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Department of the Treesury Internal Revenue Service

EXTENSION GRANTED TO 11/15/2011 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)

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

A For the	2010 calendar year, or tax year beginning	and	ending		
B Check if applicable	C Name of organization LOUISIANA COMMUNITY AND	D TECHNICAL (C)	15	D Employer identific	cation number
Address change	COLLEGE SYSTEM FOUNDAT	ION U			
Name change	Doing Business As			20-5	<u>432053</u>
Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	r
Termin- ated	265 SOUTH FOSTER DRIVE			(225) 922-0721
Amende	City or town, state or country, and ZIP + 4			G Gross receipts \$	<u>330,600.</u>
Applica-	L BATON ROUGE, DA /0000			H(a) is this a group re	eturn
pending	F Name and address of principal officer LEA	H GOSS		for affiliates?	Yes X No
	SAME AS C ABOVE			H(b) Are all affiliates inc	luded? Yes No
Tax-exer	npt status X 501(c)(3) 501(c) ()		or 527	If "No," attach a	list. (see instructions)
Website	:▶ N/A			H(c) Group exemption	n number 🕨
K Form of o	rganization: X Corporation Trust As:	sociation Other 🕨	L Year	of formation: 2006 N	State of legal domicile: LA
	Summary				
7 1 B	riefly describe the organization's mission or most	significant activities TO P	ROMOTE	CHARITABLE	1
ヺ ĕ E	DUCATIONAL, SCIENTIFIC A				A COMMUNITY
=== 101	heck this box 🕨 🔲 if the organization discor				
≈ 8 3 N	lumber of voting members of the governing body	•		. 3	10
_ I 4 N	lumber of independent voting members of the gov		_	4	10
~ 90	otal number of individuals employed in calendar y	- · ·		5	0
.a. <u>≃</u> (otal number of volunteers (estimate if necessary)	, , ,	·	6	11
₹ † 7a T	otal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
	let unrelated business taxable income from Form			7b	0.
				Prior Year	Current Year
, 8 0	Contributions and grants (Part VIII, line 1h)			0.	326,112.
it I	rogram service revenue (Part VIII, line 2g)	• • • • • • • • • • • • • • • • • • • •		0.	0.
, ,	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.	4,488.
• 1	other revenue (Part VIII, column (A), lines 5, 6d, 8c		""	0.	0.
	otal revenue - add lines 8 through 11 (must equal			0.	330,600.
	Grants and similar amounts paid (Part IX, column (0.	25,000.
	enefits paid to or for nembers (Pair K) column (A			0.	0.
, 15 S	alaries, other compensation, employee benefits (Part IX_column (A)_lines 5-10)		0.	0.
3	rofessional undraising fees (Part.IX, column A), I		' ·	0.	0.
i b T	otal fundraising expenses (Part IX, column (b) line	e 25) > 13,1	10.		
	other expenses (Part-IX, column (A), lines 1 14 1d			0.	347,880.
18 T	otal expenses Addina DE Muls Tqual Part I	Υ column (Δ) line 25)	·	0.	372,880.
	Revenue less expenses Subtract line 18 from line		.	0.	-42,280.
3 <u>-8 </u>	Sychiae 1833 expenses Capitaet tine 16 from line	<u> </u>	Be	ginning of Current Year	End of Year
7 SEE 20 T	otal assets (Part X, line 16)			302,863.	517,897.
ا کشکرا ا	otal liabilities (Part X, line 26)	•	•	2,997.	279,402.
THE 22 N	let assets or fund balances Subtract line 21 from	 Jine 20	·	299,866.	238,495.
Part II	Signature Block			232,70001	
	ties of perjury, I declare that I have examined this return,	including accompanying schedul	les and statem	ents, and to the best of m	v knowledge and belief, it is
	, and complete. Declaration of preparer (other than office				,,
1 1100, corrock	See Form 2979	-,	F. 2hm.0		
Sign	Signature of officer	· · · · · · · · · · · · · · · · · · ·		Date	
Here	LEAH GOSS, EXECUTIVE D	TRECTOR			
A. Lieus	Type or print name and title				
~	Print/Type preparer's name	Preparer's signature	T	Date Check	X PTIN
N ≸Paid	TOMMY LEJEUNE	i roparor a arginature		d self-employ	~ ~
~	Firm's name FAULK & WINKLER,	LLC		Firm's EIN ▶	
	Firm's address 6811 JEFFERSON H			Tilli 3 Lili	
	BATON ROUGE, LA			Phone no. (225)927-6811
May the IR	S discuss this return with the preparer shown abo		· -	11 1101101101 1	X Yes No
IVIGY LITE II I	S GISSGIS THIS TOTALL WITH THE PREPARET SHOWN ADD	, , <u>, , , , , , , , , , , , , , , , , </u>			

Form 990 (2010) COLLEGE SYSTEM FOUNDATION 20-5432053 Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission TO PROMOTE CHARITABLE, EDUCATIONAL, SCIENTIFIC AND CULTURAL STUDIES FOR LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM; TO SOLICIT AND ACCEPT GIFTS, GRANTS, APPROPRIATIONS, BEQUESTS AND FUNDS, INCLUDING PROPERTY, IN ORDER TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS, Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? if "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 321,033. including grants of \$ (Code) (Expenses \$) (Revenue \$ THE LCTCS FOUNDATION PROVIDED SUPPORT TO THE LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM IN THREE PROGRAM AREAS: PUBLIC AWARENESS, INTERNATIONAL INITIATIVES, AND PROFESSIONAL ACTIVITIES SUPPORT. including grants of \$ ___) (Revenue \$) (Expenses \$ _____ including grants of \$ ______) (Revenue \$ ____ (Code) (Expenses \$ 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$ (Expenses \$ 321,033. 4e Total program service expenses Form **990** (2010)

LOUISIANA COMMUNITY AND TECHNICAL

Form 990 (2010)

COLLEGE SYSTEM FOUNDATION 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			٠,,
	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			
	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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	├
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	├──
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			١,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		 ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	\vdash
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	v	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	404		\ v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b		x
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13	-	+**
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		╁	+**
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	t	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	1	x
•	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	t	X
20a	the second secon		T	†
b	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	operate one of more hospitals must attach addited infancial statements (see matructions)	,		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х 22 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 X Schedule J 23 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 X Schedule K If "No", go to line 25 24a 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 . . . d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X Schedule L, Part III 27 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? X 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)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of _ Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

Part V	Statemen	ts Regarding	Other IRS	Filings and	Tax C	ompliance

	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter-the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
•	(gambling) winnings to prize winners?	1c	j					
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 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible?	ва	_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	X					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>				
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			37				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		$\frac{x}{x}$				
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8		,				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	-	-					
9_	Sponsoring organizations maintaining donor advised funds.	9a		t 				
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	<u> </u>						
а	Initiation fees and capital contributions included on Part VIII, line 12			ŀ				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
11	Section 501(c)(12) organizations. Enter	1						
''a	Gross income from members or shareholders		1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
_	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
	Note. See the instructions for additional information the organization must report on Schedule O			1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans]	İ	1				
С	Enter the amount of reserves on hand 13c	L	<u> </u>	<u> </u>				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		_	$\Delta \Delta \Delta$	(00.40)				

Form 990 (2010)

COLLEGE SYSTEM FOUNDATION

20-5432053 Page 6

Section A. Governing Body and Management 1a Enter the number of votang members of the governing body at the end of the tax year 1b Enter the number of votang members of the governing body at the end of the tax year 1c Enter the number of votang members on the governing body at the end of the tax year 1c Enter the number of votang members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did any officer, director, trustee, or key employee and the properties of the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization make any aginficant changes to its governing documents since the prior Form 950 was field? 4 Did the organization have members or stockholders or other persons who may elect one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approved by members, stockholders, or other persons? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization body subject to approved by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year 9 by the following 1 The governing body? 1 Sinther any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 1 organization remains address? If Yes, Provide the names and addresses in Schedule of the organization and the subject of the form you have a subject to the provision of the provision of the provision of the provision of the p	Par	t VI Governance; Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1 1 1 0 1 10 1 10 1 10 1 10 1 10 1 10		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.			
Is Enter the number of voting members of the governing body at the end of the tax year 10 10 10 10 10 10 10 10 10 10 10 10 10		Check if Schedule O contains a response to any question in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year 1.0 b Enter the number of voting members included in line 1.4, above, who are independent 1.0 b 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	Sect	tion A. Governing Body and Management			
b Enter the number of voting members included in line 1a, above, who are independent.				Yes	No
b Enter the number of voting members included in line 1s, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
2 Did any officer, director, frustes, or key employee? 3 Did the organization delegate control over management dubes customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management dubes customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management dubes customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X X 4 Did the organization become aware dump the year of a significant diversion of the organization's assets? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Person y decision have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Person y decision onterimporaneously document the meetings held or written actions undertaken during the year by the following 6 The governing body? 8 X 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have already of the companization have already of the form senting address? If "Yes," provide the names and addresses in Schedule D 10a Does the organization have local chapters, branches, or affiliates? 10 If "Yes," does the organization have local chapters, branches, or affiliates? 10 If "Yes," does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations. 10b Section 5 Revenue 10 Persons, 4 review 10 Person	_				
antices, directors, trustee, or key employee? 3 bit the organization delegate control over management duties customanly performed by or under the direct supervision of officies, directors or trustees, or key employees to a management company or other person? 4 Dot the organization have make any agnificiant changes to its governing documents since the prior Form 990 was field? 5 Did the organization have make any agnificiant changes to its governing documents since the prior Form 990 was field? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Pare any desicense of the governing body subject to approval by members, stockholders, or other persons? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7 Ta X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Ta governing body? 8 Lack committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If I res. provide the names and addresses in Schedule O 8 Section B. Policies (The Section B Requests information about policies not required by the Internal Revenue Code) 7 Test Section B. Policies (The Section B requests information about policies not required by the Internal Revenue Code) 8 If res., does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization of the policy in the policy of the policies of the or			1		
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b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 13 Does the organization have a written whistleblower policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Cther officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available Check all that apply Own website Another's website U Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization LEAH GOSS - (225) 922-0721			12a	Х	
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c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 16 Other officers or key employees of the organization 17 Is 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 18 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 19 Section C. Disclosure 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization in LEAH GOSS - (225) 922-0721			12b	Х	
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COLLEGE SYSTEM FOUNDATION

20-5432053

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	ec lostutonal trustee	all t		Highest compensated Gemployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LEAH GOSS										
EXECUTIVE DIRECTOR	0.50	<u> </u>		X				0.	0.	0
CHRISTEL SLAUGHTER										l
PRESIDENT	0.50	X		Х		_		0.	0.	0
DONNA MAYEUX										
IMMEDIATE PAST PRESIDENT	0.50	X		X				0.	0.	0
STEPHEN TOUPS										
VICE PRESIDENT	0.50	X		X				0.	0.	0
ann stokes										
SECRETARY	0.50	X		X		ļ		0.	0.	0
PATRICK REGAN										
TREASURER	0.50	X		X				0.	0.	0
TIM BARFIELD		ł			1	l			n	
BOARD MEMBER	0.50	X						0.	0.	0
PAUL DANOS										
BOARD MEMBER	0.50	X						0.	0.	0
LEON L. GIORGIO							l			
BOARD MEMBER	0.50	X	_				_	0.	0.	0
JONATHAN MARTIN			1							
BOARD MEMBER	0.50	X						0.	0.	0
JOHN SCHWEEN										
BOARD MEMBER	0.50	X	_	_				0.	0.	0
										<u> </u>
				_		ļ				
		_				_				
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Form 990 (2010)

	990 (2010) COLLEGE	SYSTEM F	JO	JNI	<u> </u>	'I	ON			20-54	320)53	Pa	ge 8
Pari	VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	уөө	s, a	nd F	ligh	est	Compensated Employ	ees (continued)				
	、 (A) Name and title	(B) Average hours per week	(cl		(C Posi all 1	ition	app	у)	(D) Reportable compensation	(E) Reportable compensation	n	am	(F) timate	
		(describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other pensation the anizati d relate nization	e on ed
											_			
													<u></u>	
					_									
C	Sub-total Total from continuation sheets to Part V	II, Section A	•				A A A		0.		0. 0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but incompensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no r	<u> </u>					0
											ļ		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or t	nignest compensated e	mpioyee on		3		Х
4	For any individual listed on line 1a, is the s			omp	ens	atıoı	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con								ted organization or indiv	vidual for services		5		Х
Sec	tion B. Independent Contractors	ripiete Scriedui	.	101 5	<u>ucii</u>	per	3011							
1	Complete this table for your five highest of the organization NONE	ompensated in	dep	ende	ent o	cont	racto	ors 1	that received more than	\$100,000 of com	npens	ation f	rom	
	(A) Name and busines:	s address							(B) Description of	services		(Compe		ก
		·												
				_										
2	Total number of independent contractors	(including but i	not l	ımıte	ed to	the	ose li	ste	d above) who received	more than				

\$100,000 in compensation from the organization

Form 990 (2010) COLLEGE SYSTEM FOUNDATION
Part VIII Statement of Revenue

20-5432053 Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	Federated campaigns	1a		····			
Contributions, gifts, grants and other similar amounts	b		. 1b					
g,E	C		1c			-		
# Z	d		1d					
S E						1 1		·
Sis	_	All other contributions, gifts, gran	·					
a t	•	similar amounts not included above	·	326,112.				
들이	g		 -	320/1120				
	h				326,112.			
$\neg \neg$				Business Code	5207222		- 	
	2 a	·						
١٤	_ b							_
Sal	c							
8 9 8 3	d							
Program Service Revenue	•							
4	f	All other program service reve	nue					
_ 1	g			•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	4,488.			4,488.
ł	4	income from investment of tax	x-exempt bond r	oroceeds 🕨				
	5	Royalties .	,	•				
1			(i) Real	(ii) Personal				
Ì	6 а	Gross Rents						
	b	Less rental expenses				!		
	С	Rental income or (loss)				:		
	d	Net rental income or (loss)		•		1		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ł		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		<u> </u>				
	c	Gain or (loss)						
ł	d	Net gain or (loss)						
<u>•</u>	8 a	Gross income from fundraising	g events (not					
Other Revenue		including \$	of	1	`	/ //		
<u>§</u>		contributions reported on line	1c) See					
9		Part IV, line 18	, а					
됩		Less direct expenses	b	L				
Ì		Net income or (loss) from fund	-					· · · · · · · · · · · · · · · · · · ·
	9 a	Gross income from gaming ac			•			
		Part IV, line 19				1		
		Less direct expenses	b					
1		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less						
[_	and allowances	. a			,	,	
		Less cost of goods sold	b	L				
- 1	<u>c</u>	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu	e	Business Code				
	11 a							
	b			 	·····			
	C					- 		
}	d	All other revenue		L	·			
ļ				🟲	220 600			4 400
03200	12 9	Total revenue. See instructions.			330,600.	0.	0.	4,488. Form 990 (2010)
12-21	-10							ruiii 550 (20 10)

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		······································
	organizations in the U.S. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u> </u>			
5	Compensation of current officers, directors,				
	trustees, and key employees .				
в	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,000.		15,000.	
С	Accounting	15,189.		15,189.	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17		······································		- -
f	Investment management fees				
g	Other	96,579.	96,579.		
12	Advertising and promotion .				
13	Office expenses	24,367.	19,271.	4,898.	198.
14	Information technology .				
15	Royalties				
16	Occupancy ,				
17	Travel	129,121.	116,209.		12,912.
18	Payments of travel or entertainment expenses		}		
	for any federal, state, or local public officials			_ 	
19	Conferences, conventions, and meetings	48,974.	48,974.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,650.		3,650.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	CONTRACT SERVICE	15,000.	15,000.		
b					
c					-
ď					
ө					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	372,880.	321,033.	38,737.	13,110.
26	Joint costs. Check here Inf following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Form 990 (2010)

COLLEGE SYSTEM FOUNDATION

20-5432053 Page 11

Par	tΧ	Balance Sheet ·			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	178,904.	1	326,660.
	2	Savings and temporary cash investments	20,000.	2	20,331.
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	16,150.	4	64,507.
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	······
	10a				
		basis Complete Part VI of Schedule D 10a 10, 949.			
	ь	Less accumulated depreciation 10b 8,212.	6,387.	10c	2,737.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	81,422.	12	103,662.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	302,863.	16	517,897.
	17	Accounts payable and accrued expenses	2,997.	17	279,402.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
98	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	2,997.	25	279,402.
	26	Total liabilities. Add lines 17 through 25	2,331.	26	213,402.
		Organizations that follow SFAS 117, check here X and complete			~ `
S 9 3	l	lines 27 through 29, and lines 33 and 34.	58,874.	27	56,741.
<u>a</u> n	27	Unrestricted net assets	155,892.		111,754.
Net Assets or Fund Balances	28	Temporarily restricted net assets	85,100.		70,000.
<u>n</u>	29	Permanently restricted net assets	03,100.	25	70,000.
로		Organizations that do not follow SFAS 117, check here			
S		complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	299,866.	+	238,495.
_	33	Total liebylites and not sees to fund belances	302,863		517,897.
	34	Total liabilities and net assets/fund balances	302,003		Form 990 (2010)

LOUISIANA COMMUNITY AND TECHNICAL Form 990 (2010) COLLEGE SYSTEM FOUNDATION 20-5432053 Page 12 Part XI | Reconciliation of Net Assets \mathbf{X} Check if Schedule O contains a response to any question in this Part XI 330,600. Total revenue (must equal Part VIII, column (A), line 12) ... 372,880. 2 Total expenses (must equal Part IX, column (A), line 25) -42,280. Revenue less expenses Subtract line 2 from line 1 3 3 299,866. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -19<u>,091</u>. Other changes in net assets or fund balances (explain in Schedule O) 5 5 238,495. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII X Accrual Accounting method used to prepare the Form 990 Cash ___ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 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 issued on a separate basis, consolidated basis, or both. X 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 Single Audit

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

За

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2010 2010

Open to Public Inspection

Name of the organization

LOUISIANA COMMUNITY AND TECHNICAL

Employer identification number

20-5432053 COLLEGE SYSTEM FOUNDATION Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated a Type I b Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col. organization in col. (i) listed in your organization in col. (i) organized in the support organization (described on lines 1-9 (i) of your support? governing document? U.S.? above or IRC section (see instructions)) Yes No Yes No ۷ae Nο

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-FZ

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 COLLEGE SYSTEM FOUNDATION 20-5432053 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 Capper: Concara to Caprilla December in Containing the day (1) the
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization
fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				·		
Caler	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		ļ				
	membership fees received (Do not						
	ınclude any "unusual grants ")		422,187.	252,758.	228,098.	326,112.	1229155.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		422,187.	<u> 252,758.</u>	228,098.	326,112.	1229155.
5	The portion of total contributions				-		
	by each person (other than a						
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>251,976.</u>
6	Public support. Subtract line 5 from line 4						<u>977,179.</u>
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		422,187.	252,758.	228,098.	326,112.	1229155.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			5,263.	7,621.	4,488.	<u>17,372.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			l			
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		1246527.
	Gross receipts from related activities					12	46,778.
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶X
	ction C. Computation of Publ					 	
	Public support percentage for 2010 (column (f))		14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010. If the o				14 is 33 1/3% or m	iore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qua						, P L
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orgai	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						•
	organization meets the "facts-and-cir						P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns D

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	olon, please com	oloto i ditili j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	1-1	(5) 250.	13,222			
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						T
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose				<u> </u>		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				1		
5 The value of services or facilities						
furnished by a governmental unit to						1
the organization without charge			<u> </u>			
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that]				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						<u> </u>
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					ļ	
c Add lines 10a and 10b					<u>. </u>	
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is	1					
regularly carried on				ļ		
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 fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orgar	nization,
check this box and stop here	_					
Section C. Computation of Publ						
15 Public support percentage for 2010 (column (f))		15	<u>%</u>
16 Public support percentage from 2009				· · · · · · · · · · · · · · · · · · ·	16	%
Section D. Computation of Inve					147	
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2010. If the						∌ I / IS NOT ⊾
more than 33 1/3%, check this box a						►L
b 33 1/3% support tests - 2009. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see if	nstructions	

SCHEDULE D

(Form 990)

Department of the Treasury
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.

2010 Open to Public Inspection

LOUISIANA COMMUNITY AND TECHNICAL Name of the organization Employer identification number COLLEGE SYSTEM FOUNDATION 20-5432053 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 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 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 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 2 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 a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 violations, and enforcement of the conservation easements it holds? 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)? 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 III 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 (ASC 958), 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 (ASC 958), 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LOUISIANA COMMUNITY AND TECHNICAL Schedule D (Form 990) 2010 COLLEGE SYSTEM FOUNDATION 20-5432053 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Loan or exchange programs Public exhibition а Other Scholarly research b Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No _ Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table. Amount 10 c Beginning balance 1d d Additions during the year Distributions during the year 1e 1f f Ending balance Yes 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment

c Term endowment

%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

ļ	3a(i)	
	3a(ii)	
	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

(ii) related organizations

Part VI Land	, Buildings, and Equipme	ent. See Form 990, Part X	, line 10		
Description of investment		(a) Cost or other basis (investment) basis (other)		(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold im	provements				
d Equipment					
e Other			10,949.	8,212.	2,737.
	through 1e (Column (d) must ec	rual Form 990, Part X, colur	nn (B), line 10(c).)		2,737.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See	Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value st or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				- <u> </u>
(A) INVESTMENTS - BATON ROUGE				
(B) AREA FOUNDATION	103,662.	END-OF-Y	EAR MARKET	VALUE
(C)				
(O)				
(E)				
(F) (G)		 		
(H)		<u> </u>		<u> </u>
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	103,662.			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3		
(a) Description of investment type	(b) Book value		(c) Method of value st or end-of-year ma	
(1)	· · · · · · · · · · · · · · · · · · ·			
. (2)			<u> </u>	
(3)				- -
(4)				
(5)			- -	
<u>(6)</u>		<u> </u>		_
(7)				
(8)	· 			
(9) (10)	·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(2)				
(3)			_ 	
(4)				
(5)				
				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, III	ine 25			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)			1	
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				,
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line	251			
Total. [Column Lo] must equal Form 390, Part A, Col (B) line	zu.j		<u> </u>	

LOUISIANA COMMUNITY AND TECHNICAL Schedule D (Form 990) 2010 COLLEGE SYSTEM FOUNDATION 20-5432053 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 330,600. Total revenue (Form 990, Part VIII, column (A), line 12) <u>372,880.</u> 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 -42,280. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Investment expenses 6 6 -19,091. Prior period adjustments 7 7 Other (Describe in Part XIV) 8 8 -19,091. Total adjustments (net) Add lines 4 through 8 9 -61,371. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 412,829. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 82,229. 2b ь Donated services and use of facilities c Recovenes of prior year grants 2c Other (Describe in Part XIV) 82,229. Add lines 2a through 2d 3 330,600. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 0. c Add lines 4a and 4b 4c 330,600. 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 Return 455,109. Total expenses and losses per audited financial statements . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 82,229. Donated services and use of facilities 2a **2**b Prior year adjustments c Other losses 2c Other (Describe in Part XIV) 2d 82,229. Add lines 2a through 2d 2е 0 372,880. Subtract line 2e from line 1 3 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 4b Other (Describe in Part XIV) c Add lines 4a and 4b . . 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, 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 to provide any additional information

SCHEDULE (Form 990)

i omi esoj

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2010

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Inspection

Schedule I (Form 990) (2010)

•	COMMUNIT	Y AND TECHN NDATION	IICAL				Employer identification number 20-5432053
Part I General Information on Grants	and Assistance						
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pri	stance?	·			y for the grants or ass	istance, and the selec	tion X Yes No
Part II Grants and Other Assistance to recipient that received more than		=					· —
1 (a) Name and address of organization or government	(b) 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
LOUISIANA DELTA COMMUNITY COLLEGE 7500 MILLHAVEN ROAD							PROVIDE SUPPORT FOR
MONROE LA 71203	72-1506851		25,000.	<u>0,</u>			PROGRAMS
						<u> </u>	
	;						
			·				
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization	-	ganizations	<u> </u>	l	1	1	<u>1.</u>

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

Schedule I (Form 990) (2010) COLLEGE SYSTEM FOUNDATION 20-5432053 Page 2 Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (d) Amount of non-(f) Description of non-cash assistance recipients cash grant cash assistance

Part IV Supplemental Information. Complete this part to provide	de the information required	d in Part I, line 2, and any other add	ditional information	
SCHEDULE I, PART I, LINE 2: THE BO	ARD OF DIRECT	ORS APPROVE AND M	MONITOR	
PAYMENTS OF GRANTS TO RECIPIENTS.				
	· · · · · · · · · · · · · · · · · · ·	 		·
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032102 01-13-11

Schedule i (Form 990) (2010)

SCHÉDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

LOUISIANA COMMUNITY AND TECHNICAL

Employer identification number 20-5432053

COLLEGE SYSTEM FOUNDATION 20-5432053
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND TECHNICAL COLLEGE SYSTEM; TO SOLICIT AND ACCEPT GIFTS, GRANTS,
APPROPRIATIONS, BEQUESTS AND FUNDS, INCLUDING PROPERTY, IN ORDER TO
PROVIDE FINANCIAL ASSISTANCE TO STUDENTS, INCLUDING SCHOLARSHIPS AND
OTHER EDUCATIONAL ENDEAVORS AND ACTIVITIES IN FURTHERENCE OF LOUISIANA
COMMUNITY AND TECHNICAL COLLEGE SYSTEM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCLUDING SCHOLARSHIPS AND OTHER EDUCATIONAL ENDEAVORS AND ACTIVITIES
IN FURTHERENCE OF LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW BEFORE SUBMISSION TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS MUST SIGN A
CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY AND DISCLOSE ANY ISSUES,
WHICH COULD GIVE RISE TO POTENTIAL CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS TO THE
PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS: -19,091.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM FOUNDATION

Employer identification number 20-5432053

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33) Part I (a) (b) (d) (f) (c) (e) Direct controlling Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year) (c) (d) **(g)** Section 512(b)(13) (a) (b) (e) (f) Legal domicile (state or Exempt Code Public charity Direct controlling Name, address, and EIN Primary activity ∞ntrolled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM - 72-1441777, 265 SOUTH FOSTER DRIVE COMMUNITY COLLEGE - STATE X BATON ROUGE, LA 70806 DF LOUISIANA INSTITUTES LOUISIANA

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

Schedule R (Form 990) 2010

20-5432053

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

	1 3		,	· · · · · · · · · · · · · · · · · · ·			,		,	,	
` (a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code VUBI	General or	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year assets			amount in box	partner?	ownership
		for eign country)		(related, unrelated, excluded from tax under sections 512-514)		ಡಾಂಕಣ			amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a)	(b)		(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary ac	tivity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
		-						
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20-5432053 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Not	te, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with	h one or more re	lated organizations listed i	n Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		1a		<u>X</u>
b	Gift, grant, or capital contribution to other organization(s)				1b		X
C	Gift, grant, or capital contribution from other organization(s)				10		<u>X</u>
d	Loans or loan guarantees to or for other organization(s)				1d		X
е	Loans or loan guarantees by other organization(s)				_1e		<u>X</u>
f	Sale of assets to other organization(s)				1f		<u>X</u>
g	Purchase of assets from other organization(s)				1g		<u>X</u>
h	Exchange of assets				1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		<u>X</u>
k	Performance of services or membership or fundraising solicitations for other organization	on(s)			1k_		X
İ	Performance of services or membership or fundraising solicitations by other organizatio	on(s)		•	11		<u>X</u>
m	s Sharing of facilities, equipment, mailing lists, or other assets				1m		<u>X</u>
n	Sharing of paid employees				in		X
0	Reimbursement paid to other organization for expenses				10		X
p	Reimbursement paid by other organization for expenses				<u>1p</u>		X
q	Other transfer of cash or property to other organization(s)				1q		X
r	Other transfer of cash or property from other organization(s)	-			1r		<u>X</u>
2	If the answer to any of the above is "Yes," see the instructions for information on who n	nust complete th	ns line, including covered	relationships and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amount involved			
		type (а-r)		annun myonyeu			
(1)			-				
(2)_				<u> </u>			
(3)			- 				
(4)_							
(5)					_		
(6)							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)		d)	(e)		f)	(g)	ı	h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all section organization	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or laging tner?
		country)	Yes	No		Yes	No	(Form 1065)		No
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Schedule R (Form 990) 2010

Form 8868 (Re V 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this bo	x		. X	
Note. Only complete Part II if you have already been granted an				3868		
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies n	eeded)		
Name of exempt organization			Empl	oyer identifi	cation number	
Type or LOUISIANA COMMUNITY AND TEC	HNICA	L				
COLLEGE SYSTEM FOUNDATION			2	<u>0-5432(</u>	053	
File by the extended Number, street, and room or suite no. If a PO box, s	see instruc	tions				
due date for 265 SOUTH FOSTER DRIVE						
return See City, town or post office, state, and ZIP code For a f	oreign add	ress, see instructions				
BATON ROUGE, LA 70806						
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1	
Application	Return	Application			Return	
ls For	Code	Is For			Code_	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	03_	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grante	<u>d an autor</u>	natic 3-month extension on a previou	isly file	d Form 886	<u> </u>	
LEAH GOSS		THE DAMON DOUGH I	2 7	0006		
• The books are in the care of • 265 SOUTH FOST	ER DR		1A /	0806		
Telephone No ► (225) 922-0721		FAX No 🕨			. —	
If the organization does not have an office or place of business						
If this is for a Group Return, enter the organization's four digit	_					
		ach a list with the names and EINs of all	memb	ers the exter	ision is icr	
	NOVEW	BER 15, 2011				
5 For calendar year 2010, or other tax year beginning	-11	, and ending	Final r	oturn	 '	
6 If the tax year entered in line 5 is for less than 12 months,	cneck reas	on Initial return	riilair	elum		
Change in accounting period						
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	CAMUE	R THE INFORMATION N	7CFC	CARV T	O FILE A	
		K THE INFORMATION N	<u>در در کارد</u>	DAI(I I	O PIBE A	
COMPLETE AND ACCURATE RETURN.			-			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6060 d	enter the tentative tay less any	T	i		
8a If this application is for Form 990-BL, 990-PF, 990-1, 4720 nonrefundable credits. See instructions	, 01 0009, 6	enter the tentative tax, less any	8a	\$	0.	
4 E 000 E 000 E 000 E	enter any	refundable credits and estimated		Ψ		
tax payments made Include any prior year overpayment a						
previously with Form 8868	inowed as	a oroan and any amount para	8b	s	0.	
c Balance due. Subtract line 8b from line 8a Include your p	avment wi	th this form, if required, by using	1			
EFTPS (Electronic Federal Tax Payment System) See inst	-		8c	s	0.	
		nd Verification				
Under penalties of perjury. I declare that I have examined this form, inclu	ding accom		e best c	f my knowled	ge and belief,	
it is true, correct, and complete, and that I am authorized to prepare this	form.					
Signature Title	CPA		Date	<u> </u>		