

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Inspection

ΑΙ	For th	2008 ca	lendar year, or tax year beginning $JUL 1, 2008$ and ending	JUN 30, 2009	<del></del>					
В	Check if	Please	C Name of organization	D Employer identifi	cation number					
		useins								
	Addre	ss label or print or								
	Name	e type	Doing Business As	58-1	925867					
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/st							
	Termi ation	Instruc-		(337	)237-2266					
	Amen	ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,639,267.					
	Application .	- 1	LAFAYETTE, LA 70502	H(a) Is this a group re	eturn					
	pendi	F Na	me and address of principal officer: VALERIE KELLER	for affiliates?	Yes X No					
			D. BOX 2747, LAFAYETTE, LA 70502	H(b) Are all affiliates inc	cluded? Yes No					
1.	Tax-ex	empt state	us: X 501(c) ( 3	If "No," attach a	list. (see instructions)					
J	Websi	te: WW	W.ACADIANAOUTREACH.ORG	H(c) Group exemption	n number					
K	Type of	organizatio	on: X Corporation	ear of formation: 1990	A State of legal domicile: LA					
Pa	art I	Summ								
_	1	Briefly de	scribe the organization's mission or most significant activities: TO PROVI	DE SHELTERS A	ND SUPPORT					
Activities & Governance			RDER TO HELP POOR AND HOMELESS PEOPLE RE							
r	2	Check th	is box I if the organization discontinued its operations or disposed of m	ore than 25% of its asset	s.					
o Ve	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	14					
ڻ مع	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	14					
SS	5		nber of employees (Part V, line 2a)	5	65					
ij	6		nber of volunteers (estimate if necessary)	6	1250					
ξį	7a		ss unrelated business revenue from Part VIII, line 12, column (C)	7a	0.					
⋖	1	-	ated business taxable income from Form 990-T, line 34	7b	0.					
			RECEIVED	Prior Year	Current Year					
	8	Contribut	rions and grants (Part VIII, line 1h)	2,582,362.	2,616,155.					
Revenue	9		service revenue (Part VIII, line 2g)	16,574.	11,445.					
δ	10		nt income ( ) t VIII ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	19,749.	11,072.					
æ		Otherre	enue (Part Vill column (A), lines 5, 6d, 8e, 9e, 10c, and 11e)	41,240.	595.					
	11			2,659,925.	2,639,267.					
	12		enue - add Innes 8 through 12 (mustle) (all Part VIII, column (A), line 12)	329,558.	605,572.					
	13		nd similar amounts pand (Part IX, column (A), lines 1-3)	349,330.	003,372.					
	14		paid to or for members (Part IX, column (A), line 4)	775 026	000 633					
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	775,936.	890,623.					
ë	1		nal fundraising fees (Part IX, column (A), line 11e)							
쫎	1		draising expenses (Part IX, column (D), line 25)  126,851.	1 500 700	1 050 100					
	1	-	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,528,790.	1,252,100.					
	18	•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,634,284.	2,748,295.					
. 0	19	Revenue	less expenses. Subtract line 18 from line 12	25,641.	-109,028.					
ls or				Beginning of Year	End of Year					
Sset	20		ets (Part X, line 16)	1,996,340.	1,945,915.					
Net Assets	21		Irties (Part X, line 26)	235,974.	246,101.					
칉	22		s or fund balances. Subtract line 21 from line 20	1,760,366.	1,699,814.					
LP:	art II		ture Block							
		Under pena and comple	lities of perjury, I declare that I have examined this return, including accompanying schedules and statemer Declaration of preparer (other than officer) is based on all information of which preparer has any knowlet	its, and to the best of my knowled; dge	ge and belief, it is true, correct,					
					1					
Sig	n		My CGO	6/1/	2010					
Her	e	,	nature of officer	Date						
			CHARD NEWTON, CEO							
		Тур	e or print name and title							
Dair	-	Preparer's	y opinosistent a rottoralite Addo	colf_ (see ins	er's identifying number structions)					
Paid		signature	BY 2 Day - CPA MAY 2 6 2010	employed >	0189066					
	parer's	Firm's name yours if		EIN ▶						
use	Only	self-employ								
		address, an ZIP + 4	LAFAYETTE, LA 70508	Phone no. ► 3	37-237-2266					
May	the II	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No					
	01 12-1		A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	WAITE & NETTERVILL						
			· Certified Pt	ione mecounitants (4 14)	MITU)					

114 Representative Row Lafayette, Louisiana 70508

	Checklist o	f Da	Cabadoda
Partiv	i taneckiist a	r maniliran	Schoninge
1 41	1 Oncombe o	ı i icquii cu	Ochicadica

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<del></del>	<b></b>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	_	l ູ ∣	
7	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b> '-		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	ا ا		<del></del>
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	- <del>``</del>		
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	37
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 24	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22 22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23		X
23 24a	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		Ī	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	_27		<u>X</u>
		Form	9 <b>9</b> 0 (2	2008)

#### Part IV | Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Х	
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
		Form	<b>990</b> (	2008)

832004 12-18-08

	The state of the s				,
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		<u> </u>		
	U.S. Information Returns. Enter 0- if not applicable	1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	4		]
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	4-	X	
0-	(gambling) winnings to prize winners?	ı <b>1</b>	1c	<u>├</u> ^	-
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 6	_		
_	filed for the calendar year ending with or within the year covered by this return		+	x	<del> </del>
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	<del>-</del>	2b	<del>  ^</del> -	-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	·	3a	├─	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	d by this return?	3b	$\vdash$	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over a	1.50	├	
<b>-</b> ••a	financial account in a foreign country (such as a bank account, securities account, or other financial	• •	4a		x
h	If "Yes," enter the name of the foreign country:	accounty:	70	<del> </del>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign I	Bank and			
	Financial Accounts.	Dank and	İ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<del> </del>	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	<b>-</b>	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	•	1-32	<del>                                     </del>	
	Tax Shelter Transaction?		5c	l	
6a	Did the organization solicit any contributions that were not tax deductible?	•	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	-	6b		i
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than \$75?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		İ	Ì	
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	ganization, have			
_	excess business holdings at any time during the year?		8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1		<b>-</b>
а	Did the organization make any taxable distributions under section 4966?		9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12	10a l			
	· ·	10a	┨		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter: N/A	10b	┥		
11	Gross income from members or shareholders	11a	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	r id	1		
U	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
	1007 O. No. 1110 dillioditt of tax oxidings interiors (10001100 of according to your \$17.44	_ <del></del> 1	Form	990 (	2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	ł	l	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b  1c		1 :	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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 in Schedule O	11		X
Sec	tion B. Policies	_		
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity duning the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
19	<u> </u>	nd fina	ncial	
19 20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual frustee or director		k all	that	Highest compensated employee	Ë	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOB GILES										
CHAIR	0.00	X		X	_	┡		0.	0.	0.
DAVID WILSON				١				1		_
VICE CHAIRMAN	0.00	X	_	Х		<u> </u>	<u> </u>	0.	0.	0.
ARTY WAGLEY	1	١,,		,,				_	_	
SECRETARY/TREASURER	0.00	X		X	$\vdash$	$\vdash$	_	0.	0.	0.
JOHN MILTON	1 0 00	x		ĺ		l		0.	0.	_
BOARD MEMBER PETE YUAN	0.00	₽		<u> </u>	<del> </del>	⊢	⊢	<u> </u>		0.
BOARD MEMBER	0.00	X						0.	0.	0.
KYLE LOVE	1 0.00	-		-	-	<del>                                     </del>	$\vdash$	•	<u> </u>	•
BOARD MEMBER	0.00	x						0.	0.	0.
ROB ROBINSON	1 333		-	-	-	╁	_			
BOARD MEMBER	0.00	x		ļ				0.	0.	0.
BETH ARDOIN		T		$\vdash$			$\vdash$			
BOARD MEMBER	0.00	X						0.	0.	0.
DONALD G. BRIGGS	_									_
BOARD MEMBER	0.00	Х						0.	0.	0.
BO BILLEAUD										
BOARD MEMBER	0.00	Х					L	0.	0.	0.
ANDY BEGNEAUD									_	_
BOARD MEMBER	0.00	X	_			<u> </u>		0.	0.	0.
DAVID CALLECOD		l								
BOARD MEMBER	0.00	X	_		_			0.	0.	0.
JIM MCGEHEE		,,	ľ	٠,				_		
EMERITUS	0.00	Х		Х	_	_	_	0.	0.	0.
VALERIE KELLER	1 40 00	v				x		00 001	0.	•
CEO HECTOR LASALA	40.00	X	$\vdash$			_		88,981.	U•	0.
BOARD MEMBER	0.00	x						0.	0.	0.
BOARD MEMBER	0.00	┢≏	$\vdash$					0.		
	1									

Form 990 (2008)

<u> </u>	(A)  Name and title	(B) Average			(0 Pos	C) ition	)	-	( <b>D)</b> Reportable	(E) Reportable			(F)	
		hours per week	rdirector	Institutional trustee			Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensatii from relate organization (W-2/1099-MI	d ns	comp fro orga and	ount o other censat om the anizatio I relate nizatio	ion e on ed
			_				_							
			_										<u></u>	
	Total								88,981.		0.			0.
2	Total number of individuals (including thos compensation from the organization	e in 1a) who re	ceive	ed n	nore	tha	n \$1	00,0	000 in reportable		<u> </u>		Yes	0 <b>N</b> o
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual									F	3		X
<b>4</b> 5	For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual	•	. [	4	$\dashv$	Х
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	on							[	5		X
1	Complete this table for your five highest countries the organization.	ompensated inc	eqet	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	ition fr	om	
	(A) Name and business	address						4	(B) Description of s	ervices	Co	(C) ompen		
		<u> </u>			<u>.</u>									
2	Total number of independent contractors (from the organization ▶	including those		I) wt	no re	eceiv	/ed r	nore	e than \$100,000 ın com	pensation				
	non the organization									<u> </u>	F	om 9	90 (20	 008)

Business Code

Program Service Revenue	2 a	RENT		531110	11,445.	11,445.		
	b	, <u> </u>						
	c							
ev.	d	d						
<u>6</u>	е	,						
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>•</b>	11,445.			
	3	Investment income (including	dıvıdends, ıntere	est, and		_		
į		other similar amounts)		<b>▶</b> [	11,072.	11,072.		L
	4	Income from investment of tax	x-exempt bond p	roceeds >				
ł	5	Royalties		▶				
1			(i) Real	(iı) Personal			<del>.</del>	
ļ	6 a	Gross Rents						
- 1	b	Less: rental expenses						
	c	: Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>		·		
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
}		assets other than inventory					I	
	b	Less: cost or other basis					I	
		and sales expenses					I	
	c	Gain or (loss)					<u>L</u>	
	d	Net gain or (loss)		<b>•</b>				
	8 a	Gross income from fundraising	g events (not					
ᇍ		ıncluding \$	of					l
<u>§</u>		contributions reported on line	1c). See		1			i
Other Revenue		Part IV, line 18	a					
ᇍ	b	Less: direct expenses	b					
۲	C	: Net income or (loss) from fund	Iraising events	. ▶				
-	9 a	Gross income from gaming ac	tivities. See					_
ŀ		Part IV, line 19	а					
ļ	b	Less: direct expenses	b					
	C	Net income or (loss) from gam	ing activities	<b></b>				
	10 a	Gross sales of inventory, less	returns					
]		and allowances	a	595.				

2639267.

Business Code

<u>595</u>,

595.

23,112.

0.

Form **990** (2008)

d All other revenue

Total. Add lines 11a-11d

11 a

12

832009 02-02-09 b Less: cost of goods sold

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		· <u>-</u>		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	605,572.	605,572.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		<del></del>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	818,433.	786,660.	31,773.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		· ·- · <u>-</u>		
10	Payroll taxes	72,190.	72,190.		
11	Fees for services (non-employees):				
а	Management .				
b	Legal				
C	Accounting .	13,096.	13,096.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	3,163.	3,163.		
12	Advertising and promotion .	10,652.	10,652.	65.606	
13	Office expenses	78,991.	11,305.	67,686.	
14	Information technology				
15	Royalties .	11 017	11 017		
16	Occupancy	11,817.	11,817.		
17	Travel	17,530.	17,530.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 465	10 465		
19	Conferences, conventions, and meetings	10,465.	10,465.		<u> </u>
20	Interest	1,785.	1,785.		
21	Payments to affiliates	90 (00	00 600		
22	Depreciation, depletion, and amortization	88,600.	88,600.		
23	Insurance	60,593.	60,593.		<u> </u>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	DONATED SUPPLIES/SERVIC	478,895.	478,895.		
b	FUNDRAISING	126,851.			126,851
С	UTILITIES	108,502.	108,502.		
d	CONTRACT LABOR	102,045.	102,045.		
е	OTHER PROGRAM COSTS	57,869.	57,869.		
f	All other expenses	81,246.	81,246.		
25	Total functional expenses. Add lines 1 through 24f	2,748,295.	2,521,985.	99,459.	126,851
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		į		

832010 12-18-08

Fa	1.	Dalance Sileet			· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	269,882.	1	417,650
		· · · · · ·	460,933.	2	175,429
	2 3	Savings and temporary cash investments	400,333.	3	127,738
	4	Pledges and grants receivable, net  Accounts receivable, net	220,005.	4	45,252
	_	· · · · •	220,003.	4	13,232
	5	Receivables from current and former officers, directors, trustees, key		_ ا	
	6	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
10	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges		9	56,393
	10a	Land, buildings, and equipment: cost basis   10a   1,868,041.		9	30,333
		Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b 744,588.	1,044,950.	10c	1,123,453
	11	Investments - publicly traded securities	1,011,550.	11	1,123,133
	12	Investments - other securities. See Part IV, line 11		12	<del>-</del>
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	570.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,996,340.	16	1,945,915
	17	Accounts payable and accrued expenses	50,200.	17	94,599
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s.	21	Escrow account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	185,774.	23	142,909
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	8,593
	26	Total liabilities. Add lines 17 through 25	235,974.	26	246,101
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.		İ	
ances	27	Unrestricted net assets	1,760,366.	27	1,699,814
	28	Temporanly restricted net assets		28	
5	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
Net Assets or Fund Ba	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
je	32	Retained earnings, endowment, accumulated income, or other funds		32	1
~	33	Total net assets or fund balances	1,760,366.	33	1,699,814
	34	Total liabilities and net assets/fund balances	1,996,340.	34	1,945,915
Pai	t XI	Financial Statements and Reporting			Yes No
_	_		اما		Tes No
1		unting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent a	ccountant?		2a X
		the organization's financial statements audited by an independent accountant?	nihildu fau	د. د. رس	2b X
С		s" to lines 2a or 2b, does the organization have a committee that assumes respons	=	audit	
0 -		w, or compilation of its financial statements and selection of an independent accou	* *	lo A··-	2c X
зa		result of a federal award, was the organization required to undergo an audit or audi	its as set forth in the Sing	Pe AUC	
<b>L</b>		nd OMB Circular A 133?	•	٠	
		s," did the organization undergo the required audit or audits?		-	3b   Form <b>990</b> (2008
o32011	12-18-	·Uo			1 OHH <b>330</b> (2008

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name or	ine organizati	ion						=		identilicati		er	
			IA OUTREACH C						58	3-1925	867		
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t.) (see ins	tructions)					
The organ	iization is not a	a private foundation	because it is: (Please ch	neck only <b>c</b>	ne organi	zation.)							
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in <b>s</b> e	ection 170	(b)(1)(A)(i	).					
2 🗀	A school des	cribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
з 🗀	A hospital or	a cooperative hosp	ital service organization	descnbed	ın section	170(b)(1)	<b>(A)</b> (iii). (At	tach Sche	dule H.)				
4 🔲	A medical res	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)(ii	i). Enter tl	he hospital	's name,		
	city, and stat	te:											
5 🗔	An organizat	on operated for the	benefit of a college or un	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in			
	section 170	(b)(1)(A)(iv). (Comp!	ete Part II.)										
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>sectic</b>	n 170(b)(	1)(A)(v).						
7	An organizati	on that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	oublic desc	ribed in		
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	nd gross re	ceipts froi	m	
	activities rela	ited to its exempt fu	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33	1/3% of its	support	from gross	investme	ent	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section	509(a)(2). (Complete	e the Part III.)		·		-	_					
10 🔲	An organizati	ion organized and o	perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4	<b>4).</b> (see ins	tructions)	)			
11 🔲	An organizati	ion organized and o	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes o	of one or		
	more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(a	2). See <b>se</b> e	ction <b>509</b> (a	a)(3). Che	ck the box	that		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I	ı <b>ь</b> 🗀	Type II d	с 🔲 тур	e III - Fund	ctionally in	tegrated		d 🔲	Type III - C	Other		
е 🗔	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	ner than		
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	}(a)(2).		
f		-	tten determination from t										
		rganization, check tl			-								
g		•	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing pers	sons?		•		
Ū	_		lirectly controls, either al			_					Yes N	0	
			upported organization?	_						11g(i)			
	-	• •	n described in (i) above?	•						11g(ii)		_	
	•	· ·	person described in (i) o		e?					11g(iii)		_	
h		•	about the organizations			pports.	-			<u></u>	·		
		J	· ·	•	•	, ,							
(i) Nama	of ourported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) An	nount of		
• •	of supported	(ii) EIN	organization	in col. (i) li	sted in your	organizat	ion in col.	organizátio (i) organiz	n in col. [		port		
V. 5.			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S.	.?"""		F		
			(see instructions))	Yes	No	Yes	No	Yes	No				
				1									
				1									
						1							
					1	Ī							
							1						
												_	
						1							
	_	·										_	
Total						[	}						
	Privacy Act an	nd Paperwork Redu	ction Act Notice, see ti	he Instruc	tions for f	Form 990.		Schedule	e A (Form	1 990 or 99	0-EZ) 20	<del>-</del> 80	

Pa	rt II Support Schedule for				0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(	vi)
	(Complete only if you checke	d the box on line (	5, 7, or 8 of Part I.	)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			-			
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			1			
	ızatıon's benefit and either paid to			1			
	or expended on its behalf			1			
3	The value of services or facilities		1			•	
	furnished by a governmental unit to						
	the organization without charge					<b>-</b>	<u> </u>
_	Total. Add lines 1 - 3					ļ	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				j		
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,			Ì	İ	•	
	column (f)						
6	Public Support. Subtract line 5 from line 4				<u> </u>		
	ction B. Total Support		<u>i</u>	<u> </u>		<del>!</del>	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(4) 200 .	(2) 2000	(0,2000	(4) 2007	(0) 2000	(i) rotal
8	Gross income from interest,				<del>-</del>		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				1		
9	Net income from unrelated business			-			
	activities, whether or not the				1		
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				<u></u>		
11	Total support. Add lines 7 through 10			<u> </u>			
	Gross receipts from related activities,	·	•	•		12	
13	First five years. If the Form 990 is for	•	s first, second, the	rd, fourth, or fifth 1	tax year as a section	on 501(c)(3)	
_	organization, check this box and stor	here		-	·	·	
	ction C. Computation of Publ					T T	·
	Public support percentage for 2008 (	,	•	column (f))		14	%
	Public support percentage from 2007				44 . 00 4 000	15	%
168	33 1/3% support test - 2008. If the c	_			14 IS 33 1/3% OF I	more, cneck this bo	x and
_	stop here. The organization qualifies		•		 d line 15 ie 22 1/20	/ or more abasic th	<b>▶</b>
D	33 1/3% support test - 2007. If the c				u III <del>0</del> 13 18 33 1/37	o or more, check tr	IIS DOX
17-	and stop here. The organization qual				o 13 162 or 16h	and line 14 is 100/	<b>₽</b> □ □
1/a	10% -facts-and-circumstances tes and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"		-	•	•	at iv now the organ	
	10% -facts-and-circumstances tes	•	•		ū	17a and line 15 in	. <b></b>
0	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ				•		, 
1Ω	Private foundation. If the organization		•				
-10	Trivate Ioundation, it the Organizatio	did flot offect a	JOA GITHING TO, TO	, , , , , , , , , , , , , , , , , , ,		adulo A (Form 000	

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,518,002 1,554,928 2,729,621 2,369,112. 2,623,765. 11,795,428. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 58,691 30,795. 20,930. 254,490 595. 365,501. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,613,619 2,760,416 2,538,932 2,623,602 2,624,360 12,160,929. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 12,160,929. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 2,624,360 1,613,619 2,760,416. 2,538,932 2,623,602 12,160,929. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,967. 19,480. 30,132. 36,323. 22,520. 110,422. and income from similar sources b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,967. 19,480. 30,132. 36,323. 22,520. 110,422. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 12,271,351. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five 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 99.1015 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage <u>.90</u> 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. 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 - 2007. 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 Schedule A (Form 990 or 990-EZ) 2008

#### Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

**Employer identification number** 

58-1925867 ACADIANA OUTREACH CENTER, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 24,589. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day 2 Held at the End of the Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 (i) Revenues included in 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 SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

832051 12-23-08

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

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 ACADIAN	A OUTREACH	CENTER,	INC.	58-19	925867 Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, or O	ther Similar Asse	ets (continued)
3	Using the organization's accession and other	r records, check any	of the following	that are a significant	use of its collection it	ems (check all
	that apply):					
а	Public exhibition	d	I 🔲 Loan or	exchange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations		_			
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organization's e	exempt purpose in Pa	rt XIV.
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasures, or other sin	nılar assets	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization	's collection?		Yes No
Par	t IV Trust, Escrow and Custodia	l Arrangements	. Complete if or	ganızatıon answered *	Yes" to Form 990, Pa	art IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.		_		
1a	Is the organization an agent, trustee, custoo	lan or other intermed	diary for contribu	tions or other assets	not included	
	on Form 990, Part X?			-		Yes No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table:			
						Amount
C	Beginning balance	_			1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Yes No
	If "Yes," explain the arrangement in Part XIV					
Par	t V Endowment Funds. Complete	ıf organizatıon answe	ered "Yes" to Fo	rm 990, Part IV, line 10	O	
		(a) Current year	(b) Pnor yea	r (c) Two years back	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Investment earnings or losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses .					
g	End of year balance					
2	Provide the estimated percentage of the year	ar end balance held a	as:			
а	Board designated or quasi-endowment		%			
b	Permanent endowment	%	<del>_</del>			
С	Term endowment ▶	%				
За	Are there endowment funds not in the poss	- ession of the organiz	ation that are he	eld and administered for	or the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?			3b
4	Describe in Part XIV the intended uses of th					
Par	rt VI Investments - Land, Buildin	gs, and Equipm	<b>ent.</b> See Form	990, Part X, line 10.		
	Description of investment	(a) Cost or o	ther (b)	Cost or other (c	) Depreciation	(d) Book value
	•	basis (investr	ment) ba	asis (other)		
1a	Land			167,158.		167,158.
	Buildings			869,691.	220,374.	649,317.
	Leasehold improvements			231,730.	110,536.	121,194.
	Equipment			38,095.	35,996.	2,099.
	Other .			561,367.	377,682.	183,685.
	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, colu	ımn (B), line 10(	c).)	<b></b>	1,123,453.

Schedule D (Form 990) 2008

under FIN 48. 832053 12-23-08

### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

Name of the organization	<del>* -</del>					Employer ide	ntification number
	A OUTREACH CENTER,	IN	C.			58-1925	
	. Complete if the organization answer			Form 990, Part IV.	line 1		
Indicate whether the organization rai     X Mail solicitations     Email solicitations     X Phone solicitations     In-person solicitations     A Did the organization have a written of the solicitation of the solicitations	sed funds through any of the following e Solicitation Solicitation of X Solicitation Special	ng acti tion of tion of fundra	vities. non-g gover aising	Check all that apply overnment grants nment grants events fficers, directors, tru	stees		X No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	lividuals or entities (fundraisers) purs e organization. Form 990-EZ filers are		_			undraiser is to	be
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fund have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		:					
Total  3 List all states in which the organization	an in registered or leanned to colust	i undo	ar boo	been petition to a		t from a postupitude	
S LIST dir States III WIIICH THE Organization	on is registered of itoerised to solicit		JI Has	Deel House & Ex	emp	Tiomregistration	on or licensing.
					-		
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for Fo	orm 990. S	chec	tule G (Form 9	90 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events PALATES & GOLF NONE (Add col. (a) through PATE ' TOURNAMENT col. (c)) (event type) (total number) (event type) 462,415. 26,306. 488,721. 1 Gross receipts 2 Less: Chantable contributions 462,415. 26,306. 488,721. 3 Gross revenue (line 1 minus line 2) 4 Cash prizes 5 Non-cash prizes Direct Expenses 35,398. 7,200. Rent/facility costs 42,598. 119,320. 7,531 126,851. Other direct expenses 169,449. 8 Direct expense summary. Add lines 4 through 7 in column (d) 319,272. 9 Net income summary. Combine lines 3 and 8 in column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash pnzes Rent/facility costs Other direct expenses Yes Yes Yes % No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 ACADIANA OUTREACH CENTER, INC. 58-19.	<u> 2586</u>	<u>7</u> Ра	ge <b>3</b>
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a %	<u>.</u>		
b An outside facility			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:		l	
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address:			
Name			
Address ►			
16 Gaming manager information:			:
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$	<u></u>		
Schedule G (Form 99	0 or 99	0-EZ)	2008

SCHEDULE I			Grants and	Grants and Other Assistance to Organizations.	e to Organizations	ú		OMB No	OMB No 1545-0047
			Governm	Governments, and Individuals in the U.S.	luals in the U.S.	ì			2008
Department of the Treasury nternal Revenue Service	asury Ice	Complete if the		n answered "Yes," on F. ▶ Attach to Form 990.	," on Form 990, P. m 990.	organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ➤ Attach to Form 990.		Open to	Open to Public Inspection
Name of the organization	ACADIANA	l "	CENTER, INC					Employer identification number 58-1925867	tentification number 58-1925867
Part   Gen	General Information on Grants and Assistance				•				
1 Does the c	Does the organization maintain records to substantiate the amount	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria use	criteria used to award the grants or assistance? Describe in Dart IV the organization's procedures for monitoring the use of grant funds in the United States	stance?	tary to ask off parac	ofiell odt er sterrit	Chator			X Yes	<b>£</b> □
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990. Part IV line 21, for any	Governments and	1 Organizations in the	United States.	o states	anization answered "	es" on Form 990. Part IV	/ line 21, for any	
recit	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	box if no one recipien	it received more th	ian \$5,000. Use Pa	art IV and Schedule I	1 (Form 990) if additional	space is needed	
1 (a) Name	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant se
2 Enter total	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations						
1,	For Privacy Act and Paperwork Reduction Act Notice, see the	ction Act Notice,		nstructions for Form 990.				Schedule I (Form 990) 2008	n 990) 2008

Page 2 (f) Description of non-cash assistance 58-1925867 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2008 ACADIANA OUTREACH CENTER, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 0 0 (d) Amount of non-cash assistance 0 291,780. 21,265. 287, 235, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 HOUSING ASSISTANCE FOOD FOR HOMBLESS MEDICAL SUPPORT Part III

Schedule I (Form 990) 2008

832102 12-18-08

## SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

➤ Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No 1545-0047

2008

pen To Public

Internal Reven	ue Service				UI F	orm 990-	-EZ, Part <b>v</b> , i	mes soa (	OI 40D.				ins	pection	
Name of t	he organizat	ion		_							E	mploye	r identif	ication i	number
							ENTER,					8-19	92586	<u> 7                                    </u>	
Part I	Excess	Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  mpleted by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V													
	To be com	pleted by	organization	s that	answ	ered "Yes	on Form 99	0, Part IV	, line 25a or	25b, or F	orm 99	0-EZ, Pa	art V, line	40b.	
1	1 (a) Name of disqualified person							<del></del>							rected?
	(a) Na	une or disc	quaimed pers	son			(b) Description of transaction							Yes	No
														<u> </u>	
														<u>.</u>	
														<u> </u>	
2 Enter	the amount of	of tax impo	sed on the o	organı	zatıon	manager	s or disqualifi	ed persor	ns during the	e year un	der				
	on 4958											▶ \$	·		
3 Enter	the amount of	of tax, if an	y, on line 2,	above	e, reiml	bursed by	y the organiza	ation				▶ \$	·		
(B=11)	1 4				4 1										
Part II			From Int							_					
		·	T				on Form 99	<del></del>		7			38a. proved	<del> </del>	
(a) Name of interested (b) Loan to or f person and purpose the organization					nal principal nount	(d) Bal	ance due	(e)		by b	oard or		ritten ment?		
· · · · · · · · · · · · · · · · · · ·				<u></u>	nounc					committee?					
	To From							Yes	No	Yes	No	Yes	No		
			<u> </u>							<del> </del>		<del> </del>	+		
			<u> </u>							ļ		-	<del></del>	-	
	<del></del>									<del> </del>		<del> </del>	+	<del>                                     </del>	
	<u> </u>	-				<b></b>						<del> </del>	<del> </del>		
										<del> </del>		<del> </del>	┼──	-	<u> </u>
Total							<b>▶</b> \$					┼╌─	1_	-	
Part III	Grants o	or Assis	ance Ber	refiti	na Ir	itereste	ed Person	s.		I	-	<u> </u>		1	
	J				_		on Form 99		line 27						
	(a) Name of in	·	<del>_</del>	<u> </u>	1		onship betwe			and	Τ	(c) Amo	unt of gr	ant or tv	
•	(4)					(D) HOIGH		ganızatıon		una		(5):	of assista	ince	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
											1		_		
					<del>                                     </del>						1-		_		
						·									
	-														
Part IV	Busines	s Transa	actions In	volv	ing li	nterest	ed Person	s.			_				
	To be com	pleted by	organizations	s that	answe	ered "Yes	on Form 99	0, Part IV,	lines 28a, 2	8b, or 28	c.				
(a) Name of interested person (b) Relationsh					s* on Form 990, Part IV, lines 28a, 28b, or 28c. hip between interested (c) Amount of					Descrip		(e) Sha organiz	ring of		
					d the organiz	ation	transa	ction		transac	tion	reven			
														Yes	No
ARTY I	WAGLEY				BOA	RD ME	EMBER			0	.ROU	ני ממי	ABLE		X
						_			ļ						
	-		·												
					<u> </u>						—				

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2008

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

ACADIANA OUTREACH CENTER, INC.

Employer identification number 58-1925867

FORM 990, PART VI, SECTION A, LINE 6: THIS ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: POTENTIAL BOARD MEMBERS ARE
IDENTIFIED AND SOLICITED BY BOARD MEMEBERS OR THE CEO, DURING THE NEXT
BOARD MEETING THE POTENTIAL BOARD MEMBER IS INTERVIEWED AND VOTED UPON BY
THE BOARD.
FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE TAX RETURN WAS
PROVIDED AND SIGNED BY THE CURRENT CEO, RICHARD NEWTON.
FORM 990, PART VI, SECTION B, LINE 12C: THE HANDBOOK, WHICH STATES THE
CONFLICT OF INTEREST POLICY, IS GONE OVER WITH EACH EMPLOYEE UPON HIRE.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON
REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ARTY WAGLEY
(D) DESCRIPTION OF TRANSACTION: ROUND TABLE REAL ESTATE CO., LLC IS
OWENED BY A BOARD MEMBER. A LEASE TO PURCHASE AGREEMENT WAS EXECUTED
BETWEEN ACADIANA OUTREACH CENTER AND ROUND TABLE REAL ESTATE CO., LLC.
TOTAL LEASE PAYMENTS PAID IN 2009 AND 2008 TOTALED \$13,956 AND \$11,625,
RESPECTIVELY. A LEASE TO PURCHASE AGREEMENT WAS EXECUTED AFTER BEING
BROUGHT TO THE BOARD FOR CONSIDERATION AND THE BOARD DETERMINED THERE WAS
NO BENEFIT TO THE MEMBER. SUBSEQUENT TO YEAR-END, THE BOARD MEMBERS TERMS
HAS ENDED.

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

Schedule O (Form 990) 2008