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## **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

Depa Inter	artment of nal Revenu	the Treasury se Service		► The organization	may have to use	a copy of this retu	rn to satisfy	state reportu	ng requiren	nents	Ор	en to P	ublic Ins	pection
_	For the	2009 calenda	r year,	or tax year beginn	ing Janua	ry 1	, <b>200</b> 9, a	ınd ending	Dec	ember	31	, 200	9	
	Check if a	pplicable		C Name of organizat					-	D Employ	er Ide	ntification	Number	
	Addre	ess change   II	ease use RS label	Sowela Tech	nnical Co	mmunity C	college	Found	ation	58-	197	3743		
	Name		or print or type	Number and street	t (or PO box if m	nail is not delivered	to street add	r) Room/sui	te	E Telepho	one nu	mber		
	Initia		See specific	3820 Sen J	Bennett	Johnson i	Ave	<u> </u>		(33	7)	491-2	698	
	Term	ination	Instruc- tions	City, town or coun	itry		State 2	ZIP code + 4						
	Amer	nded return		Lake Charle	es		LA	70615		<b>G</b> Gross r	eceipts	\$ 63	2,083	
	Appli	cation pending F	Name a	and address of principal	officer					a group retur			Yes	X No
		R	andy	Robb 3820 Senat	tor J Bennett	Lake Char	les LA	70615-682	l(b) Are all 'If 'No.'	affiliates inc attach a list	luded? (see ii	nstructions	Yes	∐ No
1_	Tax-e	xempt status	X 501	(c) (3 ) <b>◄</b> (	(insert no )	4947(a)	(1) or	527			(		,	
J	Webs	ite: ► N/A								exemption n	umber	<u> </u>		
K		organization	Corpora	ation Trust	Association	Other ►	L Ye	ar of Formation	on 199	1 M s	State o	f legal dom	ucile LA	
Pa	art I	Summar												
				janization's missio								estin	<u>a'                                    </u>	
é	_a	nd admin	ister	ing propert	y to mak	e expendi	tures_	to sup	port	progra	<u>m</u> _		<b>-</b>	
Jan	_				<del>_</del> .	<b></b>	<b>-</b> -			<b></b> -			<b></b>	
Governance		<del></del>										<b>_</b> _	<del>-</del>	
g		heck this box		if the organization bers of the govern			or alspos	sea or more	e than 2:	o% of its a	355e	31		
∞ ∞				t voting members			VI, line 1	b)			4	31		
Activities &	1		-	yees (Part V, line	_	3 , ( -	,	,			5			
ct.	1		-	eers (estimate if n							6	31		
ď				ousiness revenue f			ine 12				7 8			0.
	b N	et unrelated b	usiness	taxable income f	rom Form 990	)-T, line 34			т		7t	+		
									F	Prior Year		c	urrent Ye	
ō				ts (Part VIII, line						49,6	563.	·	593,	,274.
Revenue				ECENVE He		7-1				00 1	210	<del> </del>	20	900
æ				act_VIII, column (A			10)		-	88,3	319.			,809.
	11 O	otal revenue	Part V	II, column (A), lin des githrogghin 1 (	(miss equal F	ext VIII colum	n(Δ) line	12\		137,9	982	<del> </del> -	632	,083.
				ounts paid (Part I)			11 (/1), 11110	12)		11,				,000.
				members (Part IX								<del>-</del>		
	15 S	alaries other		rsation, employee	henefits (Pai	rt IX. column (	A) lines 5	-10)				<u> </u>		
Ses				ng fees (Part IX, co			.,,oo o	. 0,		15,0	078			
Expenses				•			1 4	5,996.		10,		1		
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	+	evenue less e	xpense	s Subtract line 18	s from line 12				<del> </del>			1		<u>,036.</u>
Not Assets or Fund Balancos										nning of \ 2,999,0			nd of Ye	
Belo	20 T	otal assets (P							<b> </b>	2,999,	JIZ.	+	3,456	, 040.
2 P	21 T	otal liabilities	•	-					<b> </b>		010		2 450	040
	∣22 N artII	Signatur		ances Subtract lin	ne 21 from lin	e 20			1	2,999,	JIZ	•	3,456	,040.
IF	artii	<del></del>								11 11 2 5 2 2				
		Under penalties of true, correct and	of perjury complete	I declare that I have ex Declaration of prepare	tamined this return or (other than offic	n, including accomp er) is based on all	anying sched information o	fules and state f which prepa	ements, an rer has any	knowledge	or my	knowieage	and belief,	It IS
Sic	an	<b> </b> ► \<	(	120C	)				11	0451	17	010		
He		Signature of	officer	al America						ate	<u> </u>	-		
		Randy	Robb	0										
		Type or print												
							Da	ate		Check if		Preparer's	identifying	number
Pa	nid		-17							elf employed	- 1 11	(300	,	
Pr	e-	Preparer s signature	► Xon	ald J. Walk	er III,	CPA	1	1/12/10	o _					
	rer's	Firm's name (or	<del>-/</del> -		MPANY			<u> </u>		·				
Us	se 1ly	yours if self employed).	<u> </u>	3 W. Prien		d				IN ►	_			
U	пу	address, and ZIP + 4		e Charles		LA	70601	<u> </u>	F	Phone no	(3	37) 4	78-790	)2
— Ma	v the IR	<u> </u>		with the preparer	shown above	? (see instruct	ions)					X	Yes	No
				rwork Reduction				ons.		TEEA0101	07/	20/09	Form 99	0 (2009)

	990 (2009) Sowela Technical Community College Foundation	58- <u>1</u>	97374	3		Page <b>2</b>
Par	t III Statement of Program Service Accomplishments					
	Briefly describe the organization's mission					
	Ensuring educational excellence at Sowela Technical Community Co.	llege			-=-	
	by providing scholarship, activities in research, or other design	nated				
	benefits for the college and it faculty, staff, and students.					
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?		П	Yes	$ \mathbf{x} $	No
	If 'Yes,' describe these new services on Schedule O				_	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	vices?		Yes	x	No
•	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt ournose achievements for each of the organization's three largest program services	by expens	ses Sec	tion 5	01(c)(	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	dallocation	ns to oth	ers, th	ie tota	al ´
	expenses, and revenue, if any, for each program service reported					
4a	(Code ) (Expenses \$ 133,674. including grants of \$ 35,000.)	Revenue	\$	5	0.1	97.)
	Scholarships to technical higher education students and faculty.					
						<b>-</b>
			- <b></b> -			
4 h	(Code ) (Expenses \$ including grants of \$)	Revenue	s			)
7.0	Today Table 1					
					<b>-</b>	
		<del>-</del>				
40	(Code) (Expenses \$ including grants of \$)	Revenue	Ś			)
70	TOOLE	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·			
				•		
						<b>-</b>
		<b>_</b>				
				- <b>-</b> -		
40	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>			)	
4e	Total program service expenses ► 133, 674.					

			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	х					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		_X_				
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>X</u>				
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						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>x</u>				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III							
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u> </u>				
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	х					
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI							
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII							
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII							
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX							
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X							
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х					
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х				
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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		x				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х				
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u>x</u>				

38

Part IV Checklist of Required Schedules (continued) Yes No -Did-the-organization-report-more-than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 if 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a 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 Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28<sub>b</sub> Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 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 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 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 37 Х

BAA Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

38

Form 990 (2009) Sowela Technical Community College Foundation 58-1973743 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1a Ō Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a

Form 990 (2009)

12a

a Gross income from other members or shareholders

amounts due or received from them )

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11 b

12b

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A Governing Body and Management

1 a Enter the number of voting members of the governing body b Enter the number of voting members that are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?  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?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  b Each committee with authority to act on behalf of the governing body?  9 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  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u>sec</u>	tion A. Governing Body and Management				
b Enter the number of voting members that are independent  Did any officer, director, fusitee or key employee have a family relationship or a business relationship with any other officer, director, fusitee or key employees  The officer, director, fusitee or key employees  The officer, director, fusitee or key employee and the organization of officers, directions or tustees, or key employees to a management company or other person?  A Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization become aware during the year of a material diversion of the organization's assets?  7 Did the organization become aware during the year of a material diversion of the organization's assets?  7 Did the organization of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Is Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If Yes; provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10 Does the organization have local chapters, branches, or affiliates and branches to ensure their operations are consistent with those of the organization.  11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistently monitor and enforce compliance with the policy? If Yes, descr	_	<b>-</b>	ا ما م	r <del></del>	Yes	No
2 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 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?  4 Did the organization organization person and since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  7 a Does the organization have members or stockholders?  7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  9 a The governing body?  10 Is shere any officer, director or frustee, 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 and the Internal Tevernuc Code  10 a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and 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 of word or even with security in the policy? 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?  10 Described to organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11 A Describe organization regularly and consistently monitor and		• • • • •		-		
officer, director, rusele or key employee?  2 difference of a difference of the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization whe any significant changes to its organizational documents since the prior Form 900 was filled?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization become aware during the year of a material diversion of the organization's assets?  7 a Does the organization become aware during the year of a material diversion of the organization's assets?  8 Did the organization have members of stockholders, or other persons who may elect one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Each committee with submity to act on behalf of the governing body?  9 Is there any differer, director or trustee, or key employee istad in Part VII. Section A, who cannot be reached at the organization's making address? If Yes, provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Province Code)  10 a 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?  11 As the organization have a written policies and procedures governing body before filing the form?  11 A Describe in Schedule O the process, if any, used by the organization of revew this Form 990  12 a Does the organization have a written conflict of interest policy? If No. 'go to him 13  13 Describe in Schedule O the process, if any, used by the organization of the differentian and decision?  14 Does the organization have a written whistleblower policy?  15 Did the process for determining compensation of the	b	Enter the number of voting members that are independent	16 31	-		
of officers, directors or trüstes, or key employees to a management company or other person?  4	2		elationship with any other	2		_X
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11A Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization  if 'Yes' to line 15a or 15b, 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 during the year?  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?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed *  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 inspection indicate how you make these available Check all that apply  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and fin statements available to the public	11	•	before filing the form?	$\vdash$	x	
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	19	Describe in Schedule O whether (and if so, how) the organization makes its governing docu statements available to the public	ments, conflict of interest poli	cy, and	d finar	ncial
Randy Robb 3820 Senator J Bennett Johnst Lake Charles LA 70601 (337) 491		State the name, physical address, and telephone number of the person who possesses the	<del>-</del>			
	•	Randy Robb 3820 Senator J Bennett Johnst Lake Charles	LA /0601 (3	3/) 4	191-	∠ <u>6</u> 9 <u>8</u>

# 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. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees
     See instructions for definition of 'key employees'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				c)	_		(D)	(E)	(F)
Name and Title	Average hours	L	ition (	(checl	k all 1	hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	ndividi el frastee or direción	mshluboset kustee	Offi 1	Key employee	High est coinnersated employee	Forne	the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
Kevin_Mattingly		-								
President	0.00	Х		Х				0.	0.	0.
Jake Philmon										
Vice President	0.00	Х		Х				0.	0.	0.
Lester Langley										
Secretary	0.00	Х		Х				0.	0.	0.
Benjamin Mount										
Treasurer	0.00	Х		Х				0.	0.	0.
Richard Baggett										
Board Member	0.00	Х						0.	0.	0.
Tim Broussard										
Board Member	0.00	Х						0.	0.	0.
John Fontenot										
Board Member	0.00	Χ_						0.	0.	0.
Wayne Gabbert										
Board Member	0.00	Х						0.	0.	0.
Richard Gregory			1							
Board Member	0.00	Х						0.	0.	0.
Thom Hager										
Board Member	0.00	Х	<u></u>				L_	0.	0.	0.
Bruce Hamilton										
Board Member	0.00	Х						0.	0.	0.
Bill Hankins										
Board Member	0.00	Х						0.	0.	0.
John A Henning	_									
Board Member	0.00	Х	<u> </u>	L_	_			0.	0.	0.
Ann Knapp										
Board Member	0.00	Х	_	<u> </u>	_			0.	0.	0.
Gerrit Lawrence										
Board Member	0.00	Х			<u> </u>			0.	0.	0.
Claude Leach									İ	
Board Member	0.00	X_	<u> </u>		$\perp$	L		0.	0.	0.
Mark Nixon	_									
Board Member	0.00	Х	<u> </u>				1	0.	0.	0.
RΔΔ			TEEA	0107	11	/10/09				Form 990 (2009)

Part VII   Section A. Officers, Directors, Trus	(B)	\ <del>ey</del>	СП		c)	·es,	all	(D)	(E)	loyee		
Name and Title	Average	Posi	tion (	•	-	hat.a	pply)	1 '	, ,		(F) stimated	
Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amoi com fi org an	unt of other opensation on the anization of related anizations	
Billy Navarre	-											
Board Member	0.00	X			<u> </u>		<u> </u>	0.	0.		0.	
Patricia Philmon	-   00	J			İ				0		0	
Board Member Roger Porter	0.00	X			<del>                                     </del>			0.	0.		0.	
Board Member	0.00	$  _{\mathbf{x}}$						0.	0.		0.	
Al Prebula	10.00	1										
Board Member	- o.oo	x						0.	0.		0.	
Patricia Prebula												
Board Member 0.00 X 0.									0.			
Josh Priola	_											
Board Member	0.00	X						0.	0.		0.	
Rick Richard	_											
Board Member	0.00	X			<u> </u>			0.	0.		0.	
Randy Robb	-	١									•	
Board Member	0.00	X	-	-				0.	0.		0.	
Jim Serra	-							0.	0.		0.	
Board Member	0.00	^				-		0.	0.		<u> </u>	
Board Member	<u>illiam "Gray" Stream                                    </u>						0.					
Willie Tempton	10.00	1				<u> </u>	<del>                                     </del>	Ŭ.	<u>.</u>			
Board Member	- o.oo	x						0.	0.	<u></u>		
Perry D. Vincent												
Board Member	0.00	Х	<u> </u>					0.	0.		0.	
Jamie Warshaw	_											
Board Member	0.00	X				<u> </u>	<u>L</u>	0.	0.		0.	
1 b Total							_	0.	0.		0.	
2 Total number of individuals (including but not limite	ed to thos	se lis	sted	abo	ve)	who	rec	ceived more than S	§100,000 in reportat	ole com	pensation	
from the organization											Yes No	
					_						162 110	
3 Did the organization list any former officer, directo on line 1a <sup>2</sup> If 'Yes,' complete Schedule J for such	r or trust <i>individua</i>	ee, F I	еу (	emp	loye	e, c	or hig	ghest compensate	d employee	3	l x	
4 For any individual listed on line 1a, is the sum of re	eportable	con	npei	nsat	ion .	and	othe	er compensation for	rom			
the organization and related organizations greater individual	than \$15	0,00	02 1	If 'Ye	es' c	com	olete	e Schedule J for s	uch	4	l l <sub>x</sub>	
								1 1 6		1	<del>-</del> -	
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	compens chedule J	atioi I for	n irc sucl	om a h <i>pe</i> .	ıny ı rsor	unre 1	iate	d organization for	services	5		
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ited inde	pend	lent	con	trac	tors	that	t received more th	an \$100,000 of			
										4	···	
(A) Name and business addre	ess							Description (B)	) of Services		C) ensation	
	<del>_</del>											
								<del> </del>				
2 Total number of independent contractors (including	n hut oof	limit	<u>Б</u> Н 1		050	lie!	- he	hove) who receive	od more than			
\$100,000 in compensation from the organization	•	411111	.cu (	o ui	USE	11511	Ju a	DOVE) WHO TECEIVE	a more man			
Trought in compensation from the organization .											000 (2000	

-		(A) Total revenue	(B) Related_or	(C) ——Unrelated——	(D) — Revenue
			exempt function	business	excluded from tax under sections
			revenue	revende	512, 513, or 514
TS TS	1 a Federated campaigns 1 a				
SRAI	b Membership dues 1b				
TS, (	c Fundraising events 1c				
F. S.	d Related organizations 1 d e Government grants (contributions) 1 e				
SIM	* ` '				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 593, 274.				
ONT	g Noncash contribns included in lns 1a 1f \$				
2,4	h Total. Add lines 1a-1f	593,274.			
PROGRAM SERVICE REVENUE	Business Code				
EVI	2a				<del>-</del>
ICE	c				
ERV	d	,			
NM S	e				
GR/	f All other program service revenue				
PRC	g Total. Add lines 2a-2f				
-	3 Investment income (including dividends, interest and	20.000	0	_	20.000
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds	38,809.	0.	0.	38,809.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
101	8a Gross income from fundraising events		<u>-</u>		
ENUE	(not including \$				
OTHER REVE	of contributions reported on line 1c) See Part IV, line 18				
HER	b Less direct expenses b				
Ō	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities				
	See Part IV, line 19 a b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns	· · · · · · · · · · · · · · · · · · ·			
	and allowances a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue			_	
	e Total. Add lines 11a-11d	620 002			20.000
	12 Total revenue. See instructions	632,083.	0.	<u> </u>	38,809.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	35,000.	35,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	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 salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ł	Legal	21,055.	0.	21,055.	0.
	: Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees			-	
	1 Other	101,486.	98,674.	2,812.	0.
•	Advertising and promotion			-,	
	Office expenses	199.	0.	199.	0.
14	Information technology				
15	Royalties				<del></del>
16					
	Travel				-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	16,996.	0.	0.	16,996.
19	Conferences, conventions, and meetings	311.	0.	311.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					· · · · · · · · · · · · · · · · · · ·
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)				
ı	3 				
•			<del></del>		·
(	J			_ <del></del>	
	All other expenses				
	All other expenses	175 047	122 674	24,377.	16,996.
	Total functional expenses Add lines 1 through 24f	175,047.	133,674.	24,311.	10,330.
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				
DAA					Form 990 (2009)

Balance Sheet

(A) Beginning of year **(B)** End of year 399,701 1,103,825. Cash - non-interest-bearing 2 Savings and temporary cash investments 153,944. 2 2,146,435. Pledges and grants receivable, net 94,250. 3 38,850. 672. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10b 10 c b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 2,350,445. 15 Other assets See Part IV, line 11 15 166,938. 2,999,012 16 3,456,048. 16 Total assets Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 1,251,938. 27 Unrestricted net assets 625,517. 28 1,980,120. 2,158,505. 28 Temporarily restricted net assets 223,990. Permanently restricted net assets 214,990. 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 2,999,012. 33 3,456,048. 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 2,999,012. 3,456,048. BAA

Form 990 (2009)

Form <b>991</b> (2	2009) 504	ela Technic	al Communi	ty Colleg	e Foundation
COIIII <b>330 (</b> 2	2009) 30W	era recunic	ar communi	ry corred	e roundation

58-1973743

Page **12** 

Part XI   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990CashX -AccrualOther			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_x
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis	l		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545 0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open\_to\_Public Inspection

Department of the Treasury
-Internal Revenue Service Name of the organization

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

Employer identification number

				ege Foundation					<u> </u>	973743			
Par	t <b>I</b>	Reason for P	ublic Charity Statu	s (All organizations	must o	comple	te this	part)	<u>See ı</u>	nstruct	ions	-	
The c	rgai			se it is (For lines 1 throu	•		•	•					
1	Ц			ociation of churches desc		section	170(b)(	1)(A)(ı).					
2		A school describe	d in <b>section 170(b)(1)(</b> /	A)(ii). (Attach Schedule E	Ξ)								
3	Ц		•	e organization described		-		•					
4	Ш		•	d in conjunction with a h	ospital d	escribe	in sect	tion 170	(b)(1)(A	(iii) Ent	er the hosp	oital's	
5	X	name, city, and si An organization of 170(b)(1)(A)(iv)		of a college or university	owned	or opera	ited by a	govern	nmental	unit des	cribed in se	ction	
6	$\Box$		` ' '	governmental unit descrit	ned in se	ection 1	70/b¥1¥	ΔΥν)					
7		An organization ti	•	substantial part of its su					or from	the gene	eral public	descri	bed
8		A community trus	t described in <b>section</b> 1	170(b)(1)(A)(vi). (Complet	e Part II	)							
9	An organization that normally receives (1) more than 33·1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its 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 Part III.)												
10		An organization of	rganized and operated	exclusively to test for pul	blic safe	ty See	section	509(a)(	4).				
11		more publicly sup describes the type	ported organizations de of supporting organiz	exclusively for the beneficescribed in section 509(a ation and complete lines	1)(1) or s	section 5 ough 11	509(a)(2 h	) See s	f, or cari section s	y out the 509(a)(3)	. Check th	e box	that
	$\overline{}$	a Type I	<b>b</b> Type II	c 📙 Type III		•	-			d 📙	Type III—		
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organization check this box	n received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon	,	
g		Since August 17,	2006, has the organiza	tion accepted any gift or	contribi	ution fro	m any c	of the fo	llowing i	persons?	•		
												Yes	No
		(i) a person who below, the o	no directly or indirectly ( poverning body of the si	controls, either alone or t	ogether	with per	rsons de	scribed	ın (ii) a	nd (III)	11 g (i)		
		-	mber of a person desc	**							11 g (ii)		_
		•	· ·	described in (i) or (ii) at	ove?						11 g (III)		
h		Provide the follow	ing information about t	he supported organizatio	ns								
	(1)	) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the ion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	at of Sup	port
					Yes	No	Yes	No	Yes	No			
										,			
Total			-				-						

•							
	edule A (Form 990 or 990 EZ) 200						
Pai	t II Support Schedule for	_		•	b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
<u></u>	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			_
	tion A. Public Support		<del></del>	<u> </u>			
begı	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	224,701.	1,232,494.	1,179,550.	49,663.	593,274.	3,279,682.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	224,701.	1,232,494.	1,179,550.	49,663.	593,274.	3,279,682.
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)						
	Public support. Subtract line 5 from line 4						3,279,682.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	224,701.	1,232,494.	1,179,550.	49,663.	593,274.	3,279,682.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	4,768.	16,721.	72,807.	88,319.	38,809.	221,424.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						3,501,106.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	<u> </u>
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	109 (line 6 column	n (f) divided by lin	e 11 column (f)		14	93.68%

4	Public support	t percentage for	2009 (line 6	o, column (f)	divided by	line 11, co	ılumn (f
---	----------------	------------------	--------------	---------------	------------	-------------	----------

15 Public support percentage from 2008 Schedule A, Part II, line 14

	14	93.68%
ļ	15	98.37%

16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(Complete only if you checked the box on line 9 of Part I.)

Sect	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			, ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 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 amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support	<u> </u>		·			_ <del></del>
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(3) 2000	(2)	(7,233)	(27,000)		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990	is for the organiza	ition's first, secon	d, third, fourth, c	or fifth tax year as	a section 501	(c)(3) ▶ □
800	organization, check this box and tion C. Computation of Pu		ercentage			<del></del>	
	Public support percentage for 20	<del></del>		o 12 column (6)		· · · · · · · · · · · · · · · · · · ·	15 0/
				e is, column (f))		<del>-</del>	15 %
	Public support percentage from 2						16   %
	tion D. Computation of Inv					·	
17	Investment income percentage for				mn (f))	<del>-</del>	17 %
18	Investment income percentage for						18   %
	<b>33-1/3 support tests</b> – <b>2009.</b> If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	iblicly supported o	rganization	▶ []
	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies a	is a publicly suppo	orted organizat	ion 🏲 📘
_20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and		
					٠.	-L	~ 000 or 000 EZ 2000

Part IV	Supplem Part II, Iir	ental Info ne 17a or	rmation. C 17b; and I	omplete t Part III, Iir	his part the 12. Pro	munity Co o provide ovide any	the explain other add	nations re litional inf	equired by formation.	Part II, line See instruc	10; tions.
								<b></b>			
		<del>.</del>									
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			<b>_</b> _								. <b>-</b>
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<del>_</del>								<b>-</b>			

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

Open to Public Inspection Employer Identification number

Son	vela Technical Community Colle	ge Foundation		58-1973743
Par		Advised Funds or Other Sin	nilar Funds or Acc	ounts Complete If
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	he benefit of the donor or donor advi	grant funds may be sor or for any other	∏Yes ∏No
Par	t II Conservation Easements Comple		ed 'Yes' to Form 99	<u></u>
	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·	servation of an historica	ally important land area
	Protection of natural habitat	' / <del> </del>	servation of certified his	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contr	ibution in the form of a	conservation easement on the
				Held at the End of the Year
ā	Total number of conservation easements		2a	
ŧ	Total acreage restricted by conservation easer	nents	2b	
C	: Number of conservation easements on a certif	ied historic structure included in (a)	2c	
	Number of conservation easements included in	• •	2d	
3	Number of conservation easements modified,	transferred, released, extinguished, c	or terminated by the org	anization during the tax
	year •			
4	Number of states where property subject to co	_	<del></del>	
5	Does the organization have a written policy reand enforcement of the conservation easemer	t it holds?		tions, Yes No
6	Staff and volunteer hours devoted to monitoring the year •	ig, inspecting, and enforcing conserv	ation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation	easements \$ _	
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	•		Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its re o the organization's financial stateme	evenue and expense sta ents that describes the o	atement, and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treaswered 'Yes' to Form 990, Part	sures, or Other Sin t IV, line 8	nilar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research	ue statement and balan in furtherance of public	ce sheet works of art, historical service, provide, in Part XIV,
ŀ	of the organization elected, as permitted under treasures, or other similar assets held for pub- amounts relating to these items.	SFAS 116, to report in its revenue s ic exhibition, education, or research	tatement and balance s in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		•\$
	(ii) Assets included in Form 990, Part X			<b>*</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other simila 116 relating to these items	ar assets for financial g	
i	a Revenues included in Form 990, Part VIII, line	-1		<b>►</b> \$
ı	Assets included in Form 990, Part X			►\$ ►\$

Schedule D (Form 990) 2009 Sowel Part III Organizations Mainta					58-197 Other Similar As		ontınu	Page 2 led)
3 Using the organization's acquisition items (check all that apply)	on accession an	d other records, ch	eck any	of the_following_th	nat-are-a-significant-use	e-of-its-c	ollectio	n
a Public exhibition		<b>d</b> 🗌 Loa	n or exc	hange programs				
<b>b</b> Scholarly research		e 🗌 Oth	er					
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV						e ın		
5 During the year, did the organizar assets to be sold to raise funds re	tion solicit or rec ather than to be	eive donations of a	art, histo	orical treasures, or organization's colle	other similar ection?	☐ Yes	. г	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangemei	nts Complete If	organ			90, Pa	irt IV,	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, c	or other intermedia	ry for co	entributions or othe	er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	wing tab	le				
						Amoun	t	
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a	mount on Form 9	990, Part X, line 2	ין			Yes Yes		No
b If 'Yes,' explain the arrangement								
Part V   Endowment Funds Cor	nplete if orga	<u>inization answe</u>	ered 'Y	es' to Form 99	0, Part IV, line 10			
	(a) Current yea	r (b) Prior y	rear	(c) Two years back	(d) Three years back	(e)	Four year:	s back
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net Investment earnings, gains, and losses						ļ		
d Grants or scholarships						1		
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage	of the year end	balance held as						
a Board designated or quasi-endow	ment >	<b>%</b>						
<b>b</b> Permanent endowment ▶								
c Term endowment	%							
3a Are there endowment funds not in organization by	n the possession	of the organizatio	n that a	re held and admin	istered for the		Yes	No
(i) unrelated organizations						3a(ı)		
(II) related organizations						3a(11)		
b If 'Yes' to 3a(II), are the related o	rganizations liste	ed as required on S	Schedule	e R?		3b		1
4 Describe in Part XIV the intended	luses of the orga	anization's endowr	nent fun	ds_				
Part VI Investments-Land, B	uildings, and	<b>Equipment.</b> Se	ee Fori	m 990, Part X,	line 10.			
Description of investment	(a)	Cost or other basi (investment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) (	Book Va	alue ———
<b>1 a</b> Land	<u> </u>							
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment	<u></u>		<b>_</b>					
e Other								
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X,	column	(B), line 10(c))	<u></u>			
RAA					School	Title D /F	- orm Q0	107 JUUG

value
· · ·
<del></del>
ı value
value
<del></del>
(b) Book value
166,458
480
166,938
100,000
anization's liability

Schedule D (Form 990) 2009 Sowela Technical Community College Foundation

58-1973743

Page 3

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informa		,	•
	te this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p		
	KIV   Supplemental Information		·-··-
	od lines <b>4a</b> and <b>4b</b> otal expenses Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18)	5	
	ther (Describe in Part XIV)  dd lines 4a and 4b	4c	
	vestments expenses not included on Form 990, Part VIII, line 7b  4a  ther (Describe in Part XIV)  4b	-	
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	ubtract line 2e from line 1	3	
	dd lines 2a through 2d	2e	·
	ther (Describe in Part XIV)	- ]	
	ther losses 2c	-	
	rior year adjustments 2b	-	
	onated services and use of facilities 2a	_	
	mounts included on line 1 but not on Form 990, Part IX, line 25		
	otal expenses and losses per audited financial statements	1	<del></del>
	(III   Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return	1
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	dd lines <b>4a</b> and <b>4b</b>	4c	
	ther (Describe in Part XIV)	<b>⊣</b>	
	vestments expenses not included on Form 990, Part VIII, line 7b	-	
	mounts included on Form 990, Part VIII, line 12, but not on line 1		
	ubtract line 2e from line 1	3	
	dd lines 2a through 2d	2e	
	ther (Describe in Part XIV)	_	
	ecoveries of prior year grants 2c	_	
	onated services and use of facilities 2b	_	
a No	et unrealized gains on investments 2a	_	
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
	otal revenue, gains, and other support per audited financial statements	1	
	(II   Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	
	excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		457,036.
	otal adjustments (net) Add lines 4 through 8		<del></del>
	ther (Describe in Part XIV)		
	rior period adjustments	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	onated services and use of facilities vestment expenses	<u> </u>	
	et unrealized gains (losses) on investments	-	
	xcess or (deficit) for the year Subtract line 2 from line 1		457,036.
	otal expenses (Form 990, Part IX, column-(A), line-25)		175,047.
	otal revenue (Form 990, Part VIII,column (A), line 12)		<u>63</u> 2,083.
Part >			

Schedule D (Form 990) 2009 Sowela Technical Community College Foundation	58-1973743	Page 5
Part XIV   Supplemental Information (continued)		
		- <b></b>
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		<b></b> -
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		<b></b>

SCHEDULE I		Grants and Ot	Grants and Other Assistance to Organizations,	o Organization	έ,		OMB No 1545 0047
		Governments	ind individuals in	the United Sta	tes :		2002
Department of the Treasury Internal Revenue Service		Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	ion answered 'Yes,' to Fo ► Attatch to Form 990	rm 990, Part IV, lines 2 ).	1 or 22.		Open to Public Inspection
Name of the organization	al Community College	Foundation				Employer identification number 58-1973743	ation number
Part   General Inf	1 ⊱1						
	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	assistance?	the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for the	grants or assistance	, and	X Yes
Part II   Grants and   Part IV   Part IV   Part IV   Part IV and   Par	Describe in Part iv the organization's procedures for monitoring the use of grant the United States.  I     Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	vernments and Organ tt that received more is if additional space is	Se of grant brids in the United States.  Organizations in the United States. Complete if the organization answered 'Yes' to Form nore than \$5,000 Check this box if no one recipient received more than \$5,000. Use ace is needed	ed States. Completing box if no one r	e if the organizati ecipient received	on answered 'Ye more than \$5,00	ss' to Form
1 (a) Name and address of organization or government	s of organization (b) EIN	N (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
2 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nment organizations				<b>A A</b>	
BAA For Privacy Act ar	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	otice, see the Instructions	for Form 990.	TEEA3901	02/10/10	Sched	Schedule I (Form 990) 2009

Schedule I (Form 990) 2009	Sowela Technical	cal Community	College Foundation	tion		58-1973743 'Yee' to Form 990 Part IV Ind	Page 2
7	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	rm 990) if addition	valued states, controlled space is needed				.
(a) Type of gran	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance	, ance
Faculty Scholarship	nip	8	2,726.				
Billy Navarre		1.	500.				
Foundation		129	49,899.				
							ļ
Part IV   Supplement	Supplemental Information. Complete this part to provide the information required in Part I	lete this part to pr	rovide the information	on required in Par	, line 2,	and any other additional information.	
Pt_I_Line_2	Schedule_I,_Part_I,_	rt_1/_Line_2:_	Sowela Technical	al_Community_College	<u>'ollege</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	! ! !
Pt_I_Line_2	Foundation_does_not_approve_	s_not_approve	scholarship	applicationsT	This		       
Pt_I_Line_2	responsibility is_delegated_	is delegated	to Sowela Technical Community College's	nical Communit	.y_College's		; ; ; ;
Pt_I_Line_2	scholarship_committee	mmitteeStud	dents_must_meet_the_following_	the following			! !
<u>Pt_I_Line_2</u>	qualifications:_be	:_be_a_U.Sci	tizen and	resident of Calcasieu	ieu Parish, pass		;         
1 1 1 1 1 1 1 1 1 1	the_entrance_exam_or_have	<u>xam or have an</u>	ACT score	greater than 19, be enrolled	be_enrolled	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	;       
	full_time,_have_completed	e_completed_a_	scholarship application	plication and	a_Pell_Grant		       
	application, have a_	ave a grade po	int_average_	greater than 2.0	2.04_and_have		;       
	been_recommended_by_	ed_by_an_instr	ructor				: ! !
							;         
ВАА						Schedule I (Form 990) 2009	990) 2009

# SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545 0047

2009

Department of the Treasury
Internal Revenue-Service Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Open to Public Inspection

Employler Identification number

Part   Continuation: Officers	ity Collec	ge Fo	oun	ıda	tic	on_			58-1973743	·
Part I Continuation: Officers Employees	s, Directors,	Trus	tee	s, K	(ey	Emp	loy	ees, and Highes	t Compensated	
(A)	(B)			((	C)	-		(D)	(E)	(F)
Name and Title	Average hours per week		ition (			hat appl	у)	Reportable compensation from		Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
Bill Willis										
Board Member	0.00	X	ļ					0.	0.	0.
		-								
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### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open-to-Public-Inspection

Name of the organization	Employer identification number
Sowela Technical Community College Foundation	58-1973743
Pt_VI-C, Line 19 The Sowela Technical Community College Foundation makes	
the 990 return and financial statements available	
for public inspection through the Sowela Techni	cal
Community College library.	
Pt_VI-B, Line_11A The 990 is reviewed by the Chair/President and	
Treasurer of the Sowela Technical Community Col	lege
Foundation Board.	