

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



Return of Organization Exempt From Income Tax

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

SCANNED 0CT 2 9 2010

Interi	nal Reve	enue Service		The organization may have	ave to use a copy	of this return to sati	sfy state report	ing requirem	ents	Upen	to Public Inspection
	For th	e 2009 calendar	r year, c	or tax year beginning	4/01	, 2009	9, and endir	ig 3/:	31	,	2010
		f applicable		С					D Employ	er Identific	ation Number
_		i Pi	lease use RS label	CENTRAL LOUISI	ANA COMM	UNITY FOUN	DATTON		72-	14463	78
	<u></u>	· I	or print	PO BOX 66					E Telepho		
	\vdash	- I	or type See	ALEXANDRIA, LA	71309-0	066					
	L Init		specific Instruc-						(31)	0) 44	5-7702
	Te	rmination	tions.								1 054 001
	Ап	nended return						,	G Gross r		1,964,221.
	Ар	p		and address of principal officer				1	a group retur		
				AS C ABOVE					affiliates incl attach a list		uctions) Yes No
ı	Tax	exempt status	X 501	(c) (3) ⋖ (inser	t no)	4947(a)(1) or	527			(,
	Web	site: ► WWW	.CLCF	NET				H(c) Group	exemption ni	umber 🟲	
ĸ	Form	of organization	Corpora	ation Trust Assoc	iation X Other	► COMM FDN L	Year of Forma	tion 199	9 M s	itate of leg	al domicile LA
Pa		Summar	v								
Ť				ganization's mission or i	most significa	nt activities T	O CONNE	CT PEO	PLE TO	PRIC	RITIES THEY
_				INCREASE CHAR							
Activities & Governance				R_COMMUNITY		-1 -10-10-10-10-10-10-10-10-10-10-10-10-10-			<u></u>	. Eta w	-
rua l	•	77777	0_401)							
Ş	2	Check this box	-	if the organization disco	ontinued its o	perations or disp	osed of mo	re than 25	% of its as	ssets.	<u>-</u>
ၓ				bers of the governing b						3	14
જ				nt voting members of the			e 1b)			4	14
Ė				yees (Part V, line 2a)						5	3
ž	6	Total number of	f volunt	eers (estimate if necess	sary)					6	0
ĕ	7a	Total gross unre	elated t	ousiness revenue from F	⊃art VIII, colu	mn (C), li ne 12				7a	0.
	b	Net unrelated b	usiness	taxable income from F	orm 990-T, lii	ne 34				7 b	0.
		.						P	rior Year	İ	Current Year
	8	Contributions ai	nd gran	its (Part VIII, line 1h)	Γ				817,1	01.	17,550.
Revenue			•	nue (Part VIII, line 2g)	- /	RECEI			22,2	00.	9,525.
, el				art VIII, column (A), line	s 3, 4, and 70	LCEI	VED	$\sqrt{-1}$.,302,9	38.	1,794,709.
ď				III, column (A), lines 5,		c, and 11e)	, LD	<i>I</i>	584,8	85.	142,437.
	12	Total revenue -	- add li	nes 8 through 11 (must	equal Part V	II, ան նդու _Ք A), և	ne 12)	$\sqrt{}$	-121,2	48.	1,964,221.
							1010 10	5/			
	14	Benefits paid to	or for	ounts paid (Part IX, colu members (Part IX, colu nsation, employee bene	mn (A) time 4	200	1/2	/			
	15	Salaries other	comper	nsation, employee bene	fits (Part IX.	column to Anes	15-ION OX		38,7	54.	53,287.
Ses.		•	•	ng fees (Part IX, column		77					
Expenses						,					<u> </u>
Ä				nses (Part IX, column (I				-	411 6		107 001
_				IX, column (A), lines 11					411,2		197,001.
	18	Total expenses	Add li	nes 13-17 (must equal f	Part IX, colum	ın (A), line 25)			450,0		250,288.
	19	Revenue less e	xpense	s Subtract line 18 from	line 12				-328,8	100.	1,713,933.
៦ខ្ល								Begii	nning of Y	ear	End of Year
å å	20	Total assets (Pa	art X, li	ne 16)					3,584,1		6,521,030.
A B		Total liabilities		•				2	2,269,6	65.	3,492,592.
Net Assets or Fund Balancos			•	ances Subtract line 21	from line 20			1	.,314,5	04.	3,028,438.
Pa	ri II	Signatur			HOM: MIC EC				7 7		
					this return unclu	dino accompanying si	rhedules and st	tatements an	d to the best	of my kno	wledge and belief, it is
		true, correct, and	complete	I declare that I have examined e Declaration of preparer (other	r than officer) is l	pased on all information	on of which pre	parer has any	knowledge	1	
Sig	10	► M/C	w	7 132.78					914	HIO	
He		Signature of	officer	70001				Da	ite	+-	· · · · · · · · · · · · · · · · · · ·
	. •	-	A - 1 -	n TRO.							
		Type or print	t name ar	nd title	1 1						
					0		Date •	Ic	heck if	Prep	parer's identifying number
Pa	id		11	1, VO. 1.	takke	_	ما ا	/ St	elf	(See	instructions)
Pro		Preparer's signature		TTAM A DADDIE		-	7///	lo "	mployed P	니까	0021289
	rer's		MTT	LIAM A. PADDIE	īC		- 1 1	+		150	0021203
Üs		Firm's name (or yours if self			LC					2 050	0000
On		employed), address, and		0 GUS KAPLAN D						3-059	
		ZIP + 4		EXANDRIA, LA 71				Р	hone no	(318)	
				with the preparer shown							X Yes No
BA	A For	Privacy Act and	d Papei	rwork Reduction Act No	tice, see the	separate instruct	tions.		TEEA0113L	12/29/0	9 Form 990 (2009)

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

Checklist of Required Schedules

Part IV

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 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, X 6 Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 Х complete Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Χ Schedule D. Part IV 9 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, VIII, IX, or Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other habilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X No 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 13 13 is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X 16 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 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 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 Х 19 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

	•		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
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23_		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20.		v
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31		31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 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		Х
BAA		Form	990 (2009)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 Information Returns Enter -0- if not applicable 0 1ь b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by **3**a Х this return? 3ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) **4**a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6.2 Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? **b** if 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f 1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business X 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against 11_b amounts due or received from them)

Form 990 (2009)

12a

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

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

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				
				Yes	No
1 a	Enter the number of voting members of the governing body	1a 14			
b	Enter the number of voting members that are independent	1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lationship with any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or oth	nder the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		Х
_	since the prior Form 990 was filed?	n's pasata?	5		Х
5	Did the organization become aware during the year of a material diversion of the organization	15 0556157	6		X
6	Does the organization have members or stockholders?				
	Does the organization have members, stockholders, or other persons who may elect one or regoverning body? $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left($		7a		X
t	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her persons ⁷	7Ь		X
8	\ensuremath{Did} the organization contemporaneously document the meetings held or written actions under the following	rtaken during the year by			
a	The governing body?		8a		X
t	Each committee with authority to act on behalf of the governing body?		8ь		Х
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies no	t required by the Interna	ı f		
Reve	nue Code)				
	- W. L. 2	İ	10-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		1 0 a		
	If 'Yes,' does the organization have written policies and procedures governing the activities o and branches to ensure their operations are consistent with those of the organization?		10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body by		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	T		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	II. b	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b		Х
	Does the organization regularly and consistently monitor and enforce compliance with the policy schedule O how this is done	licy? If 'Yes,' describe in	12c		X
	Does the organization have a written whistleblower policy?		13		X
	Does the organization have a written document retention and destruction policy?	•	14		X
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deciberation.	approval by independent cision?			
á	The organization's CEO, Executive Director, or top management official		15a		X
ı	Other officers of key employees of the organization		15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		Х
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16Ь		
	tion C. Disclosures				
	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, ar inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request	nd 990-T (501(c)(3)s only) avai	able f	or pul	olic
10	Describe in Schedule O whether (and if so, how) the organization makes its governing docum	nents conflict of interest policy	/ and	finan	rial
19	statements available to the public. State the name, physical address, and telephone number of the person who possesses the b				oidi.
20	MARK G. CAZES 418 DESOTO ALEXANDRIA LA 71301 318-445-770				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(c)						(D)	(E)	(F)			
Name and Title	Average hours		_			hat app		Reportable	Reportable	Estimated amount of other			
	per week	Indivi	instit	Officer	Key e	Highe	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	compensation from the			
		Individual trustee or director	institutional trustee	14	Key employee	st co	역			compensation from the organization and related organizations			
		truste	al trus		yee	mper				organizations			
		ň	stee			Highest compensated employee							
ATTACHED	ļ												
	0							0.	0.	0.			
	ļ					<u> </u>							
	1						'						
								-					
				L.									
<u></u>						-	_						
	1												
						ļ	_						
		_				\vdash	<u> </u>			<u> </u>			
	1						L						
	<u> </u>		Ц.			Ь		L					

Form 990 (2009) CENTRAL LOUISIANA COMMUNI	TY FO	<u>NUC</u>	DA'	ric	N				72-144637			Page 8
Part VII Section A. Officers, Directors, Trus	tees, l	∕eу	Er	npl	oye	es	, an			ıploye	es (c	ont.)
· (A)	(B)	_		•	c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer	_	Highest compensated employee	_	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	arno cor or a	stimated unt of ot apensati rom the ganization ad relate anization	ther on on ed
											-	
										ļ		
							: 			ļ		
			_			_				ļ		
1 b Total	.1				٠		•	0.	0.	,		0.
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in reporta	ble com		,
3 Did the organization list any former officer, director	or truste	e, k	ey e	empl	loye	e, o	r hig	hest compensate	d employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater to			iper	ısatı f'Ye	on a	and (othe	r compensation fr	om uch	3		X
individual 5 Did any person listed on line 1a receive or accrue co										4		X
rendered to the organization? If 'Yes,' complete Sch	nedule J	for	sucl	n pe	rsor	1				5	l	Х
Section B. Independent Contractors Complete this table for your five highest compensation from the organization	ed indep	end	ent	conf	trac	tors	that	received more th	an \$100,000 of			
(A) Name and business addres	ss							(B Description) of Services		C) ensatio	on
			_									
2 Total number of independent contractors (including	but not	lımıte	ed t	o the	ose	liste	d ab	l pove) who receive	d more than			
\$100,000 in compensation from the organization									_			

CENTRAL LOUISIANA COMMUNITY FOUNDATION

Part VIII Statement of Revenue (B) Related or (C) Unrelated (D) Revenue Total revenue exempt excluded from tax business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b **b** Membership dues 1 c c Fundraising events d Related organizations 1 e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f 17,550 q Noncash contribns included in lns 1a-1f: \$ 17,550 h Total. Add lines 1a-1f Business Code PROGRAM SERVICE REVENUE 9,525 9,525. 2a MEMBERSHIP DUES & ASSESSMENTS f All other program service revenue ▶ 9,525 q Total. Add lines 2a-2f Investment income (including dividends, interest and 1,794,709. 1,794,709 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross Rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a 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) 8a Gross income from fundraising events (not including \$_____ **OTHER REVENUE** of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10a 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** <u>104,939</u>. <u>104,9</u>39 11a TRANSFER TO EQUITY 37,498 37,498 **b** MANAGEMENT FEES d All other revenue 142,437 e Total. Add lines 11a-11d 964,221 0. 0. 1,946,671 Total revenue. See instructions

Form 990 (2009)

Form 990 (2009)

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. · All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Program service Management and general expenses Do not include amounts reported on lines Total expenses expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 0. 0. 0 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0 0 0 49,500 49,500. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 3,787 3,787 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 3,500 3,500 c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 689 689 Office expenses 13 4,498 4,498 Information technology 14 Royalties 15 6,300 6,300 16 Occupancy 132 132 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,096 2,096 22 Depreciation, depletion, and amortization 1,635 1,635 23 Insurance Other expenses, Itemize expenses not

covere and la	expenses. Itemize expenses not ed above (Expenses grouped together abeled miscellaneous may not exceed f total expenses shown on line 25 (,)			
	NT EXPENSE	169,032.	169,032.	
b PRI	NTING AND PUBLICATIONS	1,718.	1,718.	
	SLETTER	1,415.	1,415.	
	- OTHER	1,230.	1,230.	
	EDNET SERVICE	943	 943.	

e INTERNET SERVICE 3.813 3,813 f All other expenses 0. 0 250,288 250,288 25 Total functional expenses Add lines 1 through 24f te Chack here

20	Joint costs. Check here it 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

Form 990 (2009)

71,655

453.

850

6.869

516,455.

5,931,617.

6,521,030

<u>3,485,72</u>3.

3,492,592.

3,028,438.

(**B)** End of year

Paid-in or capital surplus, or land, building, and equipment fund

Total net assets or fund balances.

Total liabilities and net assets/fund balances.

Retained earnings, endowment, accumulated income, or other funds

Balance Sheet (A) Beginning of year 41.571 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 525,591 10a 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b 9,136. 518,550 10 c **b** Less accumulated depreciation. 3,023,198 11 Investments - publicly-traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 13 13 14 14 Intangible assets 850 15 15 Other assets. See Part IV, line 11 3,584,169 16 Total assets Add lines 1 through 15 (must equal line 34) 16 2,226. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 2,267,439 25 25 Other liabilities. Complete Part X of Schedule D 2,269,665. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here |X| and complete lines 27 through 29 and lines 33 and 34. 1,314,504 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets õ Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 6,521,030. Form 990 (2009)

3,028,438.

31

32

33

34

1,314,504

3,584,169

31

32

33

34

Form 990 (2009) CENTRAL LOUISIANA COMMUNITY FOUNDATION 72	2-1446378	Pa	ge 1
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 \square Cash \square Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit, 2c		
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 iss consolidated basis, separate basis, or both.	ued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audit		

BAA

Form 990 (2009)

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

		AL I																						14637				
																						.) S	ee	ınstru	ctions	<u>s</u>		
The c	rga																	eck on										
1	Ш																ın s	section	170(l)(1)(A)(i).							
2	Ш													chedul														
3	Ш																	170(b)										
4	Ш						anıza	ition	ope	erate	ed in	conji	unction	n with a	a ho	spital	de	scribed	lın s∈	ecti	on 170	(b) (1)	(A)	(iii) Ent	er the	hosp	itai's	
5		An o	rgan	y, an ızatıo 'AViv	n ope	erate	ed for lete f	the	ber	nefit	of a	colle	ge or	univer	sity o	owne	o E	r opera	ted b	y a	govern	men	tal ı	unit des	cribed	ın se	ction	
6 7		A fed	deral roan	, stat zatio	e, or n tha	loca t no	l gov	erni v re	ment	es a	sub	stant	ental u ial par	ınıt des rt of its	scribe	ed in port f	sec ron	ction 17 n a gov	70(b)(ernm	1)(/ ent	A)(v). al unit	or fro	m t	the gene	eral pu	iblic c	iescrit	oed
8	X												A)(vi).	(Comp	plete	Part	11))										
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or																											
10																												
11		more	nut	licly :	รมทกั	orten	1 orn	rania	zatio g org	ns c ganiz	desc zatio	ribed	in sec comp	tion 50 plete lii	09(a) nes	(1) o 11e tl	r se irou	ection 5 ugh 111	09(a) า	(2)	See s	, or o ectio	arr n 5	09(a)(3).	. Chec	ck the	box t	hat
		a _	Тур				b	· L		oe II			c [-	_					, q ∏	٠.		Other	
е	a Type I b Type II c Type III – Functionally integrated d Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																											
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box																											
g		Sinc	e Au	gust	17, 2	006,	has	the	orga	anıza	ation	ассе	pted a	any gift	t or	contr	ıbut	tion fro	m any	y of	the fo	llowir	ıg p	ersons?	,			
		(i)	a p	ersor	who	dire	ectly (or ir	ndire	ctly	con	trols,	either	alone iization	or to	geth	er v	vith per	sons	des	scribed	ın (ı) ar	nd (III)	11	g (i)	Yes	No
		(ii)											(i) abo		•											g (ii)		
		• •		•										ı) or (11)) abo	ove?										g (iii)		
h														rganiz											L			
<u></u>) Name		pporte				ii) Ell				(in) Ty (desci abov	pe of or	ganizatio lines 1 9 C section	n 9	organ (i) li	izatio sted over	s the on in col in your ning nent?	the o	rgan col (ou notify ization in (i) of ipport?	orga	nızat ganı:	s the ion in col zed in the S ?	1 ' '	Amour	nt of Su	pport
																Ye	5	No	Ye	s	No	Ye	es	No				
T-4-1																												

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)

Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,228,365.	603,516.	1,643,109.	835,801.	27,075.	4,337,866.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	1,228,365.	603,516.	1,643,109.	835,801.	27,075	4,337,866.
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)						0.
	Public support. Subtract line 5 from line 4						4,337,866.
Sec	tion B. Total Support				r		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,228,365.	603,516.	1,643,109.	835,801.	27,075	4,337,866.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	61,782.	131,591.	327,769.	152,426.	136,260	809,828.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	24,882.	25,085.	29,178.	27,473.	37,498	144,116.
11	Total support. Add lines 7 through 10						5,291,810.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here.		d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pu			- 11 - anluman /f)		14	82.0%
	Public support percentage for 20 Public support percentage from	•	•	e 11, column (I)		15	84.5%
	33-1/3 support test — 2009. If the and stop here. The organization	e organization did i	not check the box	on line 13, and	the line 14 is 33-1.	<u> </u>	
ŀ	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	not check a box o	on line 13, or 16a,	and line 15 is 33-	1/3% or more, cl	
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this l	box and stop here	. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	s' test, check this l zation qualifies as	box and stop here a publicly support	. Explain in Part ed organization	IV how the ▶
18		zation did not ched	ck a box on line,	13, 16a, 16b, 17a,			990 or 990-EZ) 2009
BAA	L Company of the Comp				30	anedule 🖊 (LOIIII	JJU UI JJU-LZJ 2003

Schedule A (Form 990 or 990-EZ) 2009 CENTRAL LOUISIANA COMMUNITY FOUNDATION

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

(Complete only if you checked the box on line 9 of Part I)														
Section A. Public Support														
Calendar year (or fiscal yr 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 'unusual grants')													
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				:									
3	Gross receipts from activities that are not an unrelated trade or business under section 513													
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf													
5	The value of services or facilities furnished by a governmental unit to the organization without charge													
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the													
_	year						-							
_	Add lines 7a and 7b													
8	Public support (Subtract line													
_	7c from line 6)	<u>[</u>				<u> </u>								
	tion B. Total Support		4 > 0006	4 > 0007	4.b.0000			/D Total						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	' 	(f) Total						
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources							-						
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is													
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)													
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, c	or fifth tax year as	a section 50	(c)(3)	▶ □						
Sec	tion C. Computation of Pu	ıblic Support	Percentage											
	Public support percentage for 20			e 13, column (f))			15	%						
16	Public support percentage from	2008 Schedule A,	Part III, line 15				16	%						
	tion D. Computation of In			e										
17	Investment income percentage f	or 2009 (line 10c,	column (f) divided	by line 13, colur	nn (f))		17	%						
	Investment income percentage f						18	%						
	a 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	ox and stop here.	The organization	qualifies as a pu	blicly supported or	rganization								
	o 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organiza	tion	I line 18						
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructio	ns							

Schedule A	A (Form	i 990 or '	990-EZ) 2009	CEN:	l'RAL	TOOT:	SIANA	A COM	MNNIII	Y FO	UNDAT	TON	/2-1	44637	8	Page 4
Part IV	Supp	plemer	ntal In	forma	tion. C	Comple	ete th	is par	t to pr	ovide	the ex	kplana additio	tions r	equired	by Par	t II, line	e 10;
	1 art	11, 11110	1/4	51 1715	, and i	artin	1, 11110	12.1	TOVIGO	, arry c	orier e	additio	-	omatio	11. 000	1113(140	
	-					. .				- -							
		. – – – .															
				-		. – – –											
	_																
		_		_ 													
							- -								- -		
		-		-		-					-			_ -			
									. -				- -				
										_ _					 _		
											- -					-	
														_ _			
									-							-	
									. .		-				- -	-	
		-							- -				<u>-</u>		- -		
											-						
										- -							
									- - -			. _				-	
												. _					
			_ 														
			- ·														
	-					- - -								- -			
			_ .												- -		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

CEI	NIRAL LOUISIANA COMMUNITY FOUN	IDATION	72-	1446378	
Pai	t Organizations Maintaining Dong	or Advised Funds or Other Similar Funds			te if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	, o, , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	(a) Donor advised funds	(b) Funds a	and other acc	counts
1	Total number at end of year	23			29
2	Aggregate contributions to (during year)	1,360,050.			285,150.
3	Aggregate grants from (during year)	85,337.			83,695.
4	Aggregate value at end of year	2,394,736.		3,	,485,723.
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in donor a to the organization's exclusive legal control?	ıdvısed	XYes	No
6		s, and donor advisors in writing that grant funds ma he benefit of the donor or donor advisor or for any of fit??		XYes	No
Pai	rt II Conservation Easements Compl	ete if the organization answered 'Yes' to	Form 990. F	Part IV. line	e 7.
	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re		historically imi	oortant land a	area
	Protection of natural habitat	Preservation of ce	,		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the fo	orm of a conser	vation easem	nent on the
			Held	at the End of	f the Year
â	a Total number of conservation easements	<u> </u>	2a		
ŀ	b Total acreage restricted by conservation easer	ments	2b		
	Number of conservation easements on a certif	· · · · · · · · · · · · · · · · · · ·	2c		
	d Number of conservation easements included in		2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminated by	y the organizati	on during the	e tax
	year ►				
4	Number of states where property subject to co	nservation easement is located			
5	and enforcement of the conservation easemer			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year >	ig, inspecting, and enforcing conservation easement	.s		
7	~ ~	specting, and enforcing conservation easements	\$		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of section	_		
J	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes	No No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and exp or the organization's financial statements that describ	ense statement bes the organization	t, and balanc ation's accou	e sheet, and Inting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or O wered 'Yes' to Form 990, Part IV, line 8.	ther Similar	Assets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	SFAS 116, not to report in its revenue statement and exhibition, education, or research in furtherance onts that describes these items	nd balance shee of public service	et works of a e, provide, in	rt, historical Part XIV,
ı		SFAS 116, to report in its revenue statement and bic exhibition, education, or research in furtherance of			
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	t, historical treasures, or other similar assets for fin. 116 relating to these items	ancial gain, pro	ovide the follo	wing
i	a Revenues included in Form 990, Part VIII, line	1		▶ \$	
ı	b Assets included in Form 990, Part X			► \$	

•						
Schedule D (Form 990) 2009 CENTF	RAL LOUIS	IANA COMMUNITY	FOUNDATION	72-14		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art, Hist	<u>orical Treasures, c</u>	<u>or Other Similar A</u>	ssets (con	<u>tınued)</u>
3 Using the organization's acquisition items (check all that apply).	on accession a	and other records, chec	k any of the following th	nat are a significant use	e of its collect	ion
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations	_				
4 Provide a description of the organ Part XIV.		ctions and explain how	they further the organiz	zation's exempt purpos	ie in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or reather than to b	eceive donations of art, e maintained as part o	, historical treasures, or f the organization's coll	other similar ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem	ents Complete if	organization answe	ered 'Yes' to Form	990, Part	IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV an	d complete the following	ig table.			
3		•			Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an ai	mount on Forr	n 990. Part X. line 21?			Yes	No
b If 'Yes,' explain the arrangement					ليا	
Part V Endowment Funds Co	mplete if o	rganization answei	red 'Yes' to Form S	990. Part IV. line 1	0.	
Tart V Endownient Tands 00	(a) Current					ears back
1 a Beginning of year balance	(a) ourroin	(b) The Jour	(e) i we jeare back	(4) / 11100 / 0410 5401	1,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	
b Contributions	-					
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the year e	nd balance held as				
a Board designated or quasi-endov						
b Permanent endowment ►	8	-				
c Term endowment ►	*					
3a Are there endowment funds not i organization by	n the possess	on of the organization	that are held and admir	ustered for the	Ye	s No
(i) unrelated organizations					3a(i)	
``					3a(ii)	
(ii) related organizations	را مممرامد،ددد	atad as required as Sal	hodulo D2		3b	
b If 'Yes' to 3a(II), are the related of	-				35	
4 Describe in Part XIV the intended	uses of the c	rganization's endowme	o Form 000 Port	V Juno 10		
Part VI Investments-Land, E					(d) Book	· Value
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(a) Book	. value
1a Land		(513,000.	<u> </u>	51	13,000.
b Buildings			520,550.		1	
₽ Dulluliigs					1	

c Leasehold improvements 2,113. 2,113. 0. **d** Equipment 3,455. 10,478. 7,023. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 516,455.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 CENTRAL LOUISIANA	COMMUNITY FOUNDATION	N 72-1446378 Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, line 12.	N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990 Part X, col. (B) line 12)		
Part VIII Investments-Program Related (See	Form 990, Part X, line 13)	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
<u> </u>		
	 	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)		
Parl IX Other Assets (See Form 990, Part X,	line 15) N/A	
	escription	(b) Book value
(4) 50	30Hption	
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	
Part X Other Liabilities (See Form 990, Part	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
AGENCY FUNDS	3,485,723.	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	3,485,723.	
	note to the organization's financia	al statements that reports the organization's liability
for uncertain tax positions under FIN 48		

Schedule D (Form 990) 2009 CENTRAL LOUISIANA COMMUNITY FOUNDATION 72	-1446	378	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	N	/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	L		
2 Total expenses (Form 990, Part IX, column (A), line 25)	L		
3 Excess or (deficit) for the year. Subtract line 2 from line 1	L		
4 Net unrealized gains (losses) on investments	L.		
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains on investments			
b Donated services and use of facilities 2b	i l		
c Recoveries of prior year grants			
d Other (Describe in Part XIV).			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV).			
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		N/A	
1 Total expenses and losses per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIV).			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV).			
c Add lines 4a and 4b	4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	<u> </u>		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I	nes 1b a	and 2b, Part	٧,
line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part information.	to provid	de any addit	ionai
	-		

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule L	(Form 990) 2009 CENTRAL LOUISTANA COMMUNITY FOUNDATION	72-1440376	Page 5
Part XIV	Supplemental Information (continued)		
	•		
			
			
			
- -			
 -			
-			
BAA	TEEA3305L 07/10/09	Schedule D (Form 990	0) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number Name of the organization 72-1446378 CENTRAL LOUISIANA COMMUNITY FOUNDATION FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED.

TEEA4901L 07/17/09

Name of the organization	Employer identification number
CENTRAL LOUISIANA COMMUNITY FOUNDATION	72-1446378
	·
	·
	.
	
	·
	.
	·
	.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CENTRAL LOUISIANA COMMUNITY FOUNDATION

72-1446378

8/12/10

11 33AM

PART II, LINE 10 - OT	HER INCOME
-----------------------	------------

NATURE AND SOURCE	<u> </u>	2009	2008	2007	2006	2005
OTHER	TOTAL	37,498. \$ 37,498.	27,473. \$ 27,473.	29,178. \$ 29,178.	25,085. \$ 25,085.	24,882. \$ 24,882.

2009	FEDERAL SUPPORTI	ING DETAIL	PAGE
,	CENTRAL LOUISIANA COMMUN	NITY FOUNDATION	72-144637
8/12/10			11 33A
STMT. OF FUNCTION PRINTING AND PU	DNAL EXPENSES (990) BLICATIONS		
SUBSCRIPTIONS PRINTING			\$ 1,670.
FRINTING		TOTAL	\$ 48. 1,718.

CENTRAL LOUISIANA COMMUNITY FOUNDATION

Tern	Term Ends	Title	First	Last	Title First Last Address	CIV.	3	Zip	Zip Email	Phone Far Fax		WkPhone
CUR	CURRENT BOARD	ARD					-	4		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
2010	2010 President	Ŗ.	Henry	Blake	P.O. Box 143	Alexandria	4	71309 H	HBlake2239@aol.com	318 487 8767	406 222 8800	
2010	2010 Pres-Elect	Ā.	David	Britt	240 White Oak Drive	Pineville	4	1360 bi	71360 britt@unitedwaycenla.org	318 443 7203	318 443 0004	318 443 7203
2010	2010 Vice Pres	Ğ.	Willie	Spears	333 Lawrence Blvd.	Pineville	4	71360 w	wspears@redriverbank.net	318 473 4897		318 561 5800
2010	2010 Secretary	Mrs.	Glenda	Stock	1458 Peterman Dr.	Alexandria	4	71301 gs	gstock@gsemcd.com	318 619 9567		
2010	2010 Treasurer	Mr.	Brent	Caplan	P.O. Drawer 871	Alexandria	4	71309 at	abc@shopcaplans.com	318 427 7707	318 449 4462	318 427 7707
2010	2010 Past Pres	Rabbi	Arnold	Task	2021 Turner St.	Alexandria	4	71301 ja	jatask@bellsouth.net	318 445 3655		318 445 3655
2011	2011 Director	ĭĀr.	Scott	Brame	4602 Wellington Blvd.	Alexandria	4	71303 sc	scottbrame@suddenlink.net	318 443 3544		
2010	2010 Director	ž.	Wylie	Cavin	6409 Landmark	Alexandria	4	71301 w	wcavin@redriverbank.net	318 561 4022	318 561 4051	318 561 4022
2011	2011 Director	Mrs.	Fran	Davis	4700 Wilton Place	Alexandria	4	1303 fc	71303 fdavis1055@aol.com	318 448 4681		
2010	2010 Director	Ğ.	Ann	Deshotels	505 Wycliff Way	Alexandria	4	71303 ar	anndesho501@aol.com	318 443 6722	318 449 7997	
2011	2011 Director	۳.	Coan	Knight	511 Tanglewood St.	Alexandria	4	71303 CC	coan@knightmasden.com	318 445 9334		318 445 9334
2010	2010 Director	ž.	Oday	Lavergne	3505 Bayou Rapides Rd	Alexandria	4	71303 00	oday@kbisp.com	318 487 8200	318 443-1906	318 443 5278
2010	2010 Director	<u>ج</u>	Brenner	Sadler	P.O. Box 1791	Alexandria	۲.	71309 b	bsadler@provosty.com	318 445 3631		318 445 3631
2010	2010 Director	Mrs.	Amy	Searcy	3200 Parkway Dr.	Alexandria	4	71301 ar	amysearcy@aol.com	318 445 6421	318 443 8170	
FOR	FORMER BOARD MEMBERS	IRD ME	EMBERS				-					
2009	2009 Director	ă.	O'Neal	Chadwick	4319 Willowick Blvd.	Alexandria	4	71303 rc	rocnmimi@suddenlink.net	318 445 4265		
2009	2009 Director	ة	Curman	Gaines	3817 Rue Left Bank	Alexandria	A 7	71303 cg	cgaines76@suddenlink.net	318 792 3624	318 484 9280	318 484 9537
2009	2009 Director	ĭ. S	June	Peach	3844 Independence Dr	Alexandria	4	71303 jw	jwpeach@tmclns.com	318 445 1635	318 473 0490	318 445 1635
2008	2008 Director	Ξ̈.	Brent	Pearson	P.O. Box 330	Alexandria	4	71309 b _l	bpearson@attorney-cpa.com	318 445 1488	318 445 9098	318 445 1488
2007	2007 Director	Ž.	Wayne	Denley	1906 Albert St.	Alexandria	4	71301 ve	valwayne@gmail.com	318 442 7072		318 442 7072
2007	2007 Director	Mrs.	you	Hodges	3904 Pecan Drive	Alexandria	4	71302 Jo	Joyhodges@aol.com	318 442 7656	318 449 9756	318 442 7656
2007	2007 Director	Rev.	Lee	Weems	705 Pearce Road	Pineville	4	71360 le	leeweems@emmanuelalexandria org	318 442 7773		
2006	2006 Director	Σ	Ed	Crump	6035 Navaho Trail	Alexandria	4	71301 e	edcrump@redriverbank.net	318 561 4070		318 561 4070
2006	2006 Director	Ξ.	Michael Jenkins	Jenkins	5700 Courtland Place	Alexandria	4	71301 m	m@michaeljenkins.net	318 443 9879	318 445 1283	318 443 9879
2006	2006 Director	Ĭ.	Michael	Young	617 Windermere Blvd	Alexandria	4	,1303 m	71303 myoung@fscadvisor.com	318 448 3201	318 448 8912	