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932001 02-04-10

Department of the Treasury Internal Revenue Service

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)

Open to Public Inspection

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

OMB No 1545-0047

	VI (II	e 2009 Calendar year, or tax year beginning and ending							
B (heck (f	Please Use IRS THE COMMUNITY FOUNDATION OF NORTH	D Employer iden	tification number					
	Addre	ss label or TOLLECTANA							
X	Name	type	72-	-6022365					
]Initial retur	. I See I Number and street (of P () box it mail is not delivered to street address). I Hoom/s	ute E Telephone num	E Telephone number					
	Termi	Instruct 101 LDWANDS STREET	(31	(318) 221-0582					
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	16,327,846.					
L	Appli- tion pendi		H(a) is this a group						
	pendi	F Name and address of principal officer: PAULA HICKMAN	for affiliates?	Yes X No					
		SAME AS C ABOVE	H(b) Are all affiliates	included? Yes No					
		empt status: X 501(c) (3) ◀ (insert no.)		h a list. (see instructions)					
		te: ► WWW.NLACF.ORG	H(c) Group exemp						
			ear of formation 1961	M State of legal domicile LA					
	rt [Summary		ZOMMUNI TIMY					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO STRENTHROUGH PHILANTHROPY	GHTHEN THE C	COMMUNITY					
Ĕ	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its ne	t assets.					
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3 7					
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 7					
98	5	Total number of employees (Part V, line 2a)		5 9					
<u>×</u>	6	Total number of volunteers (estimate if necessary)		6 43					
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	H	7a 20,268.					
	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b <231,512.>					
Revenue	_	A	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line III) Program service revenue (Part VIII, line III)	6,709,750	1,631,121.					
	9	Program service revenue (Part VIII, line 2g)	×17 666 751	<607,333.>					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) (7)	<17,666,751 177,215						
		Other revenue (Part VIII, column (A), in the state of the	<10,779,786						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)	3,691,626						
	14	Grants and similar amounts paid (Part X column (A) lines 1-3) Benefits paid to or for members (Part X column (A), line 4)	3,031,020	2,003,004.					
υħ.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	314,322	327,630.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	011/021	327,0001					
ğ		Total fundraising expenses (Part IX, column (D), line 25) 119, 350.							
Щ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	604,948	644,072.					
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,610,896						
	19	Revenue less expenses. Subtract line 18 from line 12	<15,390,682						
Net Assets or Fund Balances			Beginning of Current Ye	ar End of Year					
sets	20	Total assets (Part X, line 16)	59,383,029	67,857,197.					
A As	21	Total liabilities (Part X, line 26)	5,325,695						
캺	22	Net assets or fund balances. Subtract line 21 from line 20	54,057,334	1. 61,941,821.					
Pé	ırt fi	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my know dge	wledge and belief, it is true, correct,					
		L. Carolina Carolina	الطها						
Sig	1	Supporture of a total de	1 2 21/2	7010					
Her	e	Signature of officer	Date						
		PAIGE CARLISLE, DIRECTOR OF FINANCE Type or print name and title		 					
_		Date	Check if Pre	eparer's identifying number					
Paid		Preparer's signature Spream CPA 830(10	self- employed > (se	e instructions)					
	arer's	Firm's name (or HEARD MCELROY & VESTAL, I. J. P.	EIN D						
Use	Only	yours if Self-employed), 333 TEXAS STREET	LIIV P						
		address, and ZIP+4 SHREVEPORT, LOUISIANA 71101	Phone no	318-429-1525					
May	the l	RS discuss this return with the preparer shown above? (see instructions)	1. 110110 110	X Yes No					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

	990 (2009) LOUISIANA		72-6022365 Page
	till Statement of Program Service Accor	mpilsnments	-
	Briefly describe the organization's mission: TO STRENGHTHEN THE COMMUNIT	Y THROUGH PHILANTHROPY	
	TO DIMENSITUDIN THE COLUMNIA	I IMOOON IMIDMITMOIT	
		· · · ·	
!	Did the organization undertake any significant program	services during the year which were not liste	d on
	the prior Form 990 or 990-EZ?	•	Yes X N
	If "Yes," describe these new services on Schedule O.		
}	Did the organization cease conducting, or make signific	cant changes in how it conducts, any program	n services? Yes XN
	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of		
	Section 501(c)(3) and 501(c)(4) organizations and secti		amount of grants and
	allocations to others, the total expenses, and revenue,	· · · · · · · · · · · · · · · · · · ·	TOTAL CO.
		SCHEDULE O FOR CONTINUA	
		945 • Including grants of \$ 2,883,6	
	THROUGH ITS COMPETITIVE GRAY TO STRENGTHEN THE NORTH LOU		
	CAPITAL IMPROVEMENTS IN THE		· · · · · · · · · · · · · · · · · · ·
	ENVIRONMENT, HEALTH AND SCI	 	CIVIC ENGAGEMENT AND
	RELIGION.	ENCE, HOPAN BERVICES, C	TVIC ENGAGEMENT AND
	1010101		· · · · · · · · · · · · · · · · · · ·
	THE COMMUNITY FOUNDATION SE	RVES AS A CATALYST AND	CONVENER FOR
	TRANSFORMATIONAL INITIATIVE		
	THE ARTS CONGRESS, AND THE		
	TRANSFORMATIVE CHANGE-MOVING		
		·	
	THE COMMUNITY FOUNDATION SE	EKS TO STRENGTHEN THE N	ORTH LOUISIANA
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
			
C	(Code:) (Expenses \$	to all due a secondo of the	\(\(\text{Descended}\)
ا	(Code:) (Expenses \$	including grants of \$) (Revenue \$
			
	· · · · · · · · · · · · · · · · · · ·		
			
			
			•
			·
			·
-			
	Other program services (Describe in Schedule O.)		
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of	of \$) (Revenue \$	1

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
٠ 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		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	N/	7.
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	147	<u> </u>
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	x	
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	-		Λ
·	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		\mathbf{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	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	<u> </u>		
	as applicable	11	X	
•				
	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.			
•				
	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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Ì	v
4 5	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	4.5		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		Λ.
	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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
22	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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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			۱.,
	Schedule J	23		<u> </u>
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱,,
_	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
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	Ì		ļ ,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
^^	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
00	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
31	contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
32	If "Yes," complete Schedule N, Part I	31		
YŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
•	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_ 55		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	X	
		Form		2009)

Form 990 (2009)

Par	★♥ 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. Information Returns. Enter -0- if not applicable	a 5	5		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	b ()		
. с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable gaming			
	(gambling) winnings to prize winners?		1c	X	
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	la	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see ins	tructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to	y this return?	3a	X	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	-		l '	
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a	X	ļ
Ь	If "Yes," enter the name of the foreign country: ► <u>CAYMAN ISLANDS</u>				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bai	nk and			
_	Financial Accounts.		_		١.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti		5b	<u> </u>	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards Tax Shelter Transaction?	ng Prohibited			
80			5c		├
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible?	organization solicit	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	e or aifte	- Oa		
	were not tax deductible?	is or girts	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			·	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods and services		i ']
	provided to the payor?		7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ď			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	sonal	1		
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	1?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		ļ
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C at	=	7h	ļ	<u>ļ </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	business holdings			
	at any time during the year?		8		X
	Sponsoring organizations maintaining donor advised funds.				l .
	Did the organization make any taxable distributions under section 4966?		9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		1
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	na l			
		Da Db	-		
	Section 501(c)(12) organizations. Enter:	JU]	†		
	/-	1a			
	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	·	1ь	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	† †	1
u	If IVes I enter the emount of the execution in the rest described as seemed distance the energy of the rest.		-20	ļ	

LOUISIANA

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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.

Sec	tion A. Governing Body and Management			-	1	1
1.	Entor the number of votice members of the covering hads	۔ ا	1	7[Ye	No
. p	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a		-/		
2		1b	any other		- 1	
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	ıp witr	any otner		2	x
3	Did the organization delegate control over management duties customarily performed by or under the	aa dira	ot oupon/lolon	<u> </u>	-	+^
Ū	of officers, directors or trustees, or key employees to a management company or other person?	ie dire	Ct supervision		3	X
4	Did the organization make any significant changes to its organizational documents since the prior Fe	orm QC	M was filed?		X	+**
5	Did the organization become aware during the year of a material diversion of the organization's asset		Was illed?		5 1	X
6	Does the organization have members or stockholders?			_ ⊢	3 X	_
	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the		' ''	+
-	governing body?	0111001	0 01 1110	٦	a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons'	?		<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			<u> </u>		1
	by the following:		y y			
а	The governing body?			8	a X	1
b	Each committee with authority to act on behalf of the governing body?			8		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10)a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10	b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	iling th	e form?	1	1 X	
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			1:	2a X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise			
	to conflicts?			12	2ь Х	_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, '	describe		٠,,	ŀ
	In Schedule O how this is done				c X	
13	Does the organization have a written whistleblower policy?			1		
14	Does the organization have a written document retention and destruction policy?			1	4 X	.
15	Did the process for determining compensation of the following persons include a review and approv	-	ndependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				1
a	The organization's CEO, Executive Director, or top management official			18		+
b	Other officers or key employees of the organization If "Yes" to line 152 or 15b describe the process in Schedule Q. (See instructions.)			18	D A	
162	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mant :	with a			
- - u	taxable entity during the year?	ment /	will a	10	اما	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	- "	~	+
-	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to ever					
	exempt status with respect to such arrangements?	,	.0.1.0	10	ib di	1
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (501	(c)(3)s only) availa	able for		
	public inspection. Indicate how you make these available. Check all that apply.	•				
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest polic	y, and f	inancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the orga	nızation	:▶	
	THE COMMUNITY FOUNDATION - (318) 221-0582					
	401 EDWARDS STREET, SUITE 105, SHREVEPORT, LA 711	01				

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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(c		Pos		ı app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustae	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BOBBY JELKS CHAIRMAN	4.00	х		х				0.	0.	0.
DON E. JONES VICE CHAIRMAN	2.00	х		Х				0.	0.	0.
MICHAEL A. ALOST TREASURER	2.00	х		х				0.	0.	0.
EDWARD J. CRAWFORD, III SECRETARY	2.00	x		x				0.	0.	0.
JOE N. AVERETT, JR. DIRECTOR	2.00	X						0.	0.	0 .
MAXINE E. SARPY DIRECTOR	2.00	x						0.	0.	0
JANE D. RICHARDSON DIRECTOR	2.00	x						0.	0.	0.
PAULA HICKMAN EXECUTIVE DIRECTOR	50.00				х	x		100,000.	0.	0.
									-	
· 										

Form 990 (2009)

Page 8

	(A) Name and title	(B) Average			(C Posi	•			(D) Reportable	(E) Reportable			F)
	Name and the	hours	_				app	ly)	compensation	compensation from related		amo	nated unt of her
•	•	week	Individual trustae or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	fron organ and r	nsation the ization elated zations
_													
					-								
			ļ										
-													
									100,000.		0.		0
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove		o re		,000 in reportable			0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		stee	, key	/ em	ploy	/ee,	or h	ighest compensated en	nployee on		3	es No X
4	For any individual listed on line 1a, is the sand related organizations greater than \$1:	sum of reportab								the organization		4	X
5	Did any person listed on line 1a receive of the organization? If "Yes," complete Sche				rom	any	unre	elate	ed organization for servi	ces rendered to		5	Х
1	tion B. Independent Contractors Complete this table for your five highest of the organization. NONE	ompensated inc	depe	nde	nt co	ontr	acto	rs th	nat received more than	\$100,000 of comp	pensat	tion fror	n
	(A) Name and busines	s address							(B) Description of s	ervices	Со	(C) mpensa	ation
								_					
								+					
					-			\dagger					

A Income from Investment of tax-exempt bond proceeds Royalties 281,763. 20,268. 261,495. (i) Real (ii) Personal 804187. 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) 14,074,978. c Gain or (loss) A 187. 20,268. 201,495. 804,187. 804,187.					SIANA				72-6022	365 Page 9
1 Federated campaigns 1	Pe	ert 1	/11	Statement of Reve	nue					
Business Code Business Cod		-			·			Related or exempt function	Unrelated business	excluded from
Business Code Business Cod	nts	1	а	· -	1a					
Business Code Business Cod	gag			·	1b					
Business Code Business Cod	ts, am		C	•						
Business Code Business Cod	<u>ig</u> ig		đ	•						
Business Code Business Cod	Sim									
Business Code Business Cod	utic er s		f	• •		1601101				
Business Code Business Cod	ē.			similar amounts not included abo	ove 1f	1631121.				
Business Code Business Cod	o c		9		s 1a-1f \$		1601101			
2 a b	0 8		h	Total. Add lines 1a-1f		, 	1631121.			
Total, Add lines 242f	_	_				Business Code				
Total, Add lines 242f	/ice	2	_				<u></u>			
Total, Add lines 242f	Le le									
Total, Add lines 242f	T S		_			-				
Total, Add lines 242f	暖		a -							
Total, Add lines 242f	Pro		e	All sales and an analysis and						
3 Investment income (including dividends, interest, and other similar amounts) 1,258,592.			<u>'</u>	, ,	enue					
1,258,592 1,25		3	_		dividende inter	-				
A Income from investment of tax-exempt bond proceeds Soyalties Q Real (ii) Personal So Royalties Q Real (iii) Personal So Royalties Q Real (iii) Personal So Royalties Q Royalties		٠			g aividerias, inter	est, and	1258592.			1 258 592
Securities Sec		4		•	ax-exempt bond i	oroceeds	12000321			1,230,332.
1					or exempt bond i	biodecas b	281.763.		20,268,	261.495.
804187. 804,187.		_		r to y autroo	(i) Real	(ii) Personal		, ,	20,2000	
B Less: rental expenses Ro 4187 B Ro 4, 187 B Ro 4, 187 B Ro 4, 187 Ro 5 Ro 6		6	а	Gross Rents	804187.	, (1) / 01001101				
The first 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 14,074,978. c Gain or (loss) 41,865,925. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			b							
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 14,074,978. c Gain or (loss) 8 a Gross income from fundraising events (not including \$			С		804187.	,				
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) 41,865,925. 8 a Gross income from fundraising events (not including \$				• •		•	804,187.			804,187.
assets other than inventory b Less: cost or other basis and sales expenses 14,074,978. c Gain or (loss) 1,865,925. d Net gain or (loss) 2,1,865,925. d Net gain or (loss) 2,1,865,925. d Net gain or (loss) 5,1,865,925. d Net gain or (loss) 5,1,865,925. d Net gain or (loss) 6,1,865,925. d Net gain or (loss) 6,1,86		7		·	(i) Securities	(ii) Other	······································			······································
and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Less: direct expenses Contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Contributions reported on line 1c). See Part IV, line 19 Less: direct expenses Less: direct				assets other than inventory						
C Gain or (loss)			b	Less: cost or other basis						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b on the fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b on the fundraising events 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b on the fundraising events 11 a OTHER INCOME				and sales expenses	14,074,978.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			С	Gain or (loss)	<1,865,925	.>				
Including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 17 Total revenue. See instructions Portion of contributions reported on line 1c). See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Instructions less returns and allowances a less returns and			d	Net gain or (loss)		•	<1,865,925.	>		<1,865,925.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 143,130. 143,130. 15 Total revenue. See instructions 1 1 2 Total revenue. See instructions	enue	8	а							
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 143,130. 143,130. 15 Total revenue. See instructions 1 1 2 Total revenue. See instructions	, i			Part IV, line 18	а					
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Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 143,130. 12 Total revenue. See instructions b 2252868. 0 20,268.601,479.			C	Net income or (loss) from fund	draising events	•			***************************************	
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME 900099 143,130. 143,130. b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b 2252868. 0 20,268.601,479.		9	а		ctivities. See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 12 Total revenue. See instructions 143,130.					а					
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 143,130. 143,130. 143,130. 12 Total revenue. See instructions 143,130. 2252868. 0 20,268.601,479.	l			•						
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b Less: cost of goods sold b		10	а		returns					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 b 143,130. c 4 All other revenue e Total. Add lines 11a-11d 143,130. 12 Total revenue. See instructions 2252868.										
Miscellaneous Revenue Business Code										
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c d All other revenue e Total. Add lines 11a-11d ▶ 143,130. 12 Total revenue. See instructions ▶ 2252868. 0. 20,268. 601,479.		11				300099	143,130.			143,130.
d All other revenue e Total. Add lines 11a-11d ▶ 143,130. 12 Total revenue. See instructions ▶ 2252868. 0. 20,268. 601,479.						 		-		
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12 Total revenue. See instructions ► 2252868. 0. 20,268. 601,479.							142 120			
932009 932009 932009 932009 932009 932009		10						<u> </u>	20 268	601 470
	93200			- over resenue. Occ matructions			2232000	U • [20/2000	

Part IX Statement of Functional Expenses

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

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
. 1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,883,664.	2,883,664.	Š	,
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				······································
4 5	Benefits paid to or for members Compensation of current officers, directors,				
•	trustees, and key employees	100,000.	70,000.	15,000.	15,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ı			
7	Other salaries and wages	192,116.	48,029.	96,058.	48,029.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,727.		9,545.	3,182.
9 10	Other employee benefits Payroll taxes	22,787.	12,968.	6,832.	2,987.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	51,382.		51,382.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	248,333.		248,333.	
f	Investment management fees	240,333.		240,333.	
9 12	Other Advertising and promotion				
13	Office expenses	28,755.	9,584.	9,587.	9,584.
14	Information technology	2077001	3,3010	3,30,0	3,301
15	Royalties				
16	Occupancy	29,026.	8,708.	11,610.	8,708.
17	Travel	16,890.	6,756.	5,067.	8,708. 5,067.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 071		2 071	
22	Depreciation, depletion, and amortization	2,871. 44,281.		2,871. 44,281.	
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)	44,201.		44,201.	
а	EXPENSES-AGENCY FUNDS	113,008.	72,206.	40,802.	
b	REAL ESTATE FEES	19,992.		19,992.	
c	PRINTING	14,419.	1,442.	1,442.	11,535.
d	EQUIPMENT RENTAL AND MA	11,577.	3,473.	4,631.	3,473.
е	MINERAL EXPENSE	11,027.		11,027.	44
f	All other expenses	52,511.	18,115.	22,611.	11,785.
25	Total functional expenses. Add lines 1 through 24f	3,855,366.	3,134,945.	601,071.	119,350.
26	Joint costs. Check here I I I 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				
	0 02-04-10		<u>.</u> _L		Form 990 (2009)

932010 02-04-10

Form **990** (2009)

Pai	tΧ	Balance Sheet				OUZZSUS Page II
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		59,710.	1	50,251.
	2	Savings and temporary cash investments		348,740.	2	408,193.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L			6	
g.	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use	ĺ		8	
¥	9	Prepaid expenses and deferred charges	Ì	15,995.	9	14,935.
	10a		1 1			
		basis. Complete Part VI of Schedule D	10a 91,528.			
	ь	Less: accumulated depreciation	10b 75,105.	9,820.	10c	16,423.
	11	Investments · publicly traded securities		9,733,378.	11	11,270,906.
	12	Investments - other securities. See Part IV, line	11	210,530.	12	243,233.
	13	Investments - program-related. See Part IV, line			13	210/200
	14	Intangible assets	''		14	
	15	Other assets. See Part IV, line 11	49,004,856.	15	55,853,256.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	59,383,029.	16	67,857,197.
	17	Accounts payable and accrued expenses	185,245.	17	160,904.	
	18	Grants payable	1,021,689.	18	759,183.	
	19	Deferred revenue	ŀ	1,021,0031	19	7337100.
	20	Tax-exempt bond liabilities			20	
,	21	Escrow or custodial account liability. Complete	Port IV of Schodulo D		21	
Liabilities	22	Payables to current and former officers, director			-21	
Ē	22	•				
<u>.</u>		highest compensated employees, and disqualifi of Schedule L	led persons. Complete Part II		22	
	22		at and the und received		23	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate	,		24	
	25		a third parties	4,118,761.	25	4,995,289.
	26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	•	5,325,695.	26	5,915,376.
	20	Organizations that follow SFAS 117, check he	and N X and samplets	3,323,033.	20	3,713,370.
,,		lines 27 through 29, and lines 33 and 34.	ere and complete			
Net Assets or Fund Balances	27	Unrestricted net assets		32,720,169.	27	36,491,964.
			ŀ	7,451,765.	28	7,581,869.
å	28	Temporarily restricted net assets	-	13,885,400.	29	17,867,988.
בַ	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	13,003,400.	29	17,007,300.
Ę		Organizations that do not follow SFAS 117, c	heck here And			
ွ		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	ř		30	
As	31	Paid-in or capital surplus, or land, building, or ed	' '		31	
ğ	32	Retained earnings, endowment, accumulated in	come, or other funds	E4 0E7 224	32	61 041 021
_	33	Total net assets or fund balances		54,057,334.	33	61,941,821.
	34	Total liabilities and net assets/fund balances		59,383,029.	34	67,857,197.

Form **990** (2009)

Part XI Financial Statements and Reporting								
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a		2a	,	Х				
. ь	Were the organization's financial statements audited by an independent accountant?	2b	X					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X					
	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:							
	Separate basis X Consolidated basis Both consolidated and separate basis	ŀ						
За	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?	3a		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						
		Form	990 (2009)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

THE COMMUNITY FOUNDATION OF NORTH

Employer identification number

·		LOUISIA							12	<u> -6022</u>	<u> 365</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	nzation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed ın se	ction 170	(b)(1)(A)(i)).				
2 🔲	A school des	scribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization			170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	e.
	city, and stat	_	•		•				•	•		•
5	-		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describe	ed in		
	=	(b)(1)(A)(iv). (Comple	_									
6			ent or governmental uni	t described	d in sectio	n 170(b)(1	Ι \(Δ\(ν\ .					
7 🗓		-	erves a substantial part					or from the	general n	ublic desc	nbed i	n
		(b)(1)(A)(vi). (Comple		o oopp	.o o <u>.</u> a	goronin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	gonora p	35110 0000		•
8 🗆			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	-		eives: (1) more than 33			rom contri	butions n	nemhershi	n fees an	d arnee rea	reinte	from
• —			nctions - subject to certa									
			axable income (less sect	-						-		
		509(a)(2). (Complete			o, 110111 50	0,,,00000	.oqooa 2	, and enga	anzanon a		,	.
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4_				
11 🗔	-	-	perated exclusively for the	-	-				v out the r	ourooses o	of one	or
			ations described in secti									.
			organization and compl				-,. 000 00 .	· · · · · · · · · · · · · · · · · · ·	-,(-, : -::		····	
	а П Туре	· · · · · · · · · · · · · · · · · · ·	¬ *		e III · Fund		tegrated		d 🗔	Type III - C	Other	
e 🗀										n		
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f			ten determination from t		-				. (-)(.)		()()	
		rganization, check th				F- 1, 1, F-	,,					
9		-	rganization accepted ar	nv aift or c	ontribution	from anv	of the follo	owina per	sons?			
9			rectly controls, either al								Yes	No
	•	-	upported organization?			P 0.000		() (,,	11g(i)		
	-		described in (i) above?	ı						11g(ii)		
	•	-	person described in (i)		э?					11g(iii)		
h		-	about the supported or									
				3	(-/-							
(I) Nama	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	/uii\ An	anunt a	•
	anization	(11) E114	organization		sted in your			organizatı (i) organiz	on in col	nA (iiv)	port	•
v.g.			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	? " ""	300	poit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												_
							ļ					
								· · · · ·				
				[
Total												

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

72-6022365 Page 2

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						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,743,947.	2,196,421.	7,432,515.	6,709,750.	1,631,121.	19,713,754.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to]					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	l '					
	the organization without charge						
4	Total. Add lines 1 through 3	1,743,947.	2,196,421.	7,432,515.	6,709,750.	1,631,121.	19,713,754.
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)						6,422,753.
6	Public support. Subtract line 5 from line 4						13,291,001.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,743,947.	2,196,421.	7,432,515.	6,709,750.	1,631,121.	19,713,754.
8	Gross income from interest,						
	dividends, payments received on	l					
	securities loans, rents, royalties						
	and income from similar sources	954,579.	1,305,527.	1,953,540.	2,999,738.	2,344,542.	9,557,926.
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.)	57,703.	19,881.	129,404.	156,293.	143,130.	506,411.
11	Total support. Add lines 7 through 10		<u></u>				29,778,091. 72,171.
	Gross receipts from related activities,					12	72,171.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor	here					▶
	ction C. Computation of Publ						44 62
	Public support percentage for 2009 (• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	44.63 % 76.48 %
	Public support percentage from 2008		-	has 40 and bas 4	4 00 4/00/	15	
ıoa	33 1/3% support test - 2009. If the o				4 IS 33 1/3% Or m	ore, check this bo	x and ►X
	stop here. The organization qualifies		-		lina 15 ia 22 1/204	or more, shock th	
	33 1/3% support test - 2008. If the o and stop here. The organization qual				mie 13 is 33 1/3%	or more, check th	▶ □
179	10% -facts-and-circumstances tes		••		13' 160 or 16b o	ad line 14 to 1004	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it iv now the organ	IIZAUOII
ı.	10% -facts-and-circumstances tes	-	-		~	Za and line 15 in 1	
u	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		, ▶□
18	Private foundation. If the organization		-	•			
. y	The real real real real real real real rea	Sid not officer a L	207 OI III O 10, 100	<u>., 100, 170, 01 170</u>		edule A (Form 990	

Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)								
Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
•	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-			·					
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5				1				
	Amounts included on lines 1, 2, and				_				
	3 received from disqualified persons	į.							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
•	Add lines 7a and 7b								
_	Public support (Subtract line 7c from line 6.)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Sec	ction B. Total Support								
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on ecurities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income			-			-		
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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, thir	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,		
	check this box and stop here						ightharpoons		
Sec	tion C. Computation of Publ	ic Support Per	rcentage						
15	Public support percentage for 2009 (ine 8, column (f) di	vided by line 13, o	column (f))		15	%		
16	Public support percentage from 2008					16	%		
Sec	tion D. Computation of Inves								
17	Investment income percentage for 20					17	<u></u>		
18	Investment income percentage from			,		18	<u>%</u>		
19a	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than				
	more than 33 1/3%, check this box as						▶ □		
h	33 1/3% support tests - 2008. If the						end		
	line 18 is not more than 33 1/3%, che						± [□]		
20	Private foundation. If the organization								
	The organization	die not encer a		a, or 130, cileck ti		hedule A (Form 99	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
					30	neuule A (FOIM 99	0 01 000-EZ) 2009		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2009

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	5,728,169.	5,132,607
	1,000,000.	404,438
	1,092,644.	497,082
	943,000.	347,438
	636,750.	41,188
		

Total Excess Contributions to Schedule A, Part II, Line 5

6,422,753.

Schedule D

(Form 990)

Department of the Tressury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

THE COMMUNITY FOUNDATION OF NORTH **Employer identification number** Name of the organization LOUISIANA 72-6022365 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 52 1 Total number at end of year 1,282,558. 2 Aggregate contributions to (during year) 875,089. 3 Aggregate grants from (during year) 9,197,269. 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? ß Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part 脚】 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2009

THE COMMUNITY FOUNDATION OF NORTH

	edule D (Form 990) 2009 LOUISIA						72-60			
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following the	at are a si	gnificant u	se of its	collectio	n Item	าร
	(check all that apply):		-							
а	Public exhibition	d	Loan or exc	hange progr	ams					
b	Scholarly research	e	Other							
, с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organizat	ion's exer	npt purpo	se ın Par	t XIV.		
5	During the year, did the organization solicit of				ner sımılar	assets				
	to be sold to raise funds rather than to be m							Yes		<u>No</u>
Pa	rt 🚺 Escrow and Custodial Arran	gements. Comple	ete if organization a	nswered "Ye	s" to Forn	n 990, Par	t IV, line	9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other a	ssets not	ıncluded		_		_
	on Form 990, Part X?							Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
								Amoun	t	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV									
Pa	Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part						
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	4118761.	3867960.			, ,,,,				
Ь	Contributions	195,092.	2134476.			·····				
C	Net investment earnings, gains, and losses	794,444.	<1,741,285.	-		+		.,		
d	Grants or scholarships	72,206.	109,619.							
е	Other expenditures for facilities									
	and programs	40 903	22 771	ļ						
T	Administrative expenses	40,802.	32,771.							
g	End of year balance	4995289.	4118761.	<u> </u>				L		
2	Provide the estimated percentage of the year	r end balance held a								
a	Board designated or quasi-endowment ► Permanent endowment ► 100.00		_%							
D		%								
C 20		%								
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administe	ered for th	e organiza	ation	Г		г
	by: (i) unrelated organizations								Yes	No
	(ii) related organizations							3a(i)		X
.	If "Yes" to 3a(ii), are the related organizations		- Oakadula DO					3a(ii)		
4	Describe in Part XIV the intended uses of the							3b		<u> </u>
Par				Part Y line	10	 .				
7 441	Description of investment	(a) Cost or ot		or other		oumulat -	.	(all Days	e vede :	
	Decomption of investment	basis (investm	1 ''	or other (other)		cumulated reciation	1	(d) Book	valu	6
1a	Land			,						
	Buildings	-								
	Leasehold improvements						-			
	Equipment									
	Other		9	1,528.		75,10	5.	16	5.4	23.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2				,	<u> </u>			$\frac{23\cdot}{23\cdot}$

Schedule D (Form 990) 2009

	72	-60	22	36	5	Page	3
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Part VII Investments - Other Securities. S	ee Form 990, Part X, i	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other			·	
				
	<u> </u>			
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	+			
Part VIII Investments - Program Related. S	Con Form 000 Port V	l		
Faix xiii investments - Program Related. S	see rorm 990, Рап X, 		(a) Mathad of value	hon:
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year mark	
		003		
				- · · · · · · · · · · · · · · · · · · ·
	-		· · · · · · · · · · · · · · · · · · ·	
				····
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See Form 990, Part X, line				
· · · · · · · · · · · · · · · · · · ·	Description			(b) Book value
CASH VALUE LIFE INSURANCE				102,288.
REMAINDER INTEREST IN CRT				1,041,394.
STILES TRUST				7,277,563.
INVESTMENTS-BANK POOLS				46,468,044.
INVESTMENTS-REAL ESTATE AND M	INERAL INT	ERESTS		963,967.
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		>	55,853,256.
Part X Other Liabilities. See Form 990, Part X	, line 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
FUNDS HELD AS AGENCY ENDOWMEN	NTS	4,995,289.		
		, ,		
	,	į į		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	4,995,289.		

THE COMMUNITY FOUNDATION OF NORTH

Sche	dule D (Form 990) 2009 LOUISIANA					6022365	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financ	ial State	men	ts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,252	,868.
2	Total expenses (Form 990, Part IX, column (A), line 25)		Г	2		3,855	,366.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<1,602	,498.
4	Net unrealized gains (losses) on investments			4		9,825	
. 5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		<338	,906.
9	Total adjustments (net). Add lines 4 through 8			9		9,486	.985.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	4 0	-	10		7,884	
	t XII Reconciliation of Revenue per Audited Financial Statemer				etun		
1	Total revenue, gains, and other support per audited financial statements			рог .	1	11,626	.845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				<u> </u>	11,020	, , , , , ,
_ 	Net unrealized gains on investments	2a	10,727	-033			
b	Donated services and use of facilities	2b	10,12,	,000.	1		
_		2c			-		
C	Recoveries of prior year grants		/262	,520.		-	-
d	Other (Describe in Part XIV.)	2d	\303	, 320.	1	10 262	E 1 2
_	Add lines 2a through 2d				2e	10,363	, 213.
3	Subtract line 2e from line 1				3	1,263	,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	989	,536.			
c	Add lines 4a and 4b				4c		<u>,536.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,252	<u>,868.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	ith Expen	ses per	Retu		
1	Total expenses and losses per audited financial statements				1	3,742	,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c			1		
d	Other (Describe in Part XIV.)	2d			1		
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	3,742	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b	113	,008.	1		
•		40		,,000.	ا 🗚 ا	112	,008.
-	Add lines 4a and 4b				4c	3,855	
Da.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information				5	3,033	, 300 -
				B. ()			
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e. 2; Part XI, line 8; Part XII, lines 2d and 4b. Also complete 2; Part XI, line 8; Part XII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 5; Part XIII, lines 2d and						4; Part
PAF	T XI, LINE 8 - OTHER ADJUSTMENTS:						
AGE	NCY ENDOWMENT FUND CONTRIBUTIONS, INVESTMEN	T IN	COME, E	XPENS	ES:	-876528	B
CHA	NGE IN VALUE OF SPLIT INTEREST AGREEMENTS:	-36	3520.				
AGE	NCY ENDOWMENT FUND UNREALIZED GAINS ON INV	/ESTM	ENTS:	90114	2.		
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:						
CHA	NGE IN VALUE OF SPLIT INTEREST AGREEMENTS:	-36	3520.				
					Sched	tule D (Form 9	90) 2009

932054 02-01-10

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SCHED	(Form

- OMB No 1545-0047

(Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations			
			Governments	Governments, and Individuals in the United States	In the United Stat	Se		6007
Department of the Treasury		Comp	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Par	t IV, line 21 or 22.		Open to Public
Internal Revenue Service				► Attach to Form 990.	n 990.			Inspection
Name of the organization	LOUISIANA		FOUNDATION OF N	NORTH	-			Employer identification number 72-6022365
Part General Info	General Information on Grants and Assistance	Assistance						
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selecti	noi
criteria used to aw.	criteria used to award the grants or assistance?	nce?			,	1		X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for mon	toring the use of grant	funds in the United	States.			
	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	vernments an	d Organizations in the	United States. Co	omplete if the orga	inization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient tha	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000. Check the	s box if no one recipien	t received more tha	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and address of organization or government	ress of organization rnment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR EDUCATION,	TION, INC							
SHREVEPORT, LA 71101	01	72-1466587	501(C)3	63,389,	0			EDUCATION
BOSSIER PARISH COMMUNITY COLLEGE	MUNITY COLLEGE							
2								
BOSSIER CITY, LA 71112		72-1380259	501(C)3	46,591.	0			EDUCATION
C. E. BYRD HIGH SCHOOL	тоог					-		
SHREVEPORT, LA 71104		72-6000224	501(C)3	10,000.	o		H	EDUCATION
CADDO COUNCIL ON AGING, INC. 4015 GREENWOOD ROAD	SING, INC.							
SHREVEPORT, LA 71109		72-0715821	501(C)3	95,750.	0.			MEALS ON WHEELS
CENTENARY COLLEGE OF LOUISIANA P O BOX 41188	OF LOUISIANA							
SHREVEPORT, LA 71134		72-0408915	501(C)3	16,984.	0		Н	EDUCATION
CHRISTIAN SERVICE PROGRAM	PROGRAM					-		
P O BOX 21 cubeveronm ra 71161		72_0054130	501(0)3	200	•		•	Daoliticae Winti
Sunby bront, un 111	7	607#060-7	ייין ייין	000,6	•			HUMAN SERVICES
2 Enter total number3 Enter total number	Enter total number of section 501 (c)(3) and government organizations Enter total number of other organizations	government or	rganizations					0.0
_	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions f	for Form 990.		-		Schedule I (Form 990) 2009

THE COMMUNITY FOUNDATION OF NORTH

LOUISIANA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule | (Form 990) 2009

Page 2

72-6022365

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

. OMB No 1545-0047 Open to Public inspection

Employer identification number 72-6022365 THE COMMUNITY FOUNDATION OF NORTH Bart | Continuation of Grants and Other Assistance to Govern LOUISIANA

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTUS SCHUMPERT HEALTH SYSTEM ONE SAINT MARY PLACE SHREVEPORT, LA 71101	72-1219280	501(C)3	126,860.	°			MEDICAL
COMMUNITY RENEWAL INTERNATIONAL P O BOX 4678 SHREVEPORT, LA 71134	72-1213057	501(C)3	10,069.	.0			HUMAN SERVICES
FORENSIC NURSE EXAMINERS OF LOUISIANA, INC 1031 CRESWELL AVENUE - SHREVEPORT, LA 71101	35-2262163	501(C)3	24,677.	0.			SAFE PROGRAM
GINGERBREAD HOUSE BOSSIER-CADDO CHILDREN'S ADVOCACY CENTER - 1700 BUCKNER SQUARE, STE 101 - SHREVEFORT, LA 71101	72-1390471	501(C)3	42,391.	,0			CHILD ADVOCACY PROGRAM / HUMAN SERVICES
GOODWILL INDUSTRIES OF NORTH LOUISIANA, INC 800 WEST 70TH ST - SHREVEPORT, LA 71106	72-0460816	501(C)3	82,220.	ò			HUMAN SERVICES
HAP HOUSE P O BOX 87 BAFB, LA 71110	72-0953817	501(C)3	6,289.	0			HUMAN SERVICES
HILMAN HOUSE 644 HERNDON SHREVEPORT, LA 71101	72-1065765	501(C)3	5,000.	o			HEALTH/SCIENCE
LITERACY VOLUNTEERS AT CENTENARY COLLEGE - P O BOX 41188 - SHREVEPORT, LA 71134	72-1124343	501(C)3	25,666.	0			EDUCATION
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

26

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

LOUISIANA

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public * Inspection

> ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. OF NORTH THE COMMUNITY FOUNDATION

Employer identification number 72-6022365

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance SCHOLARSHIP PROGRAM SCHOLARSHIP PROGRAM CULTURAL ART CENTER HEALTH/SCIENCE EDUCATION EDUCATION SURN CAMP KEDICAL (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation ö ö ö ö ö 0 ö Ö (e) Amount of non-cash assistance 5,805. (d) Amount of cash grant ,097 15,000. 145,367 20,000 5,000 15,397 40,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 'n, (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 20-0171332 501(C)3 501(C)3 501(C)3 72-6000792 72-1402222 72-1031108 72-6021495 52-2040415 72-1237137 58-1647809 (p) EIN ONE UNIVERSITY PLACE, ADM BLDG 272 LSU IN SHREVEPORT FOUNDATION, INC. LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT - 920 PIERREMONT ROAD, FOUNDATION, INC. - 535 UNIVERSITY PARKWAY - NATCHITOCHES, LA 71497 PERCY R. JOHNSON BURN FOUNDATION POOL OF SILOAM MEDICAL MINISTRY, STE 407 - SHREVEPORT, LA 71106 NORTHWESTERN STATE UNIVERSITY - 4140 GREENWOOD ROAD -(a) Name and address of organization or government NZBC URBAN CORPORATION, INC LOUISIANA TECH UNIVERSITY PAMOJA ART SOCIETY, INC. LA 71112 SHREVEPORT, LA 71115 SHREVEPORT, LA 71105 SHREVEPORT, LA 71130 SHREVEPORT, LA 71109 P O BOX 7924 T.S. 3806 LINWOOD AVE RUSTON, LA 71272 2535 BARBARA ST P O BOX 33932 BOSSIER CITY, Part INC. Ŧ

SCHEDULE I-1 (Form 990)
Department of the Tressury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▼ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009 OMB No 1545-0047
2009
Open to Public trispection

al information for

Schedule I-1 (Form 990) 2009 RESEARCH ENDOWMENT FUND (h) Purpose of grant or assistance **Employer identification number** HUMAN SERVICES ARTS & CULTURE ARTS & CULTURE 72-6022365 ARTS & CULTURE ARTS & CULTURE ARTS & CULTURE SDUCATION (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 。 ó ö ö ö ó ٥. o (e) Amount of non-cash assistance 5,000 57 000 (d) Amount of cash grant 112,868 44,173, 55,000, 40,750 70,263. 45,020 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE COMMUNITY FOUNDATION OF NORTH (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 72-6001334 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 72-1205164 72-0436118 42-1562125 72-0953274 14-6027612 72-6021455 72-0805661 (P) EIN LOUISIANA PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA - P O BOX 14776 - BATON SHREVEPORT REGIONAL ARTS COUNCIL (a) Name and address of organization or government RENSSELAERVILLE, NY 12147 SHREVEPORT SYMPHONY, INC. 101 CROCKETT ST, STE C 400 CLYDE FANT PARKWAY RED RIVER FILM SOCIETY 212 TEXAS ST, STE 101 RED RIVER REVEL, INC. SHREVEPORT, LA 71101 SHREVEPORT, LA 71161 SHREVEPORT, LA 71101 SHREVEPORT, LA 71101 SHREVEPORT, LA 71101 SHREVEPORT, LA 71162 Name of the organization SCHOOL TURNAROUND 814 COTTON STREET PROVIDENCE HOUSE SHREVEPORT OPERA ROUGE, LA 70898 63 HUYCK ROAD P O BOX 155 P O BOX 205

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Schedule ! (Form 990), Part II or Part III.

THE COMMUNITY FOUNDATION OF NORTH

LOUISIANA

Name of the organization

OMB No 1545-0047 Open to Public inspection

Employer identification number 72-6022365

Schedule I-1 (Form 990) 2009 ROAD TO READING PROGRAM (h) Purpose of grant or assistance SCHOLARSHIP PROGRAM HEALTH/SCIENCE HUMAN SERVICES HUMAN SERVICES HUMAN SERVICES HUMAN SERVICES HUMAN SERVICES (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, o. Ö ö (e) Amount of non-cash assistance ö Ö 20,000 23,632. 9,815. 17,450. (d) Amount of cash grant 7,289 15,000, 55,000. 108 000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)3 501(C)3 72-1204252 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 36-2193608 02-0532649 72-1454141 20-8226010 72-0428013 72-0482891 72-0443101 (P) EIN NORTHWEST LOUISIANA - P O BOX 3173 SOUTHERN UNIVERSITY AT SHREVEPORT THE FULLER CENTER FOR HOUSING OF 3050 MARTIN LUTHER KING, JR. DR SOLDIERS OF COMPASSION OUTREACH MINISTRY, INC. - P O BOX 37925 SHRINERS HOSPITAL FOR CHILDREN THE PHILADELPHIA CENTER, INC. 403 EAST PLOURNOY LUCAS ROAD (a) Name and address of organization or government THE GLEN RETIREMENT SYSTEM THE ARC OF CADDO-BOSSIER THE CENTER FOR FAMILIES - SHREVEPORT, LA 71133 SHREVEPORT, LA 71133 SHREVEPORT, LA 71115 SHREVEPORT, LA 71107 SHREVEPORT, LA 71101 SHREVEPORT, LA 71104 SHREVEPORT, LA 71104 SHREVEPORT, LA 71103 2020 CENTENARY BLVD. 3100 SAMFORD AVENUE 351 JORDAN STREET 864 OLIVE STREET ΕĦ

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

· OMB No 1545-0047 Open to Public

Schedule I-1 (Form 990) 2009 AFTER SCHOOL PROGRAMS (h) Purpose of grant or assistance Employer identification number 72-6022365 Inspection HUMAN SERVICES HUMAN SERVICES HUMAN SERVICES (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö Ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 47,064 38,989 57,673 21,000. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE COMMUNITY FOUNDATION OF NORTH (c) IRC section If applicable 501(C)3 501(C)3 501(C)3 501(C)3 28-0660607 72-1057695 72-0506820 58-1727972 (P) EIN LOUISIANA THE SALVATION ARMY BOYS & GIRLS VOLUNTEERS OF AMERICA OF NORTH VOLUNTEERS FOR YOUTH JUSTICE (a) Name and address of organization or government LOUISIANA - 360 JORDAN ST CLUB - 200 E STONER AVE -YOUTH ENRICHMENT PROGRAM 4700 LINE AVE, STE 207 900 JORDAN ST, ST 301 SHREVEPORT, LA 71101 SHREVEPORT, LA 71101 SHREVEPORT, LA 71106 SHREVEPORT, LA 71101 Name of the organization Part Ŧ

SCHEDULE M (Form 990)

Noncash Contributions

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF NORTH

LOUISIANA

Employer identification number 72-6022365

Pa	t Types of Property								
		(a)	(b)	(c)			(d)		
		Check if applicable	Number of contributions	Revenues reporte Form 990, Part VIII,		Metho	od of deten	mining	
		applicable	Contributions	roilli 990, rait viii,	e iy		revenues		
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods					_			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	2	1,118,7	62.	MARKET	PRICE	OF 3	STOC
10	Securities - Closely held stock	_		-					
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution · Other								
15	Real estate - Residential		<u> </u>						
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	_							
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()		<u> </u>						
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions					
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	gment	29			(0
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines	1-28 tha	t it must hold	for		
	at least three years from the date of the initial of	contribution,	and which is not	required to be used t	for exem	pt purposes fo	or		
	the entire holding period?						30	a	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any non-standard	contribu	itions?	3	1 X	
32a	Does the organization hire or use third parties	or related or	ganızatıons to solı	cit, process, or sell n	oncash				
	contributions?						32	a	X
b	If "Yes," describe in Part II.						-		
33	If the organization did not report revenues in co	olumn (c) for	a type of property	for which column (a	a) is chec	cked,			
	describe in Part II.								
LHA	For Privacy Act and Paperwork Reduction	Act Notice	see the Instructi	ons for Form 990.		Scho	edule M (F	orm 99	0) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTH

Employer identification number

72-6022365 LOUISIANA FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: COMMUNITY FOUNDATION FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY THROUGH PHILANTHROPY BY FACILITATING GRANTS FROM DONOR ADVISED, FIELD OF INTEREST, DESIGNATED, AGENCY ENDOWMENT, AND SCHOLARSHIP FUNDS. FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION CHANGED THE BYLAWS TO STATE THAT THE BOARD MEMBERS ARE ELECTED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 6: ANY RESIDENT OF NORTH LOUISIANA WHO MAKES A MINIMUM ANNUAL CONTRIBUTION, SPECIFIED IN THE BYLAWS, IS A SUSTAINING MEMBER. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE BOARD MEMBERS TO REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS OVERSEES THE POLICIES OF THE ORGANIZATION AND ENFORCES COMPLIANCE WITH THEM. FORM 990, PART VI, SECTION B, LINE 15: OUR BOARD IS MADE AWARE OF COMPARABILITY DATA FROM OTHER FOUNDATIONS ACROSS THE NATION. THE BOARD OF DIRECTORS APPROVES THE BUDGET ANNUALLY, TYPICALLY IN DECEMBER. THIS PROCESS WAS LAST DONE ON DECEMBER 7, 2009. SALARIES OF ALL EMPLOYEES ARE DISCUSSED AND APPROVED BY THE BOARD OF DIRECTORS. DOCUMENTED AUTHORIZATION

932211 02-03-10

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

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public inspection

Internal Revenue Service

Name of the organization

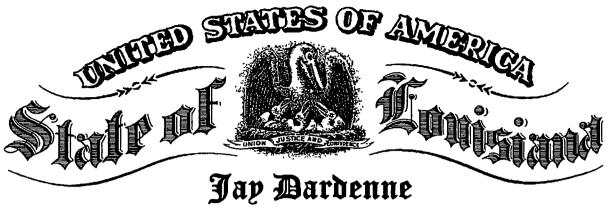
THE COMMUNITY FOUNDATION OF NORTH

Employer identification number 72–6022365

LOUISIANA	/2-6022365
OF SALARIES IS MAINTAINED IN EACH EMPLOYEE'S FILE.	
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION M	AKES ITS FORM
1023, 990, AND 990-T AVAILABLE FOR PUBLIC INSPECTION UPON	REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE BY A NOTATION ON THE ORGANIZATION'S WEBSITE AN	D IN ITS ANNUAL
REPORT.	
FORM 990, PART XI, LINE 2C:	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN IND	EPENDENT
ACCOUNTANT.	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

I REPORT	
AMORTIZATION	
2009 DEPRECIATION AND	

Assert No											_			
	Description	Date Acquired	Method	Life	Se->	Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
******	RNISHING	VARIOUS	2000B	7.00	HX17	91,528.	:	?	***	91,528	72,234.	: : :	2,871.	75,105.
***	* TOTAL 910 PAGE 10 DEPT					91,528,	: '.		. :	31, 528,	***************************************	: .:	* * * * * * * * * * * * * * * * * * * *	75,105.
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SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

a copy of Restated Articles of Incorporation of

THE COMMUNITY FOUNDATION OF SHREVEPORT-BOSSIER

Domiciled at SHREVEPORT, LOUISIANA, changing the corporate name to

THE COMMUNITY FOUNDATION OF NORTH LOUISIANA

Was filed and recorded in this Office on January 2, 2010.

STATE OF LOUISIANA PARISH OF CADDO

I hereby certify this to be a full and true copy of an original instrument filed in my office on the date and hour and under the Registry Number stamped hereon to be

Conveyance

recorded in the

fortgage ______ > Records.

UCC

Given under my hand and seal of office on said tate of filing

DEPUTY CLERK & EX-OFFICIO RECORDER

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 3, 2010

Certificate ID: 10042421#DR820

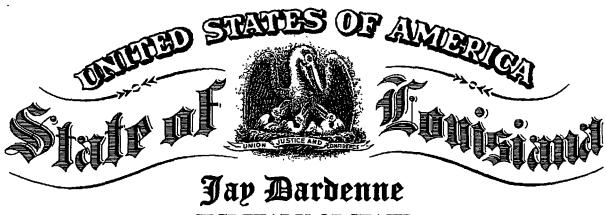
To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed

www.sos.louisiana.gov

Secretary of State
PA 03103640N

Page 1 of 1 on 2/3/2010 2 55 13 PM

Gary Loftin Caddo Parish Clerk of Court



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the attached document(s) of

THE COMMUNITY FOUNDATION OF NORTH LOUISIANA

are true and correct and are filed in the Louisiana Secretary of State's Office.
40115349 Restated Amendment 02/02/2010 10 pages

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 3, 2010

Secretary of State

PA 03103640N



Certificate ID: 10042422#LU920
To validate this certificate, visit the following web site, go to Commercial Division,
Certificate Validation, then follow the instructions displayed www.sos.louisiana.gov

THIRD RESTATEMENT OF THE ARTICLES OF INCORPORATION OF THE COMMUNITY FOUNDATION OF SHREVEPORT-BOSSIER NOW KNOWN AS THE COMMUNITY FOUNDATION OF NORTH LOUISIANA

ARTICLE I NAME

The name of this corporation is declared to be: "THE COMMUNITY FOUNDATION OF NORTH LOUISIANA."

ARTICLE II NONPROFIT CORPORATION

This corporation is a nonprofit corporation as defined in Louisiana R.S. §12:201(7). This corporation was incorporated on June 29, 1961. The effective date of this restatement is January 4, 2010. This restatement accurately copies the articles and all amendments thereto in effect at the date of the restatement, without substantive change except as made by any new amendment or amendments contained in the restatement, which amendments have been indicated and effected by unanimous consent of the directors/members of the corporation, all in conformity with law.

ARTICLE III BASIS OF ORGANIZATION

This corporation shall be organized on a nonstock basis.

ARTICLE IV DURATION

The corporation shall have continuous succession and unlimited duration.

ARTICLE V REGISTERED OFFICE

The address of its registered office is 401 Edwards Street, Suite 105, Shreveport, Louisiana 71101.

ARTICLE VI PURPOSES AND POWERS OF CORPORATION

This corporation (hereinafter called the "Foundation") is organized exclusively to receive, maintain, and accept as assets of the Foundation any property, whether real, personal, or mixed, by way of gift, bequest, devise, or purchase from any person, firm, trust, or corporation, and to

hold, administer, and dispose of such property exclusively for charitable, religious, educational, and scientific purposes or for the prevention of cruelty to animals or children and for civic purposes within the meaning of Section 501(c)(3) or the Internal Revenue Code of 1986, as amended ("Code"), and in accordance with and pursuant to the provisions of these Articles of Incorporation; but no gift, bequest, devise, or purchase of any such property shall be received, accepted, or purchased if it is conditioned or limited in such a manner as shall require the disposition of income or principal to any organization other than a "charitable organization" or for any purpose other than a "charitable purpose" which would jeopardize the status of the Foundation, as an entity exempt from federal income tax pursuant to the relevant provisions of the Code.

Specifically, the purposes of the Foundation may be achieved by the following non-exclusive list of activities:

- 1. Receiving and accepting of donations of cash or any other type of property, whether outright or for the benefit of the Foundation through a donation to a financial institution or trustee who shall hold the property and administer it for the benefit of the Foundation consistent with these Articles of Incorporation ("Articles").
- 2. Accepting remainder or income interests in charitable trusts.
- 3. Serving as trustee or executor of a trust or estate for which the Foundation is a beneficiary.
- 4. Making distributions to corporations, associations, agencies, institutions, individuals or groups of individuals (whether now existing or hereafter organized) which are located in any of Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Lincoln, Morehouse, Natchitoches, Ouachita, Red River, Sabine, Union, Webster Parishes ("North Louisiana") and which, in the judgment of the Board of Directors, serve to:
 - a. Care for the aged, children, sick, helpless, poor and mentally incompetent of North Louisiana;
 - Aid charitable, philanthropic, civic, educational, health, scientific, literary, medical, surgical, hygienic, musical, and artistic agencies and activities of North Louisiana;
 - c. Improve the moral, mental, social and physical well-being of the inhabitants of North Louisiana;
 - d. Preserve and encourage art, the preservation of historic records and relics, improve public health and housing, and improve the general welfare of North Louisiana.

Any distributions of income or principal shall be solely for charitable, religious, educational, and scientific purposes or for the prevention of cruelty to animals or children and for civic purposes within the meaning of Section 501(c)(3) of the Code and no gift, bequest, devise, or purchase of any property shall be received, accepted, or purchased if it is conditioned or limited in such a manner as shall require the disposition of income or principal to any organization other than a "charitable organization" or for any purpose other than a "charitable purpose" which would jeopardize the status of the Foundation as an entity exempt from federal income tax pursuant to the relevant provisions of the Code. Notwithstanding any other provision of these Articles, the Foundation shall not carry on or otherwise engage in any activities not permitted to be carried on or engaged in by (i) a corporation exempt from Federal income tax under Section 501(c)(3) of the Code (or the corresponding provision of any subsequent Federal Internal Revenue laws); or (ii) a corporation organized under Chapter 2 of Title 12 of the Louisiana Revised Statutes, as amended, Sections 12:201 et seq.

No distribution of income or principal shall be authorized by the Board of Directors to any corporation, association, agency or other institution, if any officer, private stockholder, individual, member or employee thereof shall receive or may be lawfully entitled to receive any pecuniary or other profit or financial benefit from the operation thereof, except as to reasonable compensation for services or goods in effecting one or more of such purposes, or as proper beneficiaries of its strictly charitable or philanthropic purposes, or if the organization thereof for any such purposes be a guise or pretense for directly or indirectly making any other pecuniary profit for such corporation or association, or for any of its members or employees, or if it be not in good faith organized or conducted exclusively for one or more of the purposes hereinabove enumerated, or if a substantial part of the activities, thereof be devoted to carrying on propaganda, or otherwise attempting to influence legislation. The funds of the Foundation shall not be used in any political campaign or on behalf of any candidate for public office.

ARTICLE VII DONOR REQUIREMENTS FOR DISPOSITION OF PRINCIPAL OR INCOME

The terms and conditions of any donation made by a donor or testator shall control in the disbursement of income or principal, subject to the powers of the Board of Directors to alter any such direction contained herein.

If a donor or testator in the act of donation, testament, or trust agreement stipulates that all or a portion of the principal of the donation or bequest may be disbursed for any of the purposes described herein, then the Board of Directors of the Foundation shall be authorized to make such distributions upon the affirmative vote of a majority of its members. In all other cases, distributions of principal shall be governed by the-provisions of the Uniform Management of Institutional Funds Act (Louisiana R.S. §9:2337.1 et seq.) as it now exists or may hereafter be amended.

Notwithstanding any provision in these Articles, in the By-Laws of the Foundation, or in any instrument of transfer creating or adding to a fund of this Foundation, the Board of Directors shall have the power to modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if in the sole judgment of the Board of Directors (without the necessity of the approval of any participating trustee, custodian or agent), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, illegal or inconsistent with the charitable needs of North Louisiana or inconsistent with the purposes of the Foundation. The Board of Directors shall exercise this power by the affirmative vote of the majority of its members. These provisions are intended to comply with the requirements of temporary Treasury Regulation § 1.170A-9T(f)(11).

ARTICLE VIII BOARD OF DIRECTORS MEMBERS OF THE FOUNDATION

- A. The Board of Directors of the Foundation shall consist of seven (7) citizens of the United States and residents of North Louisiana, all of whom shall be nominated and elected by the Foundation Members (as hereinafter set forth). Such Directors shall be selected for their knowledge of the educational, charitable and civic needs of North Louisiana and with a goal of ensuring that a range of talents, perspectives and experiences are available to serve the Foundation. This goal shall be achieved by seeking a Board diverse in race, gender, religion, ethnicity, professional background and history of philanthropy and community service. The Directors shall constitute the Members of the Foundation.
- B. No officer or employee of any entity or any other person acting as a trustee, custodian, or agent of the Foundation shall be a member of the Board of Directors of the Foundation. This exclusion does not apply to a Chairman of the Board of Directors or Director of any trustee institution.
- C. All Directors shall be nominated and appointed by the Members at an annual meeting or special meeting called for such purpose, in accordance with the duly adopted by-laws of the Foundation.
- D. Any vacancy occurring on the Board of Directors of the Foundation shall be filled for the remaining term by vote of the remaining members of the Board of Directors.

ARTICLE IX AUTHORITY OF BOARD OF DIRECTORS

- A. The Board of Directors shall be vested with all the powers vested in non-profit, charitable and philanthropic corporations by the laws of the State of Louisiana.
- B. The Board of Directors shall have the power to make, amend and repeal by-laws to govern this Foundation, provided they do not conflict with these Articles. The by-laws shall be in writing.

- C. The Board of Directors shall direct the disposition of income and principal of all funds held by the Foundation as owner or as trustee, in accordance with the provisions of these Articles and its duly adopted by-laws.
- D. The Board of Directors shall have authority to expend the funds received from Sustaining Members (as hereinafter set forth), together with the income accruing therefrom, for operating expenses of the Foundation and for such other purposes of the Foundation as may be designated by the Board of Directors.
- E. The Board of Directors of the Foundation may act as a distribution committee of any trust.
- F. The Board of Directors shall have the power to replace any custodian or agent for breach of fiduciary duty under Louisiana law. If it appears that there may be grounds for exercising this power with respect to any fund, the Board of Directors shall notify the custodian or agent involved and provide a reasonable opportunity for explanation and/or correction. The Board of Directors shall exercise this power by the affirmative vote of a majority of its members. Before it exercises this power, the Board of Directors may seek advice of legal counsel as to whether such a breach has been committed under Louisiana law. Upon the exercise of this power, the Board of Directors shall have the power to select a successor custodian or agent to whose custody the fund or funds held by the former custodian or agent shall be transferred.
- G. The Board of Directors shall have the power to replace any custodian or agent for failure to produce a reasonable return of net income (or appreciation where not inconsistent with the Foundation's need for current income), with due regard to the safety of principal, over such reasonable period of time as is determined by the Board of Directors. In exercising this power, the determination with respect to a reasonable return of net income or appreciation shall be made separately with respect to each restricted fund and shall be made in the aggregate with respect to unrestricted funds of the corporation. As used herein, the term "restricted fund" means a fund, the income of which has been designated by the donor of the gift or bequest as being available only for the use or benefit of a named charitable organization or agency or for the use or benefit of a particular class of charitable organizations or agencies, the members of which are readily ascertainable and are less than five in number. If it appears that there may be grounds for exercising this power with respect to any fund, the Board of Directors shall notify the custodian or agent involved and provide a reasonable opportunity for explanation and/or correction. The Board of Directors shall exercise this power of replacement upon the affirmative vote of a majority of its members. Upon the exercise of this power, the Board of Directors shall have the power to select a successor custodian or agent to whose custody the fund or funds held by the former, custodian or agent shall be transferred.
- H. The Board of Directors by the affirmative vote of a majority of its members may establish one or more designated investment accounts in which the investment advisor has discretionary authority to manage assets for the Foundation; provided that the Board of Directors of the Foundation retains the power to add or withdraw assets, to modify the investment objectives and to terminate the account. Such designated investment accounts may be opened

with any one or more banks, trust companies, brokerage firms or other custodial service providers that are licensed to render such services under the laws of the United States, the State of Louisiana or any other State.

I. A Director absent from a meeting of the Board of Directors may be represented by any other director, who may cast the vote of the absent Director according to the written instructions, general or specific, of the absent Director.

ARTICLE X SUSTAINING MEMBERS OF THE FOUNDATION

A. Any resident of North Louisiana who makes a minimum annual contribution of an amount specified in the By-Laws to the Foundation shall be considered a "Sustaining Member" of the Foundation. Unless such minimum contribution is made each calendar year, qualification as a Sustaining Member ceases, unless the by-laws otherwise stipulate.

The Sustaining Members shall, if requested by the Foundation's Board of Directors, advise the Foundation's Board of Directors with respect to such Foundation activities as the Board of Directors deems appropriate. Sustaining Members shall have no other power or authority with respect to the Foundation. Sustaining Membership in the Foundation is personal and is not transferable or heritable.

ARTICLE XI DISSOLUTION OF THE CORPORATION

In the event of the dissolution and liquidation of the Foundation, to the extent allowed or permitted under applicable laws, the property and assets of the Foundation shall be, as determined by the Board of Directors, distributed to or sold and the proceeds of such sales distributed to any organizations, corporations, funds or foundations, organized and operating for the same or similar purpose or purposes for which the Foundation is organized and operating and for which such organization, corporation, fund, or foundation shall be exempt under Section 501(c)(3) of the Code. In any such event, none of the assets are to be distributed to the Foundation's organizers, members or to those who have contributed thereto, or to persons related to or groups controlled directly or indirectly, by such organizers, members or contributors. In the event that any assets are not disposed of in accordance with the provisions of these Articles or that the Foundation shall fail to act within a reasonable time in the manner provided in these Articles, the District Court for Caddo Parish, Louisiana, shall, upon the application of one or more persons having a real interest in the Foundation or its assets, make such distribution(s) as provided in these Articles.

ARTICLE XII REGISTERED AGENT

The full name and municipal address of its registered agent is:

William C. Kalmbach Cook, Yancey, King & Galloway, APLC 333 Texas Street Suite 1700 Shreveport, LA 71101

ARTICLE XIII LIMITATION OF LIABILITY

The incorporators, officers, and members of the Board of Directors of this corporation claim the benefits of the limitation of liability of the provisions of Louisiana R.S. § 12:24(C) to the fullest extent allowable by law as fully and completely as though said provisions were recited herein in full.

ARTICLE XIV AMENDMENTS TO ARTICLES

These Articles of Incorporation may be amended by vote of not less than two-thirds (2/3) of the voting power present at any annual meeting or special meeting of the Members called for that purpose.

Signed at Shreveport, Louisiana as of the 19th day of \anuary	, 2010.
THE COMMUNITY FOUNDATION OF NORTH LOUISIANA By:	
By: Chairman of the Board By: Secretary	

STATE OF LOUISIANA

PARISH OF CADDO

BEFORE ME, the undersigned authority, personally came and appeared Laurad Grand, to me known to be the Secretary of the Board of THE COMMUNITY FOUNDATION OF NORTH LOUISIANA, and the person who executed the foregoing instrument in such capacity, and who, being duly sworn, acknowledged in my presence and in the presence of the undersigned witnesses that such person was authorized to and did execute the foregoing instrument in such capacity for the Foundation as its and such person's free act and deed.

IN WITNESS WHEREOF, the appearer, witnesses and I have hereunto affixed our signatures on this vigation of January, 2010.

WITNESSES-

CARYDA. COUNGEN

Debbie D Cook

Notary Public in and for the State of Louisiana

Parish of Caddo

My commission expires at death.

PAIGE CARLISLE, NOTARY PUBLIC CADDO PARISH, LOUISIANA MY COMMISSION IS FOR LIFE ID # 84600

STATE OF LOUISIANA

PARISH OF CADDO

BEFORE ME, the undersigned authority, personally came and appeared Bobby E. Jelks, to me known to be the Chairman of the Board of THE COMMUNITY FOUNDATION OF NORTH LOUISIANA, and the person who executed the foregoing instrument in such capacity, and who, being duly sworn, acknowledged in my presence and in the presence of the undersigned witnesses that such person was authorized to and did execute the foregoing instrument in such capacity for the Foundation as its and such person's free act and deed.

IN WITNESS WHEREOF, the appearer, witnesses and I have hereunto affixed our signatures on this Graduay of Junuary, 2010.

WITNESSES:

Meredith M. Evans

Camp Andreas

Notary Public in and for the

State of Louisiana Parish of Caddo

My commission expires at death.

Diane Marie Fong, Notary Public ID # 2731 P. O. Box 7665 - Shreveport, LA 71137-7665 Commissioned in Caddo Parish, Louisiana Commission la for life.

Feb 3 2010 14:03

02/03/2010 14:07 3182277850

SOS HUNAN RESOURCES Fax: 2259256034

COOK YANCEY KING & G

Feb 3 2010 12:47

PAGE 02/02

P. 02

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the previously named entity.

Registered agent(s) signature(s):

Swom to and subscribed before me this 3rd day of Teoruary
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

KIMBERLY JONES, NOTARY PUBLIC, 84114 BOSSIER PARISH, LOUISIANA MY COMMISSION IS FOR LIFE Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•				X
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	lea Fo	rm 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I o	nly			
to file n	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.			
noted I (not au you mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction that the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want the ated Form 990-T.	additional
Туре о	Name of Exempt Organization	Emp	loyer identificati	on number
print	COMMUNITY FOUNDATION OF SHREVEPORT-	l _		
File by th	BOSSIER		<u>2-6022365</u>	<u> </u>
due date	or Number, street, and room or suite no. If a P.O. box, see instructions.			
return Se				
	SHREVEPORT, LA 71101-5508			
Chack	type of return to be filed (file a separate application for each return):			
=	orm 990 Form 990-T (corporation) Form 47			
=	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52			
=	orm 990-EZ Form 990-T (trust other than above) Form 60 orm 990-PF Form 1041-A Form 88			
	OM 990-FF			
	THE COMMUNITY FOUNDATION			
	books are in the care of \blacktriangleright 401 EDWARDS STREET, SUITE 105 - SHREVEP	ORT	, LA 7110)1
	phone No. ► <u>(318) 221-0582</u> FAX No. ►			
	e organization does not have an office or place of business in the United States, check this box			
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
box ▶	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension	will cover
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- ${f AUGUST}$ 15, 2010 , to file the exempt organization return for the organization named a		The extension	
is	for the organization's return for:			
•	▶ <mark> </mark>			
•	tax year beginning, and ending		_	
2 11	this tax year is for less than 12 months, check reason.		Change in accou	nting period
3a II	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	onrefundable credits. See instructions.	3a	\$	
b II	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
_	x payments made. Include any pnor year overpayment allowed as a credit	3b	\$	
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			27./2
s	ee instructions.	3c	\$	N/A
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment in	structions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868	(Rev. 4-2009)

Form 8	868 (Rev 4-2009)				Page 2			
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	this box			X			
•	Only complete Part II if you have already been granted an automatic 3-month extension on a previous			•	<u> </u>			
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	.,						
Par	······································	al (no cor	oles ne	eeded).				
_	Name of Exempt Organization	·····	Emplo	oyer identification i	number			
Туре	THE COMMUNITY FOUNDATION OF NORTH		-					
print	LOUISIANA		72	2-6022365				
File by t extende			For IR	S use only				
due date	or 401 EDWARDS STREET, NO. 105			•				
filing the return S	to City taken as part office state and ZID ands For a foreign address, and materiations	······································		•				
instructi	ons SHREVEPORT, LA 71101-5508	` ;		٠,				
Chec	k 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	I-A 🗌	☐ For	m 5227 🔲 Fo	rm 8870			
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720) [☐ For	m 6069				
STOP	 ! Do not complete Part II if you were not already granted an automatic 3-month extension on a _l	previous	y filed	d Form 8868.				
	THE COMMUNITY FOUNDATION							
• The	books are in the care of ► 401 EDWARDS STREET, SUITE 105 - SHR	EVEPO	nrπ.	T.A 71101				
	ephone No. ► (318) 221–0582 FAX No. ►	<u> </u>	/1(1/	<u> </u>				
	ne organization does not have an office or place of business in the United States, check this box							
	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	ie for	the whole group, ch	eck this			
box D				- · ·				
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.	43 OI all II	ICITIDE	is the extension is i	<u> </u>			
	0000							
	If this tax year is for less than 12 months, check reason: Initial return Final return		(Change in accountin	a period			
	State in detail why you need the extension				9 poc			
	ADDITIONAL TIME IS NEEDED TO GATHER DATA REQUIRED	TO F	LE	A COMPLET	E AND			
	ACCURATE RETURN.							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
,	nonrefundable credits. See instructions.		8a	\$				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate	ed [
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	L						
	previously with Form 8868.		8b	\$				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo	sit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru	ictions.	8c	\$ N	/A			
	Signature and Verification							
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a	nd to the I	est of	my knowledge and be	lief,			
it is tru	e, correct, and complete, and that I am authorized to prepare this form.							

Title ► CPA

Form 8868 (Rev 4-2009)

Date 🕨

<u>Signature</u> ►