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Department of the Treasury

Internal Revenue Service

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

OMB No 1545-1150

A	For t	he 2008 calendar year, or tax year beginning \overline{AUG} $\overline{1}$, $\overline{2008}$ and ending \overline{JUL}	31, 2	2009
B	Check i applica Addri chan	use IRS	Employer it	dentification number
	Name Chan	pont or ACADEMIC DISTINCTION FUND		300995
	Initia retui	m	· •	
	Tem atıor	Instruction USSO UNITED THATE DEVO. OTHER SOT	(225)	922-4560
	retu⊪		Group Exer	•
		BATON ROUGE, LA 70809	Number -	
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Account		X Cash Accrual
_		Schedule A (Form 990 or 990-EZ). Other (sp		
!		ite: > WWW.ADFBR.ORG H Check >		ne organization is not
				ule B (Form 990, 990-EZ, or 990-PF)
ĸ	Check		iore man \$2:	5,000 A return is not
_		ed, but if the organization chooses to file a return, be sure to file a complete return nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	→ \$	229,052.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct		
E.E.	1	Contributions, gifts, grants, and similar amounts received	1	149,763.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,339.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
ā	3	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
e e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶□	\square	
Revenue	a			
28		reported on line 1) 6a 76,95	0.	
a	b	Less direct expenses other than fundraising expenses 6b 70,48		c 161
5	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,461.
	7a	Gross sales of inventory, less returns and allowances	_	
ב נו	þ	Less cost of goods sold	<u> </u>	
Ž	°	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) RECEIVED	7c	
Z 1	8	Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) <u>8</u> g	158,563.
SCANNED	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule)	10	130,303.
	11	Benefits paid to or for members	11	
(A)	12	Salaries, other compensation, and employee benefitsOGDEN, UT	12	
enses	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4	14	6,779.
Exp	15	Printing, publications, postage, and shipping	15	2,145.
	16	Other expenses (describe SEE STATEMENT 1) 16	495,471.
	17	Total expenses. Add lines 10 through 16	17	504,395.
w	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<345,832.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
As		(must agree with end-of-year figure reported on prior year's return)	19	409,034.
Šet	20	Other changes in net assets or fund balances (attach explanation)	20	62.202
-	21	Net assets or fund balances at end of year Combine lines 18 through 20	21 000 57	63,202.
Р	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Fol (See the instructions for Part II) (A) Beginning of your file Form 990 instead of Fol (See the instructions for Part II)		(B) End of year
0.0) Co.	246 6		42,041.
22 23		sh, savings, and investments 346, 60 and buildings	23	42,041.
24			59.24	35,086.
25		al assets 432,83		77,127.
26			88.26	13,925.
27		assets or fund balances (line 27 of column (B) must agree with line 21) 409, 0		63,202.
_	171	HAA For Privacy Act and Panerwork Reduction Act Notice see the Instructions for Form 900	7	Form 990-F7 (2008)

	11990-EZ (2006) ACADEMIC DISTINCTION FOND			14-	-1300	raye
	art III Statement of Program Service Accomplishme		Part III)		_	Expenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	r 7			(Requir	ed for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		7 and (4)	organizations and (1) trusts, optional
	vided, the number of persons benefited, or other relevant information for each pi				for other	rs)
	PROMOTION OF INNOVATION AND ACADEMI		FOR THE			
28	PROMOTION OF INNOVATION AND ACADEMI	C EXCEDIENCE	TOK THE			
	CHILDREN OF EAST BATON ROUGE PUBLIC		TI DI		1 1	
	PROVIDING GRANTS TO SCHOOLS AND TEA	ACHERS.				
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	$oxed{oxed}$	28a	251,042.
29						
					1 1	
				_	00-	
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30						
	(Grants \$) If this amount includes foreign of	grante check here			30a	
		grants, check here			1000	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>		31 a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	251,042.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the	Instruction	s for Part IV)
	M.K.F				ontribution	
		(b) Title and average hours	(c) Compensation	toe	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	
		position	-0)		eferred	other allowances
				com	pensation	1
	SEE STATEMENT 6					
		4				
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8321	72					- 000 F7 (2222)
12-1					Forr	n 990-EZ (2008)

P	Other Information (Note the statement requirements in the instructions for Part VI)			
•			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	ļ	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			İ
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			ĺ
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			i
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		į
39	Section 501(c)(7) organizations Enter			Ē.
а	Initiation fees and capital contributions included on line 9 39a N/A			ĺ
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-[
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ► 0 . , section 4912 ► , section 4955 ► 0 .			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Finter amount of tax on line 40c reimbursed by the organization 0 •			
			[
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-	3 7
	transaction? If "Yes," complete Form 8886-T	40e		_X_
41	List the states with which a copy of this return is filed NONE	022	1 5	<u>- </u>
42 a	The books are in care of ► JAN A. MELTON Telephone no ► (225)	922		<u> </u>
	Located at ► 8550 UNITED PLAZA, STE. 301, BATON ROUGE, LA ZIP+4 ► 7	080	9	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country		ļ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ŀ	v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
40	If "Yes," enter the name of the foreign country		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		Г	Vas	N.
4.4	Did the executation resistant and department funded to Mac I Form 000 and the constitution of		Yes	IAO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		ŀ	v
45	Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		-	Х
	completed instead of Form 990-EZ	45 Form 90	10 F7 (

Months organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offices? If Yes," complete Schedule C, Part II A	Part \	Section 501(c)(3) organizations only. All section 5 tables for lines 50 and 51	501(c)(3) organizations mus	st answer question	ns 46-49 and co	mplet	te the	
office? If "Yes," complete Schedule C, Part II 8 is the originatization engage an lothying activities? If "Yes," complete Schedule C, Part II 9 is the originatization perturbly activities of an exempt nor-charitable rolled organization? 9 is the originatization makes any transfers to an exempt nor-charitable rolled organization? 10 Complete this table for the five highest companisable employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "lone" (a) Name and address of each employee paid more than \$100,000 (b) Title and everage hours per week devoted to position than \$100,000 of compensation from the organization in the enter all interests in the enter than \$100,000 of compensation from the organization in the enter all interests in the enter all intere	46 Did		n behalf of or in opposition to	candidates for public			Yes	No
77 Did the organization engage in lobbying activities? If "Yes," completes Schedule C, Part II 8 Is the organization operating a School advestibed in section 1700(0/1/40/91 "Yes," complete Schedule E 98 Did the organization make any transfers to an exempt non-charitable related organization? 99 Did the organization make any transfers to an exempt non-charitable related organization? 90 Complete this table for the five highest complexed enginese (other than officers, directors, trustaes and key employees) who each received more than \$100,000 90 Complete this table for the five highest complexed enginese (other than officers, directors, trustaes and key employees) who each received more than \$100,000 10 Contributions 10 Tide and surrage hours per week dividud to passific the relative of the relative organization organizatio				parameter p		46		
8 is the organization operating a school as discribed in section 17(0)(1)(4)(4)(0)? If "Yes," complete Schedule E 49			dule C, Part II			47		X
### By Marke and address of each employee paid more than \$100,000 ### Obstantial number of other employees paid over \$100,000 ### None ### None ### None ### None ### None ### None ### Aman and address of each midependent contractor paid more than \$100,000 ### None ### None ### Aman and address of each midependent contractor paid more than \$100,000 ### None ###				ule E		48		X
b if Yes, was the related organization (s) a section S27 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours par week devided to position (c) Compensation (d) Compensation (e) Compensation (f) Contributions to amployee and more than \$100,000 (d) Title and average hours par week devided to position (e) Compensation (f) Compensation (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (g) Compensation (g) Compensation (h) Type of service (g) Compensation					49a		X	
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Title and average hours per week devoted to position (e) Compensation (f) Expense before the first shade for the five implete stompensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (g) Type of service (g) Type of service (g) Compensation (h) Type of ser						49b		
(a) Name and address of each employee paid more than \$100,000 NONE (a) Tries and average hours per week devoted to position (b) Compensation (c) Compensation	50 Con	nplete this table for the five highest compensated employees (other than o	fficers, directors, trustees and	key employees) who	each received m	ore tha	an \$10	000,0
1 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation otal number of other independent contractors each receiving over \$100,000 Under penalties of party. I address 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 the state of the property has any knowledge. Significant of officer Fige or point name and title Preparer's signature Postiletrivalite & NETTERVILLE Film's name (or yours address, and 2P+4 BATON ROUGE, LA 70809 Play the IRS discuss this return with the preparer shown above? See instructions NONE (c) Compensation (b) Type of service (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Type of service (c) Compensation (d) Type of service (c) Compensation (d) Type of service (d) Compensation (e) Compensation (d) Type of service (e) Compensation (d) Type of service (e) Compensation (e) Compensation (f) Type of service (c) Compensation (f) Type of service (c) Compensation (e) Compensation (f) Type of service (f) Com		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	(E	count	and
1 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation otal number of other independent contractors each receiving over \$100,000 Under penalties of party. I address 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 the property has any knowledge. Significant of officer Type or point name and title Preparer's signature POSTLETH ALTE & NETTERVILLE Ifim's name (or yours is selection) and the preparer shown above? See instructions Phone BATON ROUGE, LA 70809 Tay the IRS discuss this return with the preparer shown above? See instructions								
Under penalties of penalty, 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 company Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Dr. Mortis Jones Executive Director	51 Con	nplete this table for the five highest compensated independent contractors one, enter "None " NONE						
Under penalties of penalty, 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 company Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Dr. Mortis Jones Executive Director								
Under penalties of penalty, 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 company Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Dr. Mortis Jones Executive Director	Total num	ther of other independent contractors each receiving over \$100,000	•					
reparer's se Only Firm's name (or yours POSTLETHWAITE & NETTERVILLE It self-employed), address, and ZIP+4 BATON ROUGE, LA 70809 Ray the IRS discuss this return with the preparer shown above? See instructions X Yes No	Sign Here	Under penalties of penalty, I declare that I have examined this return, including according and correct, and consider Declaration of preparer (other than officer) is based on all informature of officer Dr. Mortis Jones Exe	ormation of which preparer has any	•	knowledge and bel	-		
Firm's name (or yours if self-employed), address, and ZIP+4 BATON ROUGE, LA 70809 Tay the IRS discuss this return with the preparer shown above? See instructions POSTLETRWATTE & NETTERVILLE Phone	Paid Preparer's	s C	6(5/1) emp		arer's Identifying Nu	mber (S	See Insti	·)
nay the IRS discuss this return with the preparer shown above? See instructions	USE UNIY	if self-employed), 8550 UNITED PLAZA BLVD,		Phone	e >	922-	-46	
	May the II				<u> </u>	7	$\neg \neg$	
				- · · ·	F			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 of the organization

ACADEMIC DISTINCTION FUND Employer identification number 72–1300995

Pa	rt I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)				
The	organ	ization is not	a private foundation	because it is: (Please cl	heck only c	ne organi	zation)						
1				es, or association of chu				(b)(1)(A)(i).				
2				70(b)(1)(A)(ii). (Attach So									
3				ital service organization			170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4				operated in conjunction							ne hospital's	s name,	
		city, and stat				_							
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	t describe	d ın		
		section 170)(b)(1)(A)(iv). (Compl	ete Part II.)									
6		A federal, sta	ate, or local governm	nent or governmental un	it describe	d ın sectic	n 170(b)(1)(A)(v).					
7	X	An organizat	tion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic descr	ibed in	
		section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8		A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizat	tion that normally red	cerves: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, and	d gross rec	eipts froi	m
		activities rela	ated to its exempt fu	nctions - subject to cert	aın exceptı	ons, and (2) no more	than 33	1/3% of its	support f	rom gross I	nvestme	nt
		income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anızatıon at	fter June 30), 1975.	
			509(a)(2). (Complete	·									
10	\square			perated exclusively to te									
11				perated exclusively for t									
				ations described in sect				2) See se e	ction 509(a)(3). Che	ck the box t	hat	
				organization and comp									
	$\overline{}$	a Type		/	с 🗀 Тур		-	_			Type III · O		
е				at the organization is no									
				than one or more public						∂(a)(1) or s	ection 509(a)(2)	
f				tten determination from	the IRS tha	atitisa Iy	pe I, Type	II, or Type	e III			г	\neg
			organization, check the							0			
g				organization accepted a							Γ	Yes N	
				directly controls, either a	ione or tog	etner with	persons o	escribea	ın (ii) ama (ili) below,		Yes N	<u>o</u> _
		_		upported organization?)						11g(i) 11g(ii)		—
		•	•	n described in (i) above? a person described in (i)		n?					11g(iii)		—
h		• •	•	about the organizations			norts				119(11)		
h		FIOVIDE LITE I	ollowing information	about the organizations	s the organ	ization sap	J PO113.						
			/m =	(III) Type of	(IV) Is the c	rganization	(v) Did yo	i notify the	(VI) IS	the	(mil) A m		_
(1)		of supported inization	(ii) EIN	organization		sted in your	organizat	ion in col	Forganizatio	on in col l	(vii) Amo supp		
	orga	11112411011		(described on lines 1-9 above or IRC section	governing	document?	(ı) of you	r support?	(ı) organiz U S	2	оарр		
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA	For P	rivacy Act an	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 990	-EZ) 200	80

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)

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.")	294,969.	489,236.	311,221.	234,314.	149,763.	1,479,503.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to		1							
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to					i				
	the organization without charge									
4	Total. Add lines 1 - 3	294,969.	489,236.	311,221.	234,314.	149,763.	1,479,503.			
5	5 The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6 Public Support. Subtract line 5 from line 4 1,479,503.										
	ction B. Total Support									
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
7	Amounts from line 4	294,969.	489,236.	311,221.	234,314.	149,763.	1,479,503.			
8	8 Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	6 510	10 240	25 501	11 061	2 220	62 661			
	and income from similar sources	6,512.	18,248.	25,501.	11,061.	2,339.	63,661.			
9	9 Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	150 704	150 405	101 743	172 240	76 050	745 171			
	assets (Explain in Part IV)	159,/24.	153,405.	181,743.	1/3,349.	76,950.	745,171.			
	Total support. Add lines 7 through 10					<u>.</u>	2,288,335.			
	Gross receipts from related activities,				<u> </u>	12	·			
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	_			
Sad	organization, check this box and stop ction C. Computation of Publi	here	rcentage							
-				oluma (fi)		14	64.65 %			
	Public support percentage for 2008 (I Public support percentage from 2007	• • • • • • • • • • • • • • • • • • • •	-	Oldffirt (1))		15	69.27 %			
	33 1/3% support test - 2008. If the c			line 13 and line 1	ا 1/1 is 33 1/3% or m					
IVa	stop here. The organization qualifies				14 13 33 173 70 01 11	ore, creek tris bo	► X			
Ь	33 1/3% support test - 2007. If the o		•		line 15 is 33 1/3%	or more check th				
	and stop here. The organization quali					or more, erreen ar	▶ □			
17a	10% -facts-and-circumstances test		• •		13, 16a, or 16b, a	nd line 14 is 10%	or more.			
	and if the organization meets the "fac	-								
	meets the "facts-and-circumstances"				•		▶□			
ь	10% -facts-and-circumstances test	•			-	7a, and line 15 is 1	10% or			
	more, and if the organization meets th									
	organization meets the "facts-and-circ				•		ightharpoons			
18	Private foundation. If the organization						<u>,</u> ▶□			
			•			dule A (Form 990				

Section A. Public Support Calendar year (or fiscal year beginning in)	Part III Support Schedule for 0	Organizations	Described in	Section 509(a	(Complete onl	y if you checked the	box on line 9 of Part I			
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandries sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but Amoutis included on lines 1, 2, and 3 received from disqualified persons but according to the standard of the paid to come from indicate on lines 2 and 3 server from other than dequalified persons but according to the standard of the paid of the standard of the sta				-						
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whether or not the business is regularly carried on										
 										
						 				
or loss from the sale of capital					}	1				
assets (Explain in Part IV) 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,		the organization's	s first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organ	nization.			
check this box and stop here				-, ,	,		▶□			
Section C. Computation of Public Support Percentage	Section C. Computation of Publ	ic Support Pe	rcentage			-				
15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15 Public support percentage for 2008 (I	ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	<u>%</u>			
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16						16	%			
Section D. Computation of Investment Income Percentage						 				
, , , , , , , , , , , , , , , , , , , ,	17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))									
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h					4 F to many About		<u>%</u>			
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							e i / is not			
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • L • 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							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) 20						· · · · ·	990 or 990-EZ) 2008			

17470614 757189 BACA100

FORM 990-EZ	OTHER EXPENSES		STATEMENT	_1
DESCRIPTION			AMOUNT	
GRANTS/SPECIAL PROJECTS			48,88	39.
TEACHERS NETWORKING TOGETHER			7,84	
FELLOWS PROGRAM			1,20	
MISCELLANEOUS			13,78	
EXXONMOBIL SCIENCE GRANT			5,25	
CRITICAL FRIENDS PROGRAM			11,92	
SAG EXPENSES			65,33	
TAKING STEPS TO LEADERSHIP PR	OGRAM		38,67	
GIVE KIDS GOOD SCHOOLS PROGRA			10,79	
OUTSIDE SERVICES			4,90	
DUES			3,16	
MAINTENANCE	•		4,54	
INSURANCE			4,42	
MEMBERSHIP			21	.5.
OTHER			4	0.
SUPPLIES			7,25	3.
PRIZES			5,06	8.
ACCOUNTING			8,50	3.
BENEFITS			10,22	11.
TELEPHONE			4,70	0.
INTERNET PROVIDER			1,56	0.
TRAVEL			5,69	3.
SALARIES			225,53	5.
OTHER CHANGES			< 64	6.>
RENT			6,59	2.
TOTAL TO FORM 990-EZ, LINE 16			495,47	1.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	
		 _		
ACCOUNTS RECEIVABLE		71,192.	26,89	
OTHER DEPRECIABLE ASSETS		14,967.	8,18	8.
TOTAL TO FORM 990-EZ, LINE 24		86,159.	35,08	ь.

FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE LEASE PAYABLE		22,527. 1,261.	13,600. 325.
TOTAL TO FORM 990-EZ, LINE 26		23,788.	13,925.
FORM 990-EZ OCCUPANCY, REN	IT, UTILITIES AND MA	AINTENANCE	STATEMENT 4
DESCRIPTION			AMOUNT
DEPRECIATION			6,779.
TOTAL TO FORM 990-EZ, LINE 14			6,779.

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					5
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?]]	YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• []	YES	[X]	NO

FORM 990-EZ PAI	TT IV - LIST OF TRUSTEES AND	OFFICERS, DIR	STATEMENT 6		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK			
CAREY J. MESSINA		CHAIR 2.00	0.	0.	0.
REGINA N. HAMILTON		VICE CHAIR 2.00	0.	0.	0.
PETER KOPFINGER		TREASURER 2.00	0.	0.	0.
LUKE GUARISCO		DEVELOPMENT 0	CHAIR 0.	0.	0.
MURPHY F. BELL JR.		PROGRAM CHAI	R 0.	0.	0.
WILLIE C. JOHNSON		IMMEDIATE PA	ST CHAIR	0.	0.
CHARLES W. MCCOY		CHAIR EMERIT	us 0.	0.	0.
WILLIAM L. JENKINS		HONORARY BOAL	RD MEMBER	0.	0.
KWAME I. ASANTE		DIRECTOR 2.00	0.	0.	0.
WILLIAM L. BENEDETTO		DIRECTOR 2.00	0.	0.	0.
TEE BROWN		DIRECTOR 2.00	0.	0.	0.
SHELTON DENNIS BLUNT		DIRECTOR 2.00	0.	0.	0.
MARY DURUSAU		DIRECTOR 2.00	0.	0.	0.
JASON R. EL KOUBI		DIRECTOR 2.00	0.	0.	0.

ACADEMIC DISTINCTION FUND			72-13	300995
JAMEY FIRNBERG	DIRECTOR 2.00	0.	0.	0.
GWEN P. HAMILTON	DIRECTOR 2.00	0.	0.	0.
DANIEL D. HOLLIDAY III	DIRECTOR 2.00	0.	0.	0.
ERNIE T. HUGHES, PH.D.	DIRECTOR 2.00	0.	0.	0.
PAM D. HUTCHINSON	DIRECTOR 2.00	0.	0.	0.
ANNA KATHYRNE KRONENBERGER	DIRECTOR 2.00	0.	0.	0.
STEVE LOUSTEAU	DIRECTOR 2.00	0.	0.	0.
JIM MARTIN	DIRECTOR 2.00	0.	0.	0.
NELL W. MCANELLY	DIRECTOR 2.00	0.	0.	0.
CHARLOTTE D. PLACIDE	DIRECTOR 2.00	0.	0.	0.
MATTHEW C. SAURAGE	DIRECTOR 2.00	0.	0.	0.
JEFFERY D. WRIGHT	DIRECTOR 2.00	0.	0.	0.
KEVIN D. FULLER	DIRECTOR 2.00	0.	0.	0.
MARY KAY BROWN	PAST CHAIR 2.00	0.	0.	0.
ROBERT E. WALES	PAST CHAIR 2.00	0.	0.	0.
CHARLES L. VALLUZZO	PAST CHAIR 2.00	0.	0.	0.
C. KRIS KIRKPATRICK	PAST CHAIR 2.00	0.	0.	0.

ACADEMIC DISTINCTION FUND			72-	1300995
KEVIN R. LYLE	PAST CHAIR 2.00	0.	0.	0.
BOBBY YARBOROUGH	PAST CHAIR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, 1	PART IV	0.	0.	0.

990-EZ PG 2

STATEMENT

7

PRIMARY EXEMPT PURPOSE IS TO ACT AS ADVISORY COUNCIL FOR THE ESTABLISHMENT AND OPERATION OF A PUBLIC SCHOOL GRANT PROGRAM USING FUNDS (INCOME) FROM A PERMANENTLY ENDOWED FUND WITH THE BATON ROUGE AREA FOUNDATION. THE BATON ROUGE AREA FOUNDATION MAINTAINS STEWARDSHIP AND RESPONSIBILITY FOR THE ENDOWMENT.

16

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

ACADEMIC DISTINCTION	FUND		FOR	M 99	90- <u>F</u>	EZ PAGE	1	72-1300995
Part I Election To Expense Certain Pro	perty Under Section 1	79 Note: If yo	u have any list	ted pro	perty,	complete Pan	V before	
1 Maximum amount. See the instructi	ons for a higher limit	for certain bi	ısinesses				1	250,000.
2 Total cost of section 179 property p							2	
3 Threshold cost of section 179 prope	3	800,000.						
4 Reduction in limitation. Subtract line	= -		r •0-				4	
5 Dollar limitation for tax year Subtract line 4 from	line 1 If zero or less, ente	r-0- If mamed file	ng separately, see	instructio	ons		5	
6 (a) Description of			(b) Cost (busine			(c) Electe	ed cost	
								_
								_
7 Listed property. Enter the amount fr	om line 29			L	7			_
8 Total elected cost of section 179 pro	operty. Add amounts	s ın column (d), lines 6 and	7			8_	
9 Tentative deduction. Enter the small	ler of line 5 or line 8						9	
10 Carryover of disallowed deduction fi	om line 13 of your 2	007 Form 45	62				10)
11 Business income limitation. Enter th	e smaller of busines	s income (not	less than zero	o) or lin	e 5		11	
12 Section 179 expense deduction. Ad	d lines 9 and 10, bu	t do not enter	more than lin	e 11 _		<u>-</u> _	12	
13 Carryover of disallowed deduction to					13	 		
Note: Do not use Part II or Part III below								
Part II Special Depreciation Allo	wance and Other D	epreciation	(Do not includ	de liste	d prop	erty.)		
14 Special depreciation for qualified pro-	operty (other than lis	ted property)	placed in sen	vice du	ring th	e tax year	14	
15 Property subject to section 168(f)(1)	election						15	
16 Other depreciation (including ACRS)							16	6,779.
Part III MACRS Depreciation (Do	not include listed p							
			ction A					T
17 MACRS deductions for assets place	ed in service in tax ye	ears beginnin	g before 2008				_ 17	<u>' </u>
18 If you are electing to group any assets placed in								
Section B - Asse	ets Placed in Service		depreciation			nerai Depreci	ation Sys	stem
(a) Classification of property	(b) Month and year placed in service	(business/in	vestment use instructions)	(d) Re	ecovery enod	(e) Convention	(f) Method	d (g) Depreciation deduction
19a 3-year property								
b 5-year property							ļ	
c 7-year property			-					
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25	yrs.		S/L	
h Residential rental property	/			27.5	5 yrs.	MM	S/L	
- Hesiderital Territal property	//			27 5	5 yrs.	MM	S/L	
i Nonresidential real property	/			39	yrs.	MM	S/L	
	/					MM	S/L	
Section C - Asset	s Placed in Service	During 2008	Tax Year Us	ing the	Alter	native Depre	T	ystem
20a Class life							S/L	
b 12-year					yrs.		S/L	
c 40-year	/	<u>L</u>		40	yrs.	MM	S/L	
Part IV Summary (See Instructions								
21 Listed property. Enter amount from							21	
22 Total. Add amounts from line 12, line								6 770
Enter here and on the appropriate lin	es of vour return P.	artnerships ai	nd S corporati	one . e	ee inet	r.	22	6,779.
23 For assets shown above and placed	· ·	-	-	0113 - 3	1			<u>:</u>
•	in service during the	-	-					
portion of the basis attributable to se 816251 11-08-08 LHA For Paperwork Reduct	in service during the ection 263A costs	e current yea	, enter the		23			Form 4562 (2008)

Fo	rm 4562 (2008 <u>)</u>	_ ACA	DEMIC D	ISI.	TNCTT	<u>.ON</u>	F.	<u> </u>					_/2-	<u>-1300</u>	995	Page 2
P	recreation, or a Note: For any through (c) of	amusement) vehicle for wi	hich vou are u	sina the	e standar	d mil	eaae	e rate o	•				•	•		
	ction A - Depreciation a								ımıts fo	or passeno	er autoi	mobiles.)				
	a Do you have evidence to s				_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ye		No					ten?	Yes	No
246		(b)	(c)	111 436 6				(e)		(f)		(g)		(h)	$\overline{}$	(i)
	(a) Type of property	Date	Business/		(d) Cost or	-		s for depr		Recovery		thod/		eciation	Ele	cted
	(list vehicles first)	placed in service	investment use percentag	_{le} o	ther basis		(busi	ness/inve use only		period		vention		uction		on 179 ost
	Special depreciation alle	ــــــــــــــــــــــــــــــــــــــ	_ _		v placed	In co	an/Ic	e durin	a the t	ay vear an	L				<u> </u>	
23	used more than 50% in			Jiopeit	y placed	111 30) Y I C	C during	g ino ii	ax your an	•	25	Į			
26	Property used more that			ess use	.•	_							L		h	***********
20	Troporty asses more tha		9		<u> </u>											
	·····	 	9		_								-			
				6	_											
7	Property used 50% or le	ace in a quali				1				L			l			
	Froperty used 5070 or it	Jos III a quali	9								S/L -					
		-	9	_							S/L·		<u> </u>			
				6		$\overline{}$					S/L·	_			ĺ	
٠.	Add amounts in column	/b) lines 25			ro and on	السلام	21			L	[<u>0</u> /L -	28				
	Add amounts in column		-				۷۱,	page i					L	29		
<u> </u>	Add amounts in column	(I), III e 20. E			7, page B - Infor		ion (on Hea	of Veh	nicles				1 20	<u> </u>	
_	1 4 41	1.4-1										d ======				
fу	mplete this section for verous provided vehicles to yose vehicles.	our employe	es, first answe	rietor, p er the q	uestions	in Se	ectic	on C to	see If y	owner, c	in excep	otion to d	ompleti	ing this s	ection fo	or
					(a)		(b)		(c)	(d)		e)	(1	
30	Total business/investment	miles driven di	uring the		hicle		Vehi	-	l v	ehicle	Vet	ncle	Vet	nicle	Veh	ıcle
_	year (do not include com		Ů													
31	Total commuting miles		the vear		_											
	Total other personal (no	_													_	
	driven	J	,													
33	Total miles driven during	the vear							1		-	-				
	Add lines 30 through 32	-														
14	Was the vehicle availab		al use	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	,														
35	Was the vehicle used p	rımarıly by a ı	more													
	than 5% owner or relate															
36	Is another vehicle availa	•	nal		T											
	use?														.	
		Section C	- Questions for	or Emp	lovers W	/ho F	Prov	ide Vet	icles 1	for Use by	Their I	mploye	es			
۱ns	swer these questions to			-	-									re not m	ore than	5%
	ners or related persons.	,		,			•				,					
	Do you maintain a writte	en policy stat	ement that pro	hibits a	all persor	nal us	se of	f vehicle	es, incl	luding con	muting	, by your			Yes	No
	employees?	. ,	·		·					•						
8	Do you maintain a writte	en policy stat	ement that pro	hibits i	personal	use	of ve	ehicles,	excep	t commuti	ng, by y	our				
	employees? See the ins															
19	Do you treat all use of ve															
	Do you provide more that					nforr	natio	on from	your e	employees	about					
	the use of the vehicles,		-						•				-		L	
1	Do you meet the require					mons	strat	ion use	?				•			
-	Note: If your answer to 3									overed ve	hicles					
p.	art VI Amortization	, , , , •														
2	(a)	<u>.</u>		(b)			c)		T	(d)		(e)			(f)	
	Description of	costs		mortization egins		Amor	tızablı ount	e		Code section		Amortizat penod or pero		An for	nortization r this year	
2	Amortization of costs th	at begins du			ar											
_																

Form **4562** (2008)

43 Amortization of costs that began before your 2008 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43

44

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization COGS (Including Information on Listed Property)

➤ See separate instructions.
➤ Attach to your tax return.

OMB No 1545-0172 2008

Attachment

Name(s) shown on return

Business or activity to which this form relates

identifying number

ACADEMIC	DISTINCTION	FUND		FOF	RM 9	90-1	EZ COGS		72-1300995
	ion To Expense Certain Prope		79 Note: If yo	u have any lis	sted pi	roperty,	complete Part	V before	you complete Part I.
	mount. See the instructions				•		<u> </u>	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)									
3 Threshold cost of section 179 property before reduction in limitation									800,000.
4 Reduction is	n limitation Subtract line 3	from line 2 If zero	or less, ente	er -0-				4	
5 Dollar limitation	for tax year Subtract line 4 from line	e 1 If zero or less, enter	-0- If marned fil	ing separately, se	e instruc	tions		5	
6	(a) Description of pi	roperty		(b) Cost (busin	ness use	only)	(c) Electe	d cost	_
									-
									-
									_[
						-			4
7 Listed prop	erty. Enter the amount from	n line 29				7			_
8 Total electe	d cost of section 179 prope	erty. Add amounts	ın column (d	c), lines 6 and	17			8	<u> </u>
	eduction. Enter the smaller							9	
	f disallowed deduction fron							10	
	come limitation. Enter the s					ine 5		11	
	expense deduction. Add l				ne 11		<u> </u>	12	
	f disallowed deduction to 2				<u> </u>	13		_	
	se Part II or Part III below fo								
Part II Sp	ecial Depreciation Allowa	ince and Other Do	epreciation	(Do not inclu	de list	ed prop	perty.)		<u></u>
	reciation for qualified prope		ted property)	placed in se	rvice c	luring th	ne tax year	14	
15 Property su	bject to section 168(f)(1) ele	ection						15	
	ciation (including ACRS)						_	16	<u></u>
Part III MA	ACRS Depreciation (Do no	ot include listed pr			.)				
				ction A				1	
17 MACRS dec	ductions for assets placed i	ın service in tax ye	ars beginnin	g before 200	8			¬ <u>17</u>	
18 If you are electing	ng to group any assets placed in ser							tion from	
	Section B - Assets	(b) Month and		r depreciation				lion Sys	tem
(a) Cla	assification of property	year placed in service	(business/ir	ivestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year p	roperty	_			<u> </u>			ļ	<u> </u>
b 5-year p	roperty	_			ļ				
c 7-year p	roperty	_			ļ				
d 10-year	property				<u> </u>				
<u>e</u> 15-year	property								
f 20-year	property	_			ļ				
g 25-year	property			 .	2	5 yrs		S/L	
h Pooldon	tial raptal property	/			27	7 5 yrs.	MM	S/L	
h Residen	tial rental property	/ /			27	'.5 yrs.	MM	S/L	
: Naaraa	dential real property	/			3	9 yrs _	MM	S/L	
i Nonresi	<u> </u>	/					MM	S/L	
	Section C - Assets F	Placed in Service	During 2008	3 Tax Year U	sing t	ne Alte	rnative Depre	iation Sy	rstem
20a Class life	e	_			L			S/L	
b 12-year			. <u>-</u>		1	2 yrs.		S/L	
c 40-year		/			4	0 yrs.	MM	S/L	<u> </u>
Part IV Su	mmary (See instructions.)								
21 Listed prope	erty. Enter amount from line	e 28						21	
22 Total. Add a	amounts from line 12, lines	14 through 17, line	es 19 and 20) ın column (g), and	line 21.			
Enter here a	nd on the appropriate lines	of your return. Pa	rtnerships a	nd S corpora	tions ·	see ins	tr	22	0.
23 For assets s	hown above and placed in	service during the	current yea	r, enter the					
portion of th	e basis attributable to sect	ion 263A costs				23			

•	Listed Proper recreation, or a Note: For any through (c) of	vehicle for wh	nich you are u of Section B.	sing the and Se	standar ction C i	rd mileag f applica	ge rate o able	r dedu	cting leas	e expen	se, com	olete on	l y 24a, 2	4b, colui	nns (a)
Sec	tion A - Depreciation a							imits fo	or passeng	ger auto	mobiles)			
	Do you have evidence to :	 			_		es [□ No	24b If "Y				ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	/bu	(e) sis for depr siness/inve use onl	stment	(f) Recovery period		(g) ethod/ evention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179 ost
	Special depreciation all			propert	y placed	ın servi	ce durin	g the t	ax year an	nd					
	used more than 50% in				_						25	<u> </u>		<u> </u>	
<u>26</u>	Property used more that	ın 50% ın a qı	ualified busin	ess use					1	т			_	т —	
		<u> </u>		%	_							 -		-	
				%						-		 -		-	
	D			%					l	l		J		<u> </u>	
<u>27</u>	Property used 50% or le	ess in a qualit							Ī -	S/L -				7	,
				% %						S/L -		 	-	1	
		 		% %						S/L -		 		1	
	Add amounts in column	/h) lines 25 t			ra and or	n line 21	nage 1		L	LO/L	28	<u> </u>		†	
	Add amounts in column Add amounts in column						, page i						29	-	
29	Add amounts in column	i (i), iiile 20 Ei			<u>r, page</u> B - Infoı		on Use	of Vet	nicles	_					
lf yo	nplete this section for ve u provided vehicles to y se vehicles.	ehicles used byour employee	oy a sole propes, first answ	er the q	uestions	in Secti	on C to	see If y	ou meet	an exce	ption to	complet	_		
				1	(a)	1	b)		(c)	1	(d)	1	e)	(1	
	Total business/investment		iring the	Vel	hi <u>cle</u>	Vel	hicle	l v	'ehicle	Ve	<u>hicle</u>	Vei	nicle	Veh	icie
	year (do not include comi							-		-		 			
	Total commuting miles	-	-		_			-		 		 			
	Total other personal (noncommuting) miles driven		miles										·		
33	Total miles driven during	g the year.		ļ											
	Add lines 30 through 32	2				<u> </u>	_	<u> </u>	T				т	 1	
	Was the vehicle availab	le for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				 	 	<u> </u>		_		 	<u> </u>	 	-	
	Was the vehicle used p		nore		i										
	than 5% owner or relate	•	1		 	<u> </u>	<u> </u>			-	 	 			
	ls another vehicle availa	tole for persor	naı									İ			
	use [?]	Section C -	· Questions 1	or Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their	Employ	905			
۸۵۵	wer these questions to			-	-								re not m	nore than	5%
	ers or related persons.	determine ii y	ou moct an e	лосрио	11 10 0011	ipiciing .	50011011	D 101 1	01110100 00		111010100			ioro tricari	0,0
37	Do you maintain a writte	en policy state	ement that pr	ohibits a	all perso	nal use o	of vehicl	es, inc	luding cor	nmuting	, by you	r	-	Yes	No
	employees?	a a alique atata	amont that no	obibito :	ooreenal	uco of s	objeles	evcon	t commut	ing by	VOLIK				
	Do you maintain a writte employees? See the ins										your				
	employees > See the ins Do you treat all use of v					ilicers, c	iii c ctors	, 01 170	or more	OWINGIS					
	Do you provide more th	•				ınformat	ion from	vour e	emplovees	s about					-
	the use of the vehicles,							.,	J, 1. J . J . J . J						
	Do you meet the require					monstra	ition use	?							
	Note: If your answer to								overed ve	hicles					
	rt VI Amortization														
	(a) Description o	f costs	Date	(b) amortization		(c) Amortizat amount	ole		(d) Code section		(e) Amortiza penod or per		A	(f) mortization or this year	_
42	Amortization of costs th	at begins dur	ing your 2001	begins 3 tax vea	⊥						Forton or put	mgv			
TE /	orazadon or oosis tr	vogino dui		,	<u> </u>				<u> </u>						
				• • • •				+							
43	Amortization of costs th	at began befo	ore your 2008	tax vea	ar							43			
	Total. Add amounts in o	_	•	-		report						44			

BACA1001

			Page :
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II	and check this bo	ox	► X
Note. Only complete Part II if you have already been granted an automatic 3-month extension or	n a previously filed	Form	8868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file	e the original (no c	opies i	needed).
Name of Exempt Organization		Emp	oloyer identification number
Type or print ACADEMIC DISCUINCTION FUND		,	1200005
ACADEMIC DISTINCTION FUND		1	2-1300995
Number, street, and room or suite no. If a P.O. box, see instructions. 8550 UNITED PLAZA BLVD., STE 301		For I	RS use only
city, town or post office, state, and ZIP code. For a foreign address, see instructions BATON ROUGE, LA 70809	3.		
Check type of return to be filed (File a separate application for each return). X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above)	Form 1041-A [Form 4720 [orm 5227 Form 8870 orm 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month exten	sion on a previou	sly file	ed Form 8868.
JAN A. MELTON The books are in the care of ▶ 8550 UNITED PLAZA, STE. 301 — Telephone No. ▶ (225) 922-4560 FAX No. ▶ If the organization does not have an office or place of business in the United States, check the lift this is for a Group Return, enter the organization's four digit Group Exemption Number (GENDOX ▶ If it is for part of the group, check this box ▶ and attach a list with the name I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning AUG 1, 2008 If this tax year is for less than 12 months, check reason: Initial return State in detail why you need the extension	us box N) If th nes and EINs of all 	is is fo	► □
	, less any	8a	\$
		Ua	<u> </u>
nonrefundable credits See instructions	nd estimated	1	
nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits an			
nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and tax payments made. Include any prior year overpayment allowed as a credit and any amount		8b	
nonrefundable credits See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and tax payments made. Include any prior year overpayment allowed as a credit and any amount previously with Form 8868	int paid	8b	\$
nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and tax payments made. Include any prior year overpayment allowed as a credit and any amount	unt paid uired, deposit	8b 8c	\$ N/A

Title 🕨

Form **8868** (Rev **4-**2009)

Date 🕨

Signature 🕨

Form 8	868 (Rev 4-2009)		Page 2							
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c	heck this bo	ox							
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a pre	viously filed	Form 8868.							
• If yo	● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).										
Туре	Name of Exempt Organization		Employer identification number							
print File by th	ACADEMIC DISTINCTION FUND	72-1300995								
extended due date fling the	for 8550 UNITED PLAZA BLVD., STE 301	For IRS use only								
return S	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 6069										
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension o	n a previou	sly filed Form 8868.							
JAN A. MELTON • The books are in the care of ▶ 8550 UNITED PLAZA, STE. 301 - BATON ROUGE, LA 70809 Telephone No. ▶ (225) 922-4560 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box										
	request an additional 3-month extension of time until JUNE 15, 2010.	_								
			JUL 31, 2009							
	f this tax year is for less than 12 months, check reason: Initial return Final restate in detail why you need the extension	etum	Change in accounting period							
-										
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a nonrefundable credits. See instructions.	ny	8a \$							
b f	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estir	nated								
	ax payments made. Include any prior year overpayment allowed as a credit and any amount pak	d								
_	previously with Form 8868	. :	8b \$							
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, d vith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in		8c s N/A							
	Signature and Verification	istructions.	60 3 1772							
	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statement, correct, and complete, and that I am authorized to prepare this form	its, and to the	alalin							
Signatu	re (andlece C. Mught Title > C/A		Date > 3/12/10							
	()		Form 8868 (Rev. 4-2009)							

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Form **8868**' (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

THOMAS TOTAL C		▶ X
 If you are f 	iling for an Automatic 3-Month Extension, complete only Part I and check this box iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unless you have already been granted an automatic 3-month extension on a prev	e 2 of this form).
	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete
•		▶
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request an extension of
one of the re electronically returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	Academic Distinction Fund, Inc.	72-1300995
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. c/o Jan Melton 8550 United Plaza, Suite 301	
filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baton Rouge, LA 70809	
Check type o	f return to be filed (file a separate application for each return):	
Form 99		m 4720
Form 990		m 5227
Form 990		m 6069
Form 990	-PF Form 1041-A For	m 8870
The books Telephone	are in the care of ► Entity No ► FAX No. ►	
If this is for for the whole (. [7]	. If this is and attach a list with the
1 I reque	st an automatic 3-month (6 months for a corporation required to file For $3-15$, to file the exempt organization return for the organization ganization's return for.	m 990-T) extension of time named above. The extension is
X	tax year beginning Aug 1 , 2008 , and ending July 31	, 2009 .
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions.	less any 3a \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	
	clude any prior year overpayment allowed as a credit.	36 \$ -0-
with FT	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, occupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systems).	m). See
Caution. If you	ns are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0	3c \$ O and Form 8879-EO
for payment in		
	et and Pananyark Reduction Act Nation see Instructions	Form 8868 (Pey 4-2009)