Part I: Total Unrelated Business Taxable Income. Table with 11 rows showing calculations from line 1 to 11, resulting in a total of 30,408.

Part II: Tax Computation. Table with 7 rows showing tax calculations from line 1 to 7, resulting in a total of 6,386.

Part III: Tax and Payments. Table with 4 main rows (1a-1d, 2, 3a-3e, 4) showing foreign tax credit, other credits, and total tax amount of 6,386.

<b>Part III Tax and Payments</b> (continued)			
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>	0.
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>	367.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>Statement 3</b> .....	<b>9</b>	6,753.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b> .....	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2024 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
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	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.		
<b>5</b>	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
	523000		\$ 247.
			\$
			\$
			\$
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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	<b>Current Secretary/Treasurer</b> Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Carlinna L. Bertrand	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01418229
	Firm's name Broussard Poche, LLP P.O. Box 61400	Firm's EIN **-***8016		
	Firm's address Lafayette, LA 70596-1400	Phone no. (337) 988-4930		

Form 990-T		Late Payment Interest			Statement 1	
Description	Date	Amount	Balance	Rate	Days	Interest
Tax due	05/15/25	6,386.	6,386.	.0700	184	229.
Date filed	11/15/25		6,615.			
Total late payment interest						229.

Form 990-T		Late Payment Penalty			Statement 2	
Description	Date	Amount	Balance	Months	Penalty	
Tax due	05/15/25	6,386.	6,386.	6	192.	
Date filed	11/15/25		6,386.			
Total late payment penalty						192.

Form 990-T		Interest and Penalties			Statement 3	
Tax from Form 990-T, Part IV					6,386.	
Underpayment penalty					367.	
Late payment interest					229.	
Late payment penalty					192.	
Total Amount Due					7,174.	

**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](http://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).

**2024**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>Statement 4</b> .....	<b>5</b>	31,655.		31,655.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13</b> <b>Total.</b> Combine lines 3 through 12 .....	<b>13</b>	31,655.		31,655.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....					
<b>3</b> Repairs and maintenance .....					
<b>4</b> Bad debts .....					
<b>5</b> Interest (attach statement). See instructions .....					
<b>6</b> Taxes and licenses .....					
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>				
<b>9</b> Depletion .....					
<b>10</b> Contributions to deferred compensation plans .....					
<b>11</b> Employee benefit programs .....					
<b>12</b> Excess exempt expenses (Part VIII) .....					
<b>13</b> Excess readership costs (Part IX) .....					
<b>14</b> Other deductions (attach statement) .....					
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>				0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>				31,655.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>	Stmt 5	Stmt 7		247.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>				31,408.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> 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			6. Deductions directly connected with income in column 5
			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	
(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).		
<b>Totals</b>			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).
<b>Totals</b>		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	4
Description		Net Income or (Loss)	
Healthcare Innovation Fund II LLC - Ordinary Business Income (loss)			31,655.
Total Included on Schedule A, Part I, line 5			31,655.

Form 990-T (A)	Post 2017 NOL Schedule	Statement	5
Prior Year Post 2017 NOL	NOL Deduction	Carryforward of Post 2017 NOL	
247.	247.	0.	

990-T Sch A	Post-2017 Net Operating Loss Deduction			Statement	6
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
12/31/23	247.	0.	247.	247.	
NOL Carryover Available This Year			247.	247.	

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Sch A (990-T)	Schedule A NOL Detail	Statement	7
Taxable income from all entities		31,655.	
This entities portion of taxable income		31,655.	
This entities percentage of pre-2018 net operating loss		100.00%	
This entities allowed pre-2018 net operating loss		0.	
Taxable income after pre-2018 net operating loss		31,655.	
80% income limitation		25,324.	
Post-2017 available		247.	
Lesser of Post-2017 net operating loss or 80% limitation		247.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

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.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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).	
<b>Totals</b> .....			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).
<b>Totals</b> .....		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

**2024**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

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

**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.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	6,386.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	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	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	6,386.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. <b>Caution:</b> 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	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	6,386.

**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.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9	<b>Installment due dates.</b> 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 .....	04/15/24	06/15/24	09/15/24	12/15/24
10	<b>Required installments.</b> 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 .....	1,597.	1,596.	1,597.	1,596.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12	Enter amount, if any, from line 18 of the preceding column .....				
13	Add lines 11 and 12 .....				
14	Add amounts on lines 16 and 17 of the preceding column .....		1,597.	3,193.	4,790.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		1,597.	3,193.	
17	<b>Underpayment.</b> 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 .....	1,597.	1,596.	1,597.	1,596.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

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.

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2024 and before 7/1/2024 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2024 and before 4/1/2025 .....	<b>See Attached Worksheet</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2025 and before 7/1/2025 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2025 and before 10/1/2025 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2025 and before 1/1/2026 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2025 and before 3/16/2026 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> 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 .....	<b>38</b>			\$ <b>367.</b>

\* 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](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.



Name of corporation

Employer identification number (EIN)

**Community Foundation of Acadiana**

**\*\* - \*\*\* 3023**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions)	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	<b>1f</b>		
<b>2</b> Adjustments (see instructions):			
<b>a</b> Financial statements covering different tax years	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return	<b>2b</b>		
<b>c</b> Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations	<b>2g</b>		
<b>h</b> Certain credits	<b>2h</b>		
<b>i</b> Mortgage servicing income	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation	<b>2k</b>		
<b>l</b> Qualified wireless spectrum	<b>2l</b>		
<b>m</b> Covered transactions	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency	<b>2n</b>		
<b>o</b> Certain insurance company adjustments	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use	<b>2s</b>		
<b>z</b> Other	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			<b>6</b>
<b>7</b> 3-year average annual AFSI (see instructions)			<b>7</b>

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

	<b>(a)</b> First Preceding Year Ended	<b>(b)</b> Second Preceding Year Ended	<b>(c)</b> Third Preceding Year Ended	
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:				
<b>a</b> AFSI from line 5 .....	<b>10a</b>			
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>			
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>			
<b>11</b> Adjustments:				
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>			
<b>b</b> Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) .....	<b>11b</b>			
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>			
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>			
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>			
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>			
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....				<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....				<b>15</b>
<b>16</b> Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.				

**Part II Corporate Alternative Minimum Tax (CAMT)**

<b>1</b> Net income or loss per AFS (see instructions):		
<b>a</b> Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b>	30,655.
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>	
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>	
<b>d</b> Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>	
<b>e</b> Specified additional net income or loss item D. Reserved for future use .....	<b>1e</b>	
<b>f</b> AFS net income or loss before adjustments. Combine lines 1a through 1d .....	<b>1f</b>	30,655.
<b>2</b> Adjustments (see instructions):		
<b>a</b> Financial statements covering different tax years .....	<b>2a</b>	
<b>b</b> Reserved for future use - Adjustment 2b .....	<b>2b</b>	
<b>c</b> Corporations that are not included on the taxpayers - consolidated return (see instructions) .....	<b>2c</b>	
<b>d</b> The corporation's distributive share of adjusted financial statement income of partnerships .....	<b>2d</b>	
<b>e</b> Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 .....	<b>2e</b>	
<b>f</b> Amounts that are not effectively connected to a U.S. trade or business .....	<b>2f</b>	
<b>g</b> Certain taxes. Enter the amount from Part III, line 7 .....	<b>2g</b>	
<b>h</b> Patronage dividends and per-unit retain allocations (cooperatives only) .....	<b>2h</b>	
<b>i</b> Alaska native corporations .....	<b>2i</b>	
<b>j</b> Certain credits .....	<b>2j</b>	
<b>k</b> Mortgage servicing income .....	<b>2k</b>	
<b>l</b> Covered benefit plans described in section 56A(c)(11)(B) .....	<b>2l</b>	
<b>m</b> Tax-exempt entities (organizations subject to tax under section 511) .....	<b>2m</b>	
<b>n</b> Depreciation .....	<b>2n</b>	
<b>o</b> Qualified wireless spectrum .....	<b>2o</b>	
<b>p</b> Covered transactions .....	<b>2p</b>	
<b>q</b> Adjustments related to bankruptcy and insolvency .....	<b>2q</b>	
<b>r</b> Certain insurance company adjustments .....	<b>2r</b>	
<b>s</b> AFSI adjustment S - Reserved for future use .....	<b>2s</b>	
<b>t</b> AFSI adjustment T - Reserved for future use .....	<b>2t</b>	
<b>u</b> AFSI adjustment U - Reserved for future use .....	<b>2u</b>	
<b>z</b> Other .....	<b>2z</b>	
<b>3</b> Total adjustments. Combine lines 2a through 2z .....	<b>3</b>	
<b>4</b> AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....	<b>4</b>	30,655.
<b>5</b> Financial statement net operating loss (FSNOL) (see instructions) .....	<b>5</b>	
<b>6</b> AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>	30,655.
<b>7</b> Multiply line 6 by 15% (0.15) .....	<b>7</b>	4,598.
<b>8</b> Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....	<b>8</b>	
<b>9</b> Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....	<b>9</b>	4,598.
<b>10</b> Regular tax liability (see instructions) .....	<b>10</b>	6,386.
<b>11</b> Base erosion minimum tax (see instructions) .....	<b>11</b>	0.
<b>12</b> Combine lines 10 and 11 .....	<b>12</b>	6,386.
<b>13</b> Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>13</b>	0.

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b> Current income tax provision - Foreign .....	<b>1</b>	
<b>2</b> Current income tax provision - Federal .....	<b>2</b>	
<b>3</b> Deferred income tax provision - Foreign .....	<b>3</b>	
<b>4</b> Deferred income tax provision - Federal .....	<b>4</b>	
<b>5</b> Income taxes included in equity method investment income .....	<b>5</b>	
<b>6a</b> Adjustment A - Reserved for future use .....	<b>6a</b>	
<b>b</b> Adjustment B - Reserved for future use .....	<b>6b</b>	
<b>c</b> Adjustment C - Reserved for future use .....	<b>6c</b>	
<b>d</b> Adjustment D - Reserved for future use .....	<b>6d</b>	
<b>e</b> Adjustment E - Reserved for future use .....	<b>6e</b>	
<b>f</b> Adjustment F - Reserved for future use .....	<b>6f</b>	
<b>g</b> Adjustment G - Reserved for future use .....	<b>6g</b>	
<b>h</b> Adjustment H - Reserved for future use .....	<b>6h</b>	
<b>z</b> Income taxes in other places .....	<b>6z</b>	
<b>7</b> Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g .....	<b>7</b>	

**Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit**

**Section I - CAMT Foreign Tax Credit**

<b>1</b> Domestic corporation CAMT foreign income taxes:				
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			<b>2</b>
<b>3</b> Allowable CFC CAMT foreign income taxes:				
<b>a</b>	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Other .....	<b>3b</b>		
<b>c</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3c</b>		
<b>d</b>	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c .....			<b>3d</b>
<b>e</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3e</b>	15%	
<b>f</b>	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) .....	<b>3f</b>		
<b>g</b>	CFC CAMT FTC limitation (multiply line 3e by line 3f) .....			<b>3g</b>
<b>h</b>	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) .....			<b>3h</b>
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....			<b>4</b>
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....			<b>5</b>
<b>6</b>	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			<b>6</b>

For the  calendar year 2024 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 Check this box if this fiscal year return is based on a 52/53 week taxable year.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>Community Foundation of Acadiana</b>	Employer Identification Number (EIN) <b>**-***3023</b>
Business Telephone Number (with area code)	Address - number and street or PO Box <b>1035 Camellia Blvd Ste 100</b>	
	City, Town or Post Office <b>Lafayette, LA 70508</b>	State ZIP Code
<b>68</b> Check box if: <b>A</b> <input checked="" type="checkbox"/> This is a first return <b>B</b> <input type="checkbox"/> Name change <b>C</b> <input type="checkbox"/> Address change		
<b>A</b> Date Arizona operations began ..... <b>01/01/2024</b>		
<b>B</b> Nature of unrelated business activities: <b>INVESTMENT IN PS UBTI</b>		
<b>C</b> Unrelated business activity codes: <b>523000</b>		
<b>D</b> ARIZONA apportionment for multistate organizations only (check one box): <b>1</b> <input type="checkbox"/> AIR CARRIER <b>2</b> <input type="checkbox"/> STANDARD <b>3</b> <input type="checkbox"/> SALES FACTOR ONLY		
<b>E</b> <input type="checkbox"/> Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5		
<b>F</b> Check federal form filed: <b>1</b> <input checked="" type="checkbox"/> 990-T <b>2</b> <input type="checkbox"/> Other (specify) _____		
Check box if return filed under extension: <b>82</b> <input type="checkbox"/> <b>82F</b> <input checked="" type="checkbox"/>		
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>		
<b>81</b> PM		<b>66</b> RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income .....	1	30,408	00
2 Additions related to Arizona tax credits claimed .....	2		00
3 Subtotal: Add line 1 and line 2. Enter the total. ....	3	30,408	00
4 Apportionment ratio for multistate organizations only: See instructions ..... 4			
5 Taxable income attributable to Arizona: See instructions .....	5	2,340	00

**Arizona Tax Liability Computation**

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater .....	6	115	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 22 .....	7		00
8 Subtotal: Add line 6 and line 7. Enter the total. ....	8	115	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 40 .....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 3   102 3   103 3   104 3			
11 Tax liability: Subtract line 9 from line 8. Enter the difference .....	11	115	00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amt: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 334 123 <input type="checkbox"/> 349 .....	12		00
13 Extension payment made with Arizona Form 120/165EXT or online .....	13		00
14 Estimated tax payments: .....	14		00
15 Amended returns. Payment made with original return plus all payments made after it was filed: See instructions .....	15		00
16 Subtotal payments: Add lines 12 through 15. Enter the total. ....	16		00
17 Overpayments of tax from original return or later adjustments: See instructions .....	17		00
18 Total Payments: Subtract line 17 from line 16. Enter the difference .....	18		00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20 .....	19	115	00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax .....	20		00
21 Penalty and interest ..... <b>See Statement 1</b>	21	7	00
22 Estimated tax underpayment penalty: If Form 220/PTE is included, check this box ..... 22A <input type="checkbox"/>	22		00
23 <b>TOTAL AMOUNT DUE:</b> Add lines 19, 21, and 22. Enter the total. See instructions .....	23	122	00
24 <b>OVERPAYMENT:</b> See instructions .....	24		00
25 Amount of line 24 to be applied to 2025 estimated tax ..... 25			00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference .....	26		00

Continued on page 2 →



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AZ 99T	Penalty and Interest	Statement	1
<hr/>			
Description		Amount	
Late Payment Penalty			3.
Late Payment Interest			4.
<hr/>			
Total to Form 99T, Line 21			7.
<hr/>			



# 2024 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2024, enter your fiscal tax year here.

Tax year beginning \_\_\_\_\_ 20\_\_\_\_, ending \_\_\_\_\_ 20\_\_\_\_  
month day year month day year

**WARNING** This form is for tax years ending on or after December 31, 2024, and before December 31, 2025.  
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ \_\_\_\_\_ 316.

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
If you have a name change, check this box.   
Name: Community Foundation of Acadiana

**B** Enter your mailing address.  
  
C/O: \_\_\_\_\_

Mailing address: 1035 Camellia Blvd, Ste 100  
**C** City: Lafayette State: LA ZIP: 70508

If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_\_ )  
mm dd yyyy

**D** Enter your federal employer identification no. (FEIN).  
\*\* - \*\*\* 3023

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. \_\_\_\_\_

**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions. \_\_\_\_\_

**J** Check this box if you are a 52/53 week filer.

### Step 2: Figure your base income or loss

(Whole dollars only)

<b>1</b> Unrelated business taxable income or loss from federal Form 990-T. See Instructions. <b>Attach</b> a copy of your federal Form 990-T.	<u>1</u>	<u>30,408</u>	<u>.00</u>
<b>2</b> Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	<u>2</u>		<u>.00</u>
<b>3</b> <b>Base income or loss.</b> Add Lines 1 and 2.	<u>3</u>	<u>30,408</u>	<u>.00</u>

<b>STOP</b>	<b>A</b> If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>
	<b>B</b> If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input checked="" type="checkbox"/>

### Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

<b>4</b> Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	<u>4</u>	<u>0</u>	<u>.00</u>
<b>5</b> Business income or loss. Subtract Line 4 from Line 3.	<u>5</u>	<u>30,408</u>	<u>.00</u>
<b>6</b> Total sales everywhere. This amount cannot be negative.	<u>6</u>	<u>30,408.</u>	
<b>7</b> Total sales inside Illinois. This amount cannot be negative.	<u>7</u>	<u>3,329.</u>	
<b>8</b> Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	<u>8</u>	<u>.109478</u>	
<b>9</b> Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	<u>9</u>	<u>3,329</u>	<u>.00</u>
<b>10</b> Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	<u>10</u>	<u>0</u>	<u>.00</u>
<b>11</b> <b>Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.	<u>11</u>	<u>3,329</u>	<u>.00</u>

### Step 4: Figure your net replacement tax

<b>12</b> Net income or loss from Line 3 or Line 11.	<u>12</u>	<u>3,329</u>	<u>.00</u>
<b>13</b> Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015).	<u>13</u>	<u>83</u>	<u>.00</u>
<b>14</b> Recapture of investment credits. <b>Attach</b> Schedule 4255.	<u>14</u>		<u>.00</u>
<b>15</b> Replacement tax before investment credits. Add Lines 13 and 14.	<u>15</u>	<u>83</u>	<u>.00</u>
<b>16</b> Investment credits. <b>Attach</b> Form IL-477.	<u>16</u>	<u>0</u>	<u>.00</u>
<b>17</b> <b>Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter zero.	<u>17</u>	<u>83</u>	<u>.00</u>

▼ Attach your payment and Form IL-990-T-V here. ▲

IR NS DR \_\_\_\_\_



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund or balance due calculation.

Form box for direct deposit: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 316 .00

If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature section with fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, Firm Name, Address, FEIN, Phone), and a checkbox for Department discussion.

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

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

LA Corporation Income Tax Return for 2024	LA Corporation Franchise Tax Return for 2025
<b>Mark box if:</b>	
Calendar Year Filer	<input checked="" type="checkbox"/>
Fiscal Year Filer (Enter dates below.)	<input type="checkbox"/>
Short Period Return (Enter dates below.)	<input type="checkbox"/>
<b>Income (mmdyy)</b>	<b>Franchise (mmdyy)</b>
Began	Began
Ended	Ended

Mark box if:

- Name Change
- Address Change
- Amended Return
- Amended Due to IRS Audit
- Entity Not Required to File Franchise Tax
- Entity Not Required to File Income Tax
- First Time Filing of This Form
- Final Return
- Timely Requested Extension for Federal Income Tax

Enter your LDR Account Number here (Not FEIN):

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

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

A. Federal Employer Identification Number	<b>7 2 1 4 9 3 0 2 3</b>
B. Total business interest expense	
C. Total business interest expense deduction	
D. Income tax apportionment percentage	<b>1 0 0 . 0 %</b>
E. Gross revenues	<b>2 5 7 5 3</b>
F. Total assets	<b>1 8 3 5 1 9 7 6 0</b>
G. NAICS code	<b>E X E M P T</b>
H. Enter the state abbreviation for location of the principal place of business.	<b>L A</b>
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.	<b>9</b>
N. Enter the code for the type of entity.	<b>0 1</b>
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"/>	<b>2 5 7 5 3</b>
1B. Subchapter S corporation exclusion	<input type="checkbox"/>	
Loss carryforward		
1C. less federal tax refund applicable to loss	<input type="checkbox"/>	
1C1. Loss carryforward utilized	<input type="checkbox"/>	
1D. Louisiana taxable income	<input type="checkbox"/>	<b>2 5 7 5 3</b>
2. Louisiana income tax	<input type="checkbox"/>	<b>9 0 1</b>
3. Nonrefundable income tax credits from Schedule NRC-P1	<input type="checkbox"/>	
4. Income tax after priority 1 credits	<input type="checkbox"/>	<b>9 0 1</b>

Computation of Franchise Tax - See instructions.

5A. Total capital stock, surplus, & undivided profits	<input type="checkbox"/>	
5B. Franchise tax apportionment percentage	<input type="checkbox"/>	
5C. Franchise taxable base	<input type="checkbox"/>	
6. Amount of assessed value of real and personal property in Louisiana in 2024	<input type="checkbox"/>	
7. Louisiana franchise tax	<input type="checkbox"/>	
8. Nonrefundable franchise tax credits from Schedule NRC-P1	<input type="checkbox"/>	
9. Franchise tax after priority 1 credits	<input type="checkbox"/>	

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<input type="checkbox"/> Field Flag	
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22521

Enter your LDR Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Net Amount Due			
	Col. 1 - Income Tax	Col. 2 - Franchise Tax	Col. 3 - Total
10. Tax liability after priority 1 credits	10. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	10. <input type="text"/>	
11. Refundable credits from Schedule RC-P2	11. <input type="text"/>	11. <input type="text"/>	
12. Tax liability after priority 2 credits	12. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	12. <input type="text"/>	
13. Overpayment after priority 2 credits	13. <input type="text"/>	13. <input type="text"/>	
14. Nonrefundable credits from Schedule NRC-P3	14. <input type="text"/>	14. <input type="text"/>	
15. Tax liability after priority 3 credits	15. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	15. <input type="text"/>	
16A. Overpayment after priority 2 credits	16A. <input type="text"/>	16A. <input type="text"/>	
16B. Refundable credits from Schedule RC-P4	16B. <input type="text"/>	16B. <input type="text"/>	
16C. Credit carryforward from prior year return	16C. <input type="text"/>	16C. <input type="text"/>	
16D. Estimated payments	16D. <input type="text"/>	<input type="text"/>	
16E. Amount of extension payment	16E. <input type="text"/>	16E. <input type="text"/>	
16F. Total refundable credits and payments	16F. <input type="text"/>	16F. <input type="text"/>	
17. Overpayment	17. <input type="text"/>	17. <input type="text"/>	17. <input type="text"/>
18. Tax due	18. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	18. <input type="text"/>	
19. Amount of Income tax overpayment applied to franchise tax	<input type="text"/>	19. <input type="text"/>	
20. Net tax due	<input type="text"/>	20. <input type="text"/>	
21. Interest	21. <input type="text"/>	21. <input type="text"/>	
22. Delinquent filing penalty	22. <input type="text"/>	22. <input type="text"/>	
23. Delinquent payment penalty	23. <input type="text"/>	23. <input type="text"/>	
24. Additional donation to The Military Family Assistance Fund	24. <input type="text"/>	24. <input type="text"/>	
25. Total amount due	25. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	25. <input type="text"/>	25. <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>

↓ PAY THIS AMOUNT ↓

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22522

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Net Amount Due			
	Col. 1 - Income Tax	Col. 2 - Franchise Tax	Col. 3 - Total
26. Net overpayment		26. <input type="text"/>	26. <input type="text"/>
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27. <input type="text"/>
28. Amount of overpayment to be credited to 2025 income tax			28. <input type="text"/>
29. Amount of overpayment to be credited to 2026 franchise tax			29. <input type="text"/>
30. Amount of overpayment to be refunded			30. <input type="text"/>

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at [www.revenue.louisiana.gov/LaTap](http://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 preparer has any knowledge.

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

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name <b>CARLINNA BERTRAND CPA</b>		Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	<b>BROUSSARD POCHE, LLP</b>		Firm's FEIN ▶	<b>72-0538016</b>
	Firm's Address ▶	<b>103 N AVE F, CROWLEY, LA 70526</b>		Telephone ▶	<b>(337) 783-5693</b>

**IMPORTANT!**  
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PTIN, FEIN, or LDR Account Number of Paid Preparer **7 2 - 0 5 3 8 0 1 6**

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Enter your LDR Account Number here. ►

5 0 6 0 7 8 5 0 0 1

Schedule NRC-P1 – Nonrefundable Priority 1 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
1.			
2.			
3.			
4.			
5.			
6.			
7. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 6. Enter here and on Form CIFT-620, Line 3.			
8. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 6. Enter here and on Form 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 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		
6. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on Form CIFT-620, Line 16B, Col. 1.			
7. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter here and on Form CIFT-620, Line 16B, Col. 2.			

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



Enter your LDR Account Number here. ▶ **5 0 6 0 7 8 5 0 0 1**

Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
1.			
2.			
3.			
4.			
5.			
6.			

Description	Code
New Jobs Credit	224
Eligible Re-Entrants	228
Apprenticeship (2007)	236
Tax Equalization	305
Manufacturing Establishments	310
Other	399
Refunds by Utilities	412

Description	Code
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 Charitable Organization	464
Inventory Tax Credit Carried Forward and ITEP	500

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

Schedule NRC-P3 – Part II – Transferable, Nonrefundable Priority 3 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
7.			
7A.			
8.			
8A.			
9.			
9A.			
10. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 1.			
11. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 9. Enter here and on Form 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
Capital Company	257
LCDFI	258
Motion Picture Infrastructure	261

Description	Code
Angel Investor	262
Other	299



Enter your LDR Account Number here. ▶ **5 0 6 0 7 8 5 0 0 1**

Schedule RC-P2 – Part I – Refundable Priority 2 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		

Schedule RC-P2 – Part II – Transferable, Refundable Priority 2 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
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. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on Form CIFT-620, Line 11, Col. 1.			
10. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on Form 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
Restaurant Recycling of Oyster Shells	79F
Other Refundable Credit	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	
		2	
	No <input type="checkbox"/>	3	
		4	
		5	
			<b>FEIN</b>
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	
		2	
	No <input type="checkbox"/>	3	
		4	
		5	
			<b>FEIN/SSN</b>
3. If you answered yes to Line 1 on Form 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	
		2	
	No <input type="checkbox"/>	3	
		4	
		5	
			<b>FEIN</b>

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. Certain oil & gas businesses only – Enter total wages, salaries, and other personal service compensation paid during the year. <i>See instructions.</i> If ratio not used, check box. <input type="checkbox"/>			
3. Certain oil & gas businesses only – Income tax property ratio – Enter percentage from Schedule C, Line 24. <i>See instructions.</i> 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. <i>See instructions.</i>			
5. Total of percents in Column 3			
6. Average of percents — Divide Line 5 by applicable number of ratios. Enter here and on Form CIFT-620, Line D.			



<b>Schedule C – Computation of Corporation Income Tax Property Ratio For Certain Oil &amp; Gas Companies</b>				
	<b>Located Everywhere</b>		<b>Located in Louisiana</b>	
	<b>1. Beginning of Year</b>	<b>2. End of Year</b>	<b>3. Beginning of Year</b>	<b>4. End of Year</b>
<b>Intangible Assets</b>				
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.				
<b>Real and Tangible Assets</b>				
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 <b>not</b> 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)				



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	23. Energy efficient commercial buildings deduction			.00
1B. Less returns and allowances		.00	24. Other deductions – Attach schedule.			.00
1C. Balance – Subtract Line 1B from Line 1A.		.00	25. <b>Total deductions – Add Lines 10 through 24.</b>			.00
2. Less: Cost of goods sold and/or operations – Attach schedule.		.00	26. <b>Net income from all sources – Subtract Line 25 from Line 9.</b>		<b>\$ 25,753</b>	.00
3. Gross profit – Subtract Line 2 from Line 1C.		.00	27. Allocable income from all sources:			
4. Gross rents		.00	27A. Net rents and royalties from immovable or corporeal movable property			.00
5. Gross royalties		.00	27B. Royalties from the use of patents, trademarks, etc.			.00
6. Income from estates, trusts, partnerships	<b>\$ 25,753</b>	.00	27C. Income from estates, trusts, and partnerships			.00
7. Income from construction, repair, etc.		.00	27D. Income from construction, repair, etc.			.00
8. Other income – Attach schedule.		.00	27E. Other allocable income			.00
9. <b>Total income – Add Lines 3 through 8.</b>	<b>\$ 25,753</b>	.00	27F. Allocable expenses	( )		.00
10. Compensation of officers		.00	27G. Net allocable income from all sources			.00
11. Salaries and wages (not deducted elsewhere)		.00	28. Net income subject to apportionment – Subtract Line 27G from Line 26.			.00
12. Repairs		.00	29. Net income apportioned to Louisiana		<b>\$ 25,753</b>	.00
13. Bad debts		.00	30. Allocable income from Louisiana sources:			
14. Rent		.00	30A. Net rents and royalties from immovable or corporeal movable property			.00
15. Taxes and licenses – Attach schedule.		.00	30B. Royalties from the use of patents, trademarks, etc.			.00
16. Interest		.00	30C. Income from estates, trusts, and partnerships			.00
17. Charitable Contributions		.00	30D. Income from construction, repair, etc.			.00
18. Depreciation – Attach schedule.		.00	30E. Other allocable income			.00
19. Depletion – Attach schedule.		.00	30F. Allocable expenses	( )		.00
20. Advertising		.00	30G. Net allocable income from Louisiana sources			.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00	31. Louisiana net income before loss adjustments – Add Line 29 and Line 30G.		<b>\$ 25,753</b>	.00
22. Other employee benefit plans		.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.

<b>Schedule F – Reconciliation of Federal and Louisiana Net Income</b> See Louisiana Revised Statute(s) 47:287.71, 47:287.73, and 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 <i>(See instructions.)</i>	
<b>2. Additions to federal net income:</b>	
a. Louisiana income tax	
b. Related members interest\intangible\management fee expenses or costs – From Form R-6950 <i>(See instructions.)</i>	
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit <i>(See instructions.)</i>	
d. Other additions – Attach schedule.	
e. Total additions – Add Lines 2a through 2d.	
<b>3. Subtractions from federal net income:</b>	
a. Bank dividends <i>(See instructions.)</i>	
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 <i>(See instructions.)</i>	
h. Compensation for disaster services <i>(See instructions.)</i>	
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 26.	



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.

<b>Schedule G-1 Computation of Franchise Tax Base</b>	
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.	
<b>Total Franchise Taxable Base</b>	
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"/>
<b>19. Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also, enter the total on Form CIFT-620, Line 5A. Round to the nearest dollar.</b>	

**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.



<b>Schedule H – Computation of Corporation Franchise Tax Property Ratio</b>		
	<b>Located Everywhere</b>	<b>Located in Louisiana</b>
	<b>1. End of Year</b>	<b>2. End of Year</b>
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 through 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)		



<b>Schedule I – Computation of Corporation Franchise Tax Apportionment Percentage</b>			
<b>Description of Items Used as Ratios</b>	<b>1. Total Amount</b>	<b>2. Louisiana Amount</b>	<b>3. Percent</b>
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 Form CIFT-620, Line 5B.			



<b>Schedule J – Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			<b>25,753.00</b>
2. Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$50,000 of net taxable income	<b>25,753.00</b>	x 3.5% =	<b>901.00</b>
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 Form CIFT-620, Line 2.			<b>901.00</b>

<b>Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> 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 Form CIFT-620, Line 2.			

<b>Schedule K – Summary of Estimated Tax Payments</b>				
	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				



