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 $\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For	the 20	011 ca	lendar year, or tax year beginning 01-01-2011 and ending 12-31-201	<u> </u>	D Emple	vor id	lentification number	
B Che			C Name of organization Community Foundation of Acadiana			•		
│ Addı │ Nam		_	Doing Business As	_	72-14 E Teleph			
Naii Initia					(337)	769	-4840	
Tern			Number and street (or P O box if mail is not delivered to street address) Room/su 1035 Camellia Boulevard Suite 100	ite	G Gross	receipt	s \$ 35,645,949	
┌ Ame		turn	City or town, state or country, and ZIP + 4	_				
Appl	ıcatıon p	pending	Lafayette, LA 70508					
			F Name and address of principal officer	H(a) Is	this a group	retu	rn for	
			Raymond Hebert 1035 Camellia Boulevard Suite 100		ılıates?		⊤Yes 🔽 No	
			Lafayette, LA 70508	H(b) Are	e all affiliates	inclu	ded?	
T Tax	-exemn	t status	▼ 501(c)(3)	_			t (see instructions)	
			/ cfacadiana org	H(c) G	roup exemp	tion n	umber F	
			<u> </u>	l			•	
Par		Sumi	Corporation Trust Association Other ►	L Year of	formation 20	000	M State of legal domicile LA	
			escribe the organization's mission or most significant activities					
s & Governance	F c "t al th	oundation ool" for so posi at may	hese efforts are grounded in the belief that through philanthropy the Foon is committed to servicing and benefitting the geographic area of social individual donors, families and corporations to increase and enhance to tioned itself as a "tool" for other entities (including local government eneed an objective third party Is box	ith-central heir charita ntities) to l	Louisiana I able and phi nelp realize	t has lanth objec	positioned itself as a ropic interests It has tives and/or projects	
ě			of voting members of the governing body (Part VI, line 1a)		1 2 3 70 01 103) на с з	19	
Activities &			of independent voting members of the governing body (Part VI, line 1b)			4	19	
۲	5 T	otal nur	nber of individuals employed in calendar year 2011 (Part V, line 2a)			5	7	
			nber of volunteers (estimate if necessary)			6	62	
			elated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 34			7a 7b	0	
	U IV	et uniter	ated business taxable income noin roini 550 1, line 54	Р	rior Year	76	Current Year	
	8	Contrib	outions and grants (Part VIII, line 1h)		7,404,	419	30,294,937	
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		29,	800.	212,955	
34.6			ment income (Part VIII, column (A), lines 3, 4, and 7d)	626,359			573,826	
_			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u> </u>	129,	842	70,898	
		12) .	<u> </u>		8,189,	_	31,152,616	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		3,100,	-	21,486,258	
	14 15		s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines			0	0	
82	15	5-10)	s, other compensation, employee benefits (Fait 17, column (A), illes		302,	031	344,876	
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)			0	0	
			ndraising expenses (Part IX, column (D), line 25) • 112,638		1 274	274	1 501 544	
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,274, 4,676,		1,591,544	
	19		He less expenses Subtract line 18 from line 12		3,512,		7,729,938	
<u>8</u> 8				Beginn	ing of Curre		End of Year	
Not Assets or Fund Balances	20	Totala	ssets (Part X, line 16)	-	Year 49,828,	930	56,430,905	
A B			abilities (Part X, line 26)		6,939,		6,246,481	
25			sets or fund balances Subtract line 21 from line 20		42,889,		50,184,424	
Par	t II	Signa	ature Block					
knowle knowle ————————————————————————————————————	edge an	*****	erjury, I declare that I have examined this return, including accompanying so, it is true, correct, and complete. Declaration of preparer (other than office					
Here			vin Moody Secretary-Treasurer or print name and title					
Paid		Preparer signature	Date Control of the C	Check if self-employed • Preparer's taxpayer identification num (see instructions) P00043342				
Prepa Use O	nlv I	ıf self-en			EIN ▶ 72-0538016			
J36 U			and ZIP + 4 PO Box 61400		Phone no ▶ (337) 988-4930			
			Lafayette, LA 70596 s this return with the preparer shown above? (see instructions)		Flione II	∪ F (✓ Yes	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
C	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.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{5}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
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	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠,١	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 24			
L	Enter the number of Forms W. 2C included in line 15. Enter Out not applicable			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	N. T	2b	Yes	
	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		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			_
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No_
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
		טכ		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the erganization have applied gross resourts that are normally greater than \$100,000, and did the	6a		
6a	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?	oa		NO
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
а	services provided to the payor?	/a		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
C	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	These, indicate the number of forms 5252 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
а	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	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 organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
O	year			
13				
	Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
				n.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1 AL		

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

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

Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax								
Ia	year								
b	Enter the number of voting 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 officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Νo					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ction B. Policies (This Section B requests information about policies not required by the Internal								
Re	venue Code.)		24						
10-	Did the comment of heart of the state of the	10-	Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990	114	103						
40-	Doddle and the second s	40-	V						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	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?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Raymond Hebert

1035 Camellia Boulevard Suite 100

Lafayette, LA 70508

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11130)	organizations
(1) Leonard K Lemoine Chair	2 00	Х		х				0	0	0
(2) David T Calhoun Immediate Past Chair	1 00	Х						0	0	0
(3) R Kevin Moody First Vice-Chair	2 00	Х		Х				0	0	0
(4) Hank C Perret Jr Second Vice-Chair	2 00	Х		Х				0	0	0
(5) L J Gielen Secretary/Treasurer	2 00	X		Х				0	0	0
(6) Caroline C Boudreaux Director, Committee Chair	2 00	Х						0	0	0
(7) Robert Rob Eddy Director, Committee Chair	2 00	х						0	0	0
(8) E Stewart Shea III Director, Committee Chair	2 00	х						0	0	0
(9) Kam Movassaghı Director, Committee Chair	2 00	Х						0	0	0
(10) Donald W Washington Director, Committee Chair	2 00	Х						0	0	0
(11) Alice G Pecoraro Director	1 00	Х						0	0	0
(12) Sandy Melancon Director	1 00	Х						0	0	0
(13) Alfred S Lippman Director	1 00	х						0	0	0
(14) Duayne F Richard Director	1 00	Х						0	0	0
(15) Mary Jane Bauer Director	1 00	х						0	0	0
(16) Eddie Soileau Director	1 00	х						0	0	0
(17) E P Topper Breaux Director	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe hours	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from t organizati	ted fother ation he on and
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former				organiza	
(18) (Direct	Clive Rusty Breaux	1 00	х							0	0		0
	E Larry Sıkes	1 00	х							0	0		0
											4		
								Ļ					
1b c	Sub-Total	to Part VII. Soc	tion A	• •	•	•		*					
	Total (add lines 1b and 1c) .	<u>_</u>		<u> </u>			_	 	0		0		0
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to	thos	e lıs	ted	above) who	received more th	an			
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, c	r highest compen	sated employee	3	Yes	No No
4	For any individual listed on line in organization and related organization individual					If "Y					4		No
5	Did any person listed on line 1a services rendered to the organiz								_		5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio											
	Nar	(A) me and business ad	dress						Des	(B) cription of services	Ī	(C) Compen	
											\downarrow		
											\downarrow		
	Total number of independent cont			سيا است		J + -	+	liata	<u> </u>		+		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99							Page 9
Part \	<u>/1111</u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
υğ	c	Fundraising events 1c	333,333				
Ě	d	Related organizations 1d	224,566				
S E	e	Government grants (contributions) 1e					
ੂੰ ਭਾ	f	All other contributions, gifts, grants, and 1f	29,737,038				İ
호 로 프	g	similar amounts not included above Noncash contributions included in					
n d	"	lines 1a-1f \$					
Ş.E	h	Total. Add lines 1a-1f	▶	30,294,937			
			Business Code				
JE .	2a	Administrative fees	525920	196,415	196,415		
ek Ke	ь	Conference revenue	900099	16,340	16,340		
Э.	c	Miscellaneous	561000	200	200		
ř	d						
Program Service Revenue	e						
眶	f	All other program service revenue					
Ž		L					
	g	Total. Add lines 2a-2f		212,955			
	3	Investment income (including dividends	· -	452,825			452,825
	4	and other similar amounts) Income from investment of tax-exempt bond pr	⊢	+32,023			+32,023
	5	Royalties	occeus	1,981			1,981
		(ı) Real	(II) Personal	,			,
	6a	Gross rents 151,462	(,				
	ь	Less rental 0					
	_ ا	expenses Rental income 151,462					
	d	or (loss) Net rental income or (loss)		151,462	151,462		
	"	(i) Securities	(II) Other	131,102	131,102		
	7a	Gross amount	4,439,654				
		from sales of assets other					
	<u> </u>	than inventory Less cost or	4,318,653				
	b	other basis and	4,510,033				
	c	sales expenses Gain or (loss)	121,001				
	d	Net gain or (loss)		121,001			121,001
une	8a	Gross income from fundraising events (not including \$ 333,333					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18	92,135				
hei	ь	Less direct expenses b	174,680				
ŏ	С	Net income or (loss) from fundraising e	•	-82,545			-82,545
	9a	Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses b Net income or (loss) from gaming active	ities				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inver					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	·				
] **	iotal levenue. See Instructions		31,152,616	364,417	0	493,262

3

5

6

7

25

Total functional expenses. Add lines 1 through 24f

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 solicitation

Joint costs. Check here ► 🗆 If following

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 21,486,258 21,486,258 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 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) . . . Other salaries and wages 293,155 120,927 120,926 51,302 Pension plan contributions (include section 401(k) and section 2,206 403(b) employer contributions) 5,806 2,207 1,393 23,430 8,904 8,903 5,623 Other employee benefits 22,485 8,545 8,544 5,396 10 Fees for services (non-employees) 11 Management 4,675 14,166 4,675 4,816 Legal 60,269 9,000 51,269 Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 208,885 208,885 10,184 3,040 g 5,224 1,920 Advertising and promotion . . . 324 324 12 6,359 Office expenses 2,417 2,416 1,526 13 19,248 6,494 8,653 14 Information technology 4,101 15 Royalties . . 16 17 5,159 1,289 1,290 2,580 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 4,623 1,042 1,044 2,537 313,226 313,226 20 21 Payments to affiliates . 160,008 160,008 . . . 22 Depreciation, depletion, and amortization 640,906 608,718 19,728 12,460 23 11,666 4,433 4,433 2,800 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 O) Administrative and cust 46,763 46,763 22,369 8,296 5,777 Gift cards, Art of Givi 8,296 Telephone, utilities 17,207 6,539 6,539 4,129 Trust and bank fees 13,602 10,724 2,878 d е All other expenses 36,580 10,367 20,259 5,954

23,422,678

23,032,757

112,638

277,283

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,801,436 11,795,308 1 1 468,895 478,321 2 2 3 3 13.119 4 4 61.440 5 Receivables from current and former officers, directors, trustees, key 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 6.235 9 11.605 Prepaid expenses and deferred charges 29,349,554 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 2,108,904 b Less accumulated depreciation 27,553,795 10c 27,240,650 14,938,458 16,708,834 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 47,001 134,747 15 15 49,828,939 56,430,905 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 418,492 181,731 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 705.000 20 665.000 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, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 5,409,288 24 4,993,502 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 406,248 25 406,248 D 26 6,939,028 26 6,246,481 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 28,445,178 32,451,370 Unrestricted net assets 10,405,226 28 13,506,744 28 Temporarily restricted net assets Fund 29 4,039,507 29 4,226,310 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 42.889.911 33 50.184.424 49.828,939 34 Total liabilities and net assets/fund balances 34 56,430,905

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31 1	152,616
2	Total expenses (must equal Part IX, column (A), line 25)	2			122,678
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42,8	389,91:
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 4	135,425
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		50,1	184,424
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			∀	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	sued			
-	on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493319033982

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Community Foundation of Acadiana

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Employer identification number

		Reason for Public Charity Status (All organizations must complete this part.) See instructions												
	t I									nstructions	5			
	rganız			te foundation becaus										
1	<u> </u>			on of churches, or as				b)(1)(A)(i)	-					
2	<u> </u>	A scho	ol described	d in section 170(b)(1	.)(A)(ii). (A1	ttach Sched	lule E)							
3	Г	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desci	rıbed ın secti	on 170(b)(1)(A)(iii).					
4	Γ			h organization operat ty, and state	ted in conjur	nction with a	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the			
5	Γ	=	•	erated for the benefit (A)(iv). (Complete P	_	e or univers	ity owned or o	operated by	/ a governmen	tal unit des	cribed in			
6	\vdash			local government or	•	tal unit deci	cribed in sect	ion 170(h)	(1)(A)(y)					
7	<u>'</u>									from the gar	oral nublu	_		
,	'	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)												
8	굣			described in section	•	A)(vi) (Co	mplete Part I	Ι)						
9	Γ	An orga receipt its supi	anization the s from activ port from gr	at normally receives ities related to its ex oss investment inco ganization after June	(1) more th xempt functi me and unre	nan 331/3% ons—subjec lated busin	of its suppor ct to certain e ess taxable ii	t from cont exceptions, ncome (les	, and (2) no mo s section 511	ore than 33:	1/3% of			
0	\vdash			ganized and operated	•			•	•					
.1 e	r	An organone or in the box a By check	anization or more public that descr Type I cking this b	ganized and operated ly supported organization loes the type of supp b Type II ox, I certify that the	d exclusively ations descr orting organ I c organization	y for the ber libed in sect lization and Type II n is not cont	nefit of, to per tion 509(a)(1 complete line I - Functiona crolled directl	form the fu) or sectio es 11e thro lly integrat y or indirec	nctions of, or n 509(a)(2) Sough 11h sed ctly by one or i	d Typ more disqua	509(a)(3) . e III - Ot lified pers	.Check her ons		
f g		section If the o check t	509(a)(2) rganızatıon hıs box	on managers and oth received a written do 2006, has the organi	etermination	from the IF	RS that it is a	Type I, Ty	pe II or Type					
-		followin (i) a pe and (iii) (ii) a fa	g persons? rson who di below, the mily memb	rectly or indirectly c governing body of th er of a person descri lled entity of a perso	ontrols, eith le the suppo bed in (i) abo	er alone or rted organiz ove?	together with zation?			11 <u>0</u>	Yes g(i) g(ii)	No		
h				ng information about							<u> </u>			
s	(i) Name uppor ganiza	e of (ii) rted EIN		EIN lines 1- 9 above your governing document?		e ion in ted in erning	(v) Did you notify the organization in col (i) of your support?		(vi Is th organiza col (i) org in the U	ne tion in ganized	A mo	/ii) unt of port?		
				(see instructions))	Yes	No	Yes	No	Yes	No				
												-		
a+ a l				l l		1	1			1				

Support Schedule for Organizations Described in IRC 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 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.)

S	ection A. Public Support	.	•		, ,	•	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,445,66	2 13,620,523	9,364,580	7,404,419	10,294,937	53,130,121
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 The portion of total contributions	12,445,66	2 13,620,523	9,364,580	7,404,419	10,294,937	53,130,121
	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						14,272,822
6	(f) Public Support. Subtract line 5 from line 4						38,857,299
S	ection B. Total Support	- I					
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	12,445,662	13,620,523	9,364,580	7,404,419	10,294,937	53,130,121
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	530,064	420,322	275,257	330,611	454,806	2,011,060
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						55,141,181
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	874,717
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organ	ization,
S	ection C. Computation of Pu	blic Support I	Percentage				
14	Public Support Percentage for 201	1 (lıne 6 column	(f) dıvıded by lıne	11 column (f))		14	70 470 %
15	Public Support Percentage for 201	0 Schedule A, Pa	rt II, line 14			15	65 250 %
16a	33 1/3% support test—2011. If the and stop here. The organization qu				ine 14 is 33 1/3%	or more, check	this box
b	33 1/3% support test—2010. If the box and stop here. The organization	e organization did	not check the box	on line 13 or 16	a, and line 15 is	33 1/3% or more	, check this_
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza	— 2011. If the org	anızatıon dıd not c facts and cırcumst	heck a box on lin ances" test, che	ck this box and st	t op here. Explain	
b	in Part IV how the organization me organization 10%-facts-and-circumstances test	— 2010. If the org	anızatıon dıd not c	heck a box on lin	ne 13, 16a, 16b, d	or 17a and line	rted ▶□
18	15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	ation meets the "	facts and circumst	ances" test The	organization qua	lifies as a public	ly ▶┌
	instructions			, , , _ , _ 0 ,	,		▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A, Part IV, Supplemental Information The Foundation entered into a Fund Agreement with the State of Louisiana, Office of Lieutenant Governor, to establish the BP Louisiana Tourism Recovery Fund to receive and make grant disbursements over a six-quarter period beginning in February, 2011 The funding was stipulated by a Memorandum of Understanding between British Petroleum and Departments of the State of Louisiana as a result of the oil spill off the coast of Louisiana in 2010 In 2011 Community Foundation of Acadiana received \$20,000,000 from BP America, Inc for this fund The balance of \$10,000,000 is to be received in 2012

Schedule A, Part IV, List of Unusual Grants Grant to promote LA tourism due to oil spill Date 02/28/11 Amount 5000000 Grant to promote LA tourism due to oil spill Date 05/02/11 Amount 5000000 Grant to promote LA tourism due to oil spill Date 08/02/11 Amount 5000000 Grant to promote LA tourism due to oil spill Date 11/02/11 Amount 5000000

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 72-1493023

Name: Community Foundation of Acadiana

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 4,870,313 including grants of \$) (Revenue \$ 364,417)

Various grants and expenses for other charitable programs

DLN: 93493319033982

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Com	ne of the organization munity Foundation of Acadiana		Employer identification number
	, canada o , canada a		72-1493023
Par	Organizations Maintaining Donor organization answered "Yes" to Form		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	146	104
2	Aggregate contributions to (during year)	4,022,661	5,965,915
3	Aggregate grants from (during year)	2,603,199	962,240
4	Aggregate value at end of year	15,098,769	28,174,242
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the beconferring impermissible private benefit		
Par	t III Conservation Easements. Comple	te if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	Preservation of an Preservation of a c	historically importantly land area certified historic structure
	casement on the last day of the tax year]	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	nts	2b
_	Number of conservation easements on a certified	-	2c
d	Number of conservation easements included in (c	` '	2d
3	Number of conservation easements modified, tran		d by the organization during
	the taxable year ►	sterred, released, extinguished, or terminate	a by the organization during
4	Number of states where property subject to conse	ervation easement is located ►	<u> </u>
5	Does the organization have a written policy regard enforcement of the conservation easements it hol		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing conservation easem	ents during the year 🛌
7	A mount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easements	s during the year
В	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financial	
Part	Organizations Maintaining Collect Complete if the organization answere		or Other Similar Assets.
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these its	or public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, lin	e 1	* \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, h following amounts required to be reported under S		

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	ctions of Art, H	ISTOR	<u>icai ireas</u>	ures, or Oth	er Similar As	sets (co	<u> intinuea)</u>
3	Using the organization's accession and other relatems (check all that apply)	cords, check any of	the fo	llowing that a	are a significant	use of its collect	ion	
а	Public exhibition	d	Γ	Loan or ex	change prograr	ns		
b	Scholarly research	e	Г	Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain h	ow the	ey further the	e organization's	exempt purpose ı	n	
5	During the year, did the organization solicit or r							
Ba	assets to be sold to raise funds rather than to be	· · · · · · · · · · · · · · · · · · ·				'	Yes	│ No
Pal	t IV Escrow and Custodial Arrangen Part IV, line 9, or reported an amo				on answered	ryes" to Form 9	90,	
1a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?	•		•	or other asset		_ _{Yes}	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	owing	table	_	1		
							ount	
C C	Beginning balance				10			
d	Additions during the year				10	-		
e	Distributions during the year				16			
_'	Ending balance				11			
2a	Did the organization include an amount on Form	1990, Part X, line 21	. 7			'	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete if t	ha arganization ai	201101	and "Vac" to	. Form 000 D	art IV June 10		
Pa			b) Prior			(d)Three Years Back	(e) Four \	ears Back
1a	Beginning of year balance	3,959,760		2,906,220	2,234,639	2,053,769		
b	Contributions	257,368		948,779	363,831	764,837		
С	Investment earnings or losses	13,493		283,584	358,429	-539,389		
d	Grants or scholarships	74,989		126,921	27,285			
е	Other expenditures for facilities and programs	889		15,583		22,727		
f	Administrative expenses	46,188		36,319	23,394	21,851		
g	End of year balance	4,108,555	3	3,959,760	2,906,220	2,234,639		
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment ► 100 000 %							
С	Term endowment ▶							
3a	Are there endowment funds not in the possessi	on of the organizatio	n that	are held and	administered f	or the		T
	organization by (i) unrelated organizations					3a(Yes	No No
	(ii) related organizations					3a(i		No
b	If "Yes" to 3a(II), are the related organizations					3b		<u> </u>
4	Describe in Part XIV the intended uses of the o	rganızatıon's endowr	ment f	unds			•	
Pai	tt VI Land, Buildings, and Equipment	See Form 990, F	Part >	(, line 10.	_	•	_	
	Description of property) Cost or other sis (investment)		r (c) Accumulated depreciation	(d) Bo	ok value
1a	Land				4,165,00	00		4,165,000
b	Buildings				25,020,95	2,012,667	7 2	3,008,289
c	Leasehold improvements							
d	Equipment				163,59	96,237	7	67,361
	Other							
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (B), lin	e 10(c).) .		🕨	2	7,240,650

(a) Description of security or category	orm 990, Part X, line 12	2.
	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should 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
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 000
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	.
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	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	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493319033982

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

С

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Employer identification number or or multiply Foundation of Acadiana Employer identification number 72-1493023		, recour	110101111330	, or 1 orm, 33	o zzri occoopaiate motime			Inspection
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations			<u></u>			En	nployer ider	ntification number
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Mail solicitations Form 990, Part IV, line 17. Solicitation of non-government grants Form 990, Part VIII or entity in connection with professional fundraising services? Form 990, Part VIII) or entity in connection with professional fundraising services? Form 990, Part VIII) or entity in connection with professional fundraising services? Form 990, Part VIII) or entity in connection with professional fundraising services? Form 990, Part VIII) or entity in connection with professional fundraising services? Form 990-EZ filers are not required to complete this table (i) Name and address of individual or entity (iii) Did fundraiser have custody or control of contributions? Form 990-EZ filers are not required to complete this table (ii) Activity (iii) Did fundraiser have from activity (or retained by) fundraiser isted in coll (i) (vi) Amount paid to (or retained by) fundraiser isted in coll (ii) (vii) Amount paid to (or retained by) fundraiser isted in coll (ii) List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or	ommunity Foundation of Acadi	ıana				7.7	-1493023	
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations	Dat I. Fundanisina As	tivities Complet	to if the c		tion answard "Vas"			
Mail solicitations Mail solicitations	Fundraising AC	tivities. Complet	te ir the c	organiza	tion answered Yes	to Form 99	U, Part IV	, line 17.
The property of the property o	Indicate whether the orga	nızatıon raısed funds	through a	any of the	following activities Ch	eck all that a	apply	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of individual or entity (fundraiser) or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or	Mail solicitations			е	Solicitation of no	n-governmer	nt grants	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or	b Γ Internet and e-mail so	olicitations		f	□ Solicitation of go	vernment gra	nts	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name and address of individual or entity (fundraiser). Individual o	c Γ Phone solicitations			g	Special fundraisi	ng events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Tyes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of control of control of control of control butions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or	d	S						
to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								Г yes Г м
Individual or entity (fundraiser) Substitute Fundraiser have custody or control of contributions? Yes No								
tal	ındıvıdual	(ii) Activity	fundrais custo cont	fundraiser have custody or control of contributions?		(or retai fundraisei	ned by) r listed in	
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or	_		Yes	No				
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or			1					
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or								
	tal			>				
		organization is regi	stered or l	licensed t	o solicit funds or has b	een notified i	t is exempt	from registration or

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events
			LEADERS IN PHILANTHROPY AWARDS LUNC (event type)	BUILT TO SERVE GOLF TOURNAMENT (event type)	(total number)	(Add col (a) through col (c))
жие	1	Gross receipts	85,366	92,137	247,965	425,468
Revenue	2	Less Charitable contributions	71,002	70,217	192,114	333,333
	3	Gross income (line 1 minus line 2)	14,364	21,920	55,851	92,135
	4	Cash prizes			22,040	22,040
မွ	5	Non-cash prizes			335	335
ense	6	Rent/facility costs	2,872	3,300	1,645	7,817
Expenses	7	Food and beverages	17,703	23,941	21,437	63,081
Direct	8	Entertainment	26,719		13,572	40,291
Δ	9	Other direct expenses .	5,418	3,841	31,857	41,116
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(174,680)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-82,545
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, Irr		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
ses	2 (Cash prizes				
pen	3 [Non-cash prizes				
Direct Expenses	4 F	Rent/facility costs				
ے	5 (Other direct expenses				
	6 \	Volunteer labor	┌ Yes ┌ No	Г Yes Г No	┌ Yes	
	7 [Direct expense summary Add lines	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ .</u>	
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate lo," Explain	gaming activities in eac	h of these states?		· Fyes FNo
	Were	e any of the organization's gaming les," Explain	ıcenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493319033982

Inspection

Internal Revenue Service Employer identification number Name of the organization Community Foundation of Acadiana 72-1493023 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	1 '	Schedule I, Part I, Line 2 All grants or requests for assistance are reviewed to insure that the entity is a valid governmental entity or IRS approved public charity. Records are kept of this compliance check, along with support for any grants that are denied

Software ID: Software Version:

EIN: 72-1493023

Name: Community Foundation of Acadiana

Return to Form

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
A cadiana Center for the Arts A cadiana Arts Council 101 West Vermilion St Lafayette, LA 70501	51- 0138288	501(c)(3)	5,000				Louisiana CrossRoads
Acadiana Works Inc 1305 Diesi Street Opelousas, LA 70570	72- 0780408	501(c)(3)	18,255				Program Targeting BP Oil Spill victims

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A cadiana YouthP O Box 92078 Lafayette, LA 70509	72- 0752065	I 501(c)(3)	15,000				General SupportGeneral SupportGeneral Support
Aımwell Baptıst Church1892 Hwy 1215 Zwolle, LA 71486		501(c)(3)	10,000				Roof Repair & Van Purchase Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alma Foundation Inc - Nick's Kids FundP O Box 870323 Tuscaloosa, AL 35487	65- 0802996	I 501(c)(3)	5,000				Nick's Kids Fund
A merican Heart Association1101 Northchase Pkwy Ste 1 Marietta, GA 30067	13- 5613797	1 5011(0)(3)	7,800				Lafayette Heart Ball 2011, Donation

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIKids Acadiana P O Box 292 Branch, LA 70516	26- 0211141	501(c)(3)	9,127				Pictures of Teaching the Lesson
Apostolic Assembly of Faith 118 N Sycamore Street Kermit, TX 79745		501(c)(3)	9,904				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARK of LafayetteP O Box 547 Carencro, LA 70520	72- 1422170	501(c)(3)	25,929		23.161,		To help fund for Woodworking, GED, Freezer, and Greenhouse
Ascension Episcopal School 1030 Johnston Street Lafayette, LA 70501	72- 0491101	501(c)(3)	10,750				Opening New Doors Campaign

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSIST Agency11 N Parkerson Ave Crowley, LA 70526	72- 0786459	1 501(c)(3)	25,900				Program Targeting BP Oil Spill Victims
Baton Rouge Area Foundation402 N Fourth Street Baton Rouge, LA 70802	72- 6030391	501(c)(3)	5,000				Leadership for Change Summit

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bridge Ministry of Acadiana IncP O Box 62029 Lafayette, LA 70596	80- 0066525	501(c)(3)	38,119				ıPads, Capıtal Campaıgn, Capıtal Improvements
Camp Bon Coeur Inc405 W Main Street Lafayette, LA 70501	58- 1710741	501(c)(3)	10,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Museum of Acadiana201 East Congress Street Lafayette, LA 70501	58- 1945773	501(c)(3)	8,465				Amateur Ham Radio Licensing Course
Church of the Covenant300 E Martial Avenue Lafayette, LA 70508	72- 0843397	501(c)(3)	28,497				Helping Hands for the Holidays Program

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Church of the Highlands4700 Highlands Way Birmingham, LA 35210	63- 1258442	501(6)(3)	10,000				Small Groups Program
Dietrich van Hildebrand Legacy Project4935 Birch Lane Alexander, VA 22312	59- 3781326	501(c)(3)	25,000				Legacy Project

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of Lafayette1408 Carmel Drive Lafayette, LA 70501	72- 0437696	501(c)(3)	61,800				Vicar's Acct- Central Region- In memory of William Ashy, RISE 2011
Disch deClouet Social Service Center Inc432 Bank Ave New Iberia, LA	72- 0782780	501(c)(3)	5,000				Donation from John & Lynette Fraser

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Bayou Baptist Church2234 Kaliste Saloom Road Lafayette, LA 70508		501(c)(3)	50,000				General Fund
Families and Friends of Louisiana's Incarcerated Children1600 Oretha Castle Haley Blvd New Orleans, LA 70113	20- 5924561	501(c)(3)	15,000				Pugh Family Fund Fall 2010 Grant Cycle

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Service Division300 Iberia Street Ste 200 New Iberia, LA 70560		501(c)(3)	179,200				To support FSD's "Prosecutor's Early Intervention" program
First Baptist Church of Jena 2725 E Oak Street Jena, LA 71342		501(c)(3)	50,000				General Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Colony Bible Church3610 Austin Parkway Sugarland,TX 77479		501(c)(3)	8,850				Building Fund
Holy Family Catholic School 200 St John Street Lafayette, LA 70501	53- 0196617	501(c)(3)	51,300				Pugh Family Fund Grant Cycle, 7th & 8th Grade Expansion Program, Capital

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope for Opelousas 330 East Madison Street Opelousas, LA 70570	26- 1946853	501(c)(3)	18,228				Scholarship
Iberia Cultural Resources Association312 Marie Street New Iberia, LA 70563	72- 0687930	501(c)(3)	6,000				Symphony Sunday in the Park from John & Lynette Fraser

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Immaculate Heart of MaryP O Box 2398 Lafayette, LA 70502	90- 0087914	501(c)(3)	5,000				General Fund
Jacob Crouch Foundation2851 Johnston St PMB 282 Lafayette, LA 70503	56- 2584558	501(c)(3)	8,398				Talk with Counselors

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette Catholic Service Centers Inc P O Box 3177 Lafayette, LA 70502	72- 0977497	501(c)(3)	15,740				St Joseph Diner Garden, Opus Christi Magnum,
Lafayette Community Health Care Clinic1317 Jefferson Street Lafayette, LA	72- 1221982	1 501(6)(3)	7,204				Pass through grant made on behalf of Shirley V Adamson

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette Education FoundationP O Box 53649 Lafayette, LA 70505	58- 1849198	501(c)(3)	17,123				Fall 2011 Grant Recipient-"The Leader in Me" Program
Louisiana Military Hall of Fame and Museum IncP O Box 61930 Lafayette, LA 70596	58- 1946943	501(c)(3)	5,150				To Aid in the Construction of Phase II

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lourdes Foundation P O Box 4027 Lafayette, LA 70502	72- 1494532	501(c)(3)	27,625		oene.,		1st Payment of 2 year Commitment for Chapel Window
LSU Tiger Athletic FoundationP O Box 711 Baton Rouge, LA 70821	72- 1004960	501(c)(3)	5,975				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes Foundation101 Jomela Drive Lafayette, LA 70503	13- 1846366	501(c)(3)	12,600				2011 March of Dimes Sponsorship - March for Babies
Maxie Gospel Tabernacle Church 225 Governor Morgan Drive Crowley, LA 70526	72- 0928453	501(c)(3)	474,252				Building of New Church

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic200 First Street SW Rochester, MN 55905	41- 6011702	501(c)(3)	25,000				General Support
Miles Perret Cancer ServicesP O Box 80763 Lafayette, LA 70598	75- 3023211	501(c)(3)	551,233				Monthly operating expenses, Hula Hoop for Games of Acadiana, Randy Travis Benefit Concert

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National World War II Museum945 Magazine Street New Orleans, LA 70130	72- 1200790	501(c)(3)	17,000				General Support
Nature Conservancy - Louisiana Chapter P O Box 4125 Baton Rouge, LA 70821	53- 0242652	501(c)(3)	17,500				Cypress Island Preserve

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nicholls State University Foundation - John Folse Culinary InstituteP O Box 2099 Thibodaux, LA 70310	72- 6031425	501(c)(3)	10,000				John Folse Culinary Building Fund
Notre Dame High School910 North Eastern Ave Crowley, LA 70526	53- 0196617	501(c)(3)	100,600				Building Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Opelousas Catholic School428 E Prudhomme Street Opelousas, LA 70570		501(c)(3)	19,000		other)		VTEC Program
Our Lady of Perpetual Help Catholic Church 1303 St Jude Street New Iberia, LA 70560		501(c)(3)	6,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
Our Lady Queen of Peace Catholic Church145 Martin Luthur King Jr Drive Lafayette, LA 70501		501(c)(3)	6,000				Fire Fund
Our Savior's Church1830 S Lake Arthur Ave Jennings, LA 70546		501(c)(3)	70,500				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Performing Arts Society of AcadianaP O Box 52979 Lafayette, LA 70505	62- 1374231	501(c)(3)	8,000				Educational Programs
Pharr Chapel United Methodist Church517 Federal Ave Morgan City, LA 70380		501(c)(3)	24,000				Annual Contribution

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pope John Paul II AcademyP O Box 460 Carencro, LA 70520	20- 5703643	1 501(6)(3)	25,000				Capital Campaign
Progressive Education Program Inc (PEPI)P O Box 10237 New Iberia, LA 70562	72- 0875028	1 501(6)(3)	9,119				Computer Learning

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rebuilding Together AcadianaP O Box 80153 Lafayette, LA 70598	72- 1407473	501(6)(3)	10,000				Ramps & Rails
Redemptorist Catholic School606 S A venue N Crowley, LA 70526		501(c)(3)	50,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sacred Heart of Jesus on the Teche Catholic Chuch 2514 Old Jeanerette Road New Iberia, LA 70563	53- 0196617	501(c)(3)	20,000				General Support
Second Harvest Food Bank of Greater New Orleans & Acadiana215 E Pinhook Road Lafayette, LA 70501	72- 0956468	501(c)(3)	66,401				Program targeting BP Oil Spill Victims

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Social Service Center Inc432 Bank Ave New Iberia, LA 70560	72- 0782780	501(c)(3)	22,500				General Support
Society of Our Lady of Most Holy Trinity P O Box 1400 Abbeville, LA 70511		501(c)(3)	5,350				Fr Glenn Meaux's Haiti Mission

(a) Name and	(b) EIN	(c) IRC Code	(d) Amount of	` '	(f) Method of	(g) Description	(h) Purpose of
address of organization or government		section if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	of non-cash assistance	grant or assistance
Solomon House520 Center Street New Iberia, LA 70560	72- 1425609	501(c)(3)	15,000				General Support
Southern Mutual Help Association 3602 Old Jeanerette Road New Iberia, LA 70563	72- 0696092	I 501(c)(3)	62,500				Program targeting BP Oil Spill Victims

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Francis Diner IncP O Box 9106 New Iberia, LA 70562	72- 1107052	501(c)(3)	8,000				General Support
St Genevieve Catholic Church 417 E Simcoe Street Lafayette, LA 70501	72- 6001216	501(c)(3)	20,000				Church Restoration- Sacred Heart of Jesus Side Alter

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Genevieve Catholic School 201 Elizabeth Ave Lafayette, LA 70501	72- 0960861	501(c)(3)	51,500				General Support
St Mary Catholic School2351 22nd Ave Greeley, CO 80631		501(c)(3)	15,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary Community Action Agency 1407 Barrow Street Franklin, LA 70538	72- 0643183	501(c)(3)	31,250				Program targeting BP O Il Spill Victims
St Mary's Episcopal ChurchP O Box 95 Franklin, LA 70538		501(c)(3)	21,500				Rectory Repairs, Annual Donation

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Peter Roman Catholic Church 915 12th Street Greeley, CO 80631		501(c)(3)	20,000				General Support
St Peter's Catholic Church108 E St Peter Street New Iberia, LA 70560		501(c)(3)	5,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Pius X Catholic ChurchP O Box 80489 Lafayette, LA 70598	53- 0196617	501(c)(3)	5,200		,		Building Fund
St Stanislaus College Prepatory 304 S Beach Blvd Bay St Louis, MS 39520		501(c)(3)	55,500				Dyslexia Program, Interviews with teachers

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State of Louisiana - Dept of CRT - Office of State ParksP O Box 44426 Baton Rouge, LA 70804		501(c)(3)	80,000				Palmetto Island State Park O perations
Susan G Komen - Race for the CureP O Box 51597 Lafayette, LA 70505	75- 1835298	501(c)(3)	12,000				Presenting Sponsor - Susan G Komen - Race for the Cure

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple Baptist Church5933 Aimwell Road Jena, LA 71342		501(c)(3)	50,000		other)		General Support
The Extra Mile Region IV Inc525 South Buchanan Street Lafayette, LA 70501	72- 1186339	501(c)(3)	17,500				Website

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Family Tree 4540 Ambassador Caffery Pkwy Ste B220 Lafayette, LA 70508	72- 0879405	I 501(c)(3)	15,000				Ways to Work Program
Troop C Grant-A- WishP O Box 607 Schriever, LA 70395	72- 1278308	1 501(6)(3)	40,000				Grant Sick Children Their Wish

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of AcadianaP O Box 52033 Lafayette, LA 70505	72- 0513639	501(c)(3)	83,029				Program targeting BP Oil Spill Victims, Rayne Tornado Long-Term Recovery Coalition, Bridge Ministry of Acadiana
University of Louisiana at Lafayette FoundationP O Box 44290 Lafayette, LA 70504	72- 6023836	501(c)(3)	71,000				Digitization and Archiving of Cajun Music Collection, General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Notre DameC113 Joyce Center Notre Dame,IN 46556	35- 0868188	501(c)(3)	40,000		,		Joyce Grants in Aid Program
Volunteer Instructors Teaching Adults 905 Jefferson Street Ste 404 Lafayette, LA 70501	72- 0954229	501(c)(3)	27,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Acadia Parish Convention & Visitors CommissionP O Box 1342 Crowley, LA 70527	72- 1169014	501(c)(3)	68,829				BP Louisiana Tourism Recovery Fund
AlexandriaPineville Area CVB707 Main Street Alexandria, LA 71301	72- 1014119	501(c)(3)	97,604				BP Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allen Parish Tourist CommissionP O Box 1280 Oberlin, LA 70655		1 501(6)(3)	19,152				BP Louisiana Tourism Recovery Fund
Avoyelles Commission of Tourism8592 Hwy 2 Suite 3 Mansura, LA 71350	72- 6000119	I 501(c)(3)	31,641				BP Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beauregard Parish Police JuryP O Box 310 DeRidder, LA 70634	72- 6000152	501(c)(3)	26,094		other)		BP Louisiana Tourism Recovery Fund
Boys & Girls Clubs of AcadianaP O Box 62166 Lafayette, LA 70596	72- 0940072	501(c)(3)	5,500				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Relief ServicesP O Box 17090 Baltimore, MD 21203	13- 5563422	501(c)(3)	12,000				General Support
Central Catholic High School2100 Cedar Street Morgan City, LA 70380		501(c)(3)	13,100				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Church of the Assumption211 Iberia Street Franklin,LA 70538	72- 0741699	501(c)(3)	6,900				General Support
Diocese of Houma- ThibodauxP O Box 505 Schriever, LA 70395	72- 0812566	501(c)(3)	16,500				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Feliciana Tourist Commission P O Box 667 Jackson, LA 70748	72- 6000367	501(c)(3)	15,632				BP Louisiana Tourism Recovery Fund
Episcopal School of AcadianaP O Box 380 Cade,LA 70519		501(c)(3)	6,425				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evangeline Parish Police Jury200 Court Street Ste 207 Ville Platte, LA 70586	72- 6000391	501(c)(3)	26,941				BP Louisiana Tourism Recovery Fund
Franklin Parish Catfish FestivalP O Box 187 Winnsboro, LA 71295	72- 1098958	501(c)(3)	8,375				BP Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grant Parish200 Main Street Colfax,LA 71417	72- 6000493	501(c)(3)	8,249				BP Louisiana Tourism Recovery Fund
Healing House Hope for Grieving ChildrenP O Box 3861 Lafayette, LA 70502	72- 1314590	501(c)(3)	5,000				BP Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iberia Humane Society IncP O Box 11422 New Iberia, LA 70562	72- 0924871	501(c)(3)	75,000				Golden Fund
Iberia Parish Government300 Iberia Street Ste 400 New Iberia, LA 70560	72- 6000542	501(c)(3)	166,667				BP Louisiana Tourism Recovery Fund, Community Development Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jackson Parish Tourist commission 500 East Court Jonesboro, LA 71251	72- 6000572	501(c)(3)	6,321				BP Louisiana Tourism Recovery Fund
Jefferson Davis Parish Tourist Commission100 Rue d IAcadie Jennings, LA	37- 1488580	1 501(6)(3)	35,790				BP Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jefferson Parish Government1221 Elmwood Park Blvd 10th Floor Jefferson, LA 70123	72- 6013920	501(c)(3)	1,400,000				BP Louisiana Tourism Recovery Fund
La Foundation of Louisiane735 Jefferson Street Lafayette, LA 70501	72- 0851169	501(c)(3)	36,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette Convention & Visitors CommissionP O Box 52066 Lafayette, LA 70505	72- 6089318	501(c)(3)	235,150				BP Louisiana Tourism Recovery
Lafourche Parish GovernmentP O Box 5548 Thibodaux, LA 70301	72- 6000634	501(c)(3)	1,400,000				BP Louisiana Tourism Recovery

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Livingston ParishP O Box 427 Livingston, LA 70754	72- 1312551	501(c)(3)	133,828				BP Louisiana Tourism Recovery
Louisiana State UniversityThomas Boyd Hall Baton Rouge, LA 70803	72- 6000848	501(c)(3)	9,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSU Foundation 3838 W Lakeshore Drive Baton Rouge, LA 70803	72- 6020969	501(c)(3)	5,500				General Support
Orleans Parish Government1300 Perdido Street Ste 2E New Orleans, LA 70112	72- 6000969	501(c)(3)	3,800,000				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Plaquemines Parish Government104 New Orleans Street Belle Chasse, LA 70037	72-	501(c)(3)	1,400,000				Louisiana Tourism Recovery Fund, Economic Development & Tourism
Ruston Lincoln Convention and Visitors Bureau 2111 North Trenton Street Ruston, LA 71273	87- 0738114	501(c)(3)	17,770				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sabine Parish Tourist & Recreation Commission1601 Texas Hwy Many, LA 71449	72- 0866517	501(c)(3)	9,888				Louisiana Tourism Recovery Fund
Manresa House of RetreatsP O Box 89 Convent, LA 70723	72- 0471381	501(c)(3)	6,300				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Iberia Museum FoundationP O Box 14151 New Iberia, LA 70562	72- 1271113	501(c)(3)	20,170				General Support
St Bernard Parish 8201 Judge Perez Chalmette, LA 70043	72- 6001193	501(c)(3)	1,400,000				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Charles ParishP O Box 302 Hahnville, LA 70057	72- 6001208	501(c)(3)	59,744				Louisiana Tourism Recovery Fund
St Dominic's High School6326 Memphis Street New Orleans, LA 70124		501(c)(3)	5,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Helena Parish GovernmentP O Box 534 Clayton, GA 30525		501(c)(3)	7,969				Louisiana Tourism Recovery Fund
St Landry Parish Tourist Commission P O Box 1415 Opelousas, LA 70571	72- 0980723	I 501(c)(3)	86,716				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary Parish500 Main Street 5th Floor Courthous Franklin, LA 70538	72- 6001283	501(c)(3)	333,333		other)		Louisiana Tourism Recovery Fund
St Michael Catholic Church 224 West 5th Street Crowley, LA 70526		501(c)(3)	5,900				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Tammany Parish 21490 Koop Drive Mandeville, LA 70471	72- 6001304	501(c)(3)	1,400,000				Louisiana Tourism Recovery Fund
Tangipahoa Parish GovernmentP O Box 215 Amite, LA 70422	72- 6001371	501(c)(3)	109,530				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Terrebonne Parish 8026 Main Street Ste 401 Houma,LA 70360	72- 6001380	1 501(6)(3)	1,400,000				Louisiana Tourism Recovery Fund
The Children's Shelters of Acadiana Youth Inc P O Box 92078 Lafayette, LA 70509	72- 0752065	501(c)(3)	20,202				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Union Parish Tourist Commission403 Fourth Street Bernice, LA 71222	72- 1471715	501(c)(3)	9,508		othery		Louisiana Tourism Recovery Fund
United Methodist Church of the Covenant300 E Martial Avenue Lafayette, LA 70508	72- 0843397	501(c)(3)	32,066				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vermillion Parish Police Jury100 N State Street Ste 200 Abbeville, LA 70510	72- 6001432	I 501(c)(3)	333,333				Louisiana Tourism Recovery Fund
Washington Parish 900 Pearl Street Franklington, LA 70438	72- 6001458	I 501(c)(3)	33,705				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Webster Parish110 Sibley Road Minden,LA 71055	33- 1075283	501(c)(3)	17,086				Louisiana Tourism Recovery Fund
West Baton Rouge Convention & Visitors Bureau 2750 North Westport Drive Port Allen, LA 70767	72- 0834212	501(c)(3)	25,972				Louisiana Tourism Recovery Fund

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Feliciana Parish Tourist CommissionP O Box 1548 St Francisville, LA 70775	72- 1057690	I 501(c)(3)	11,340				Louisiana Tourism Recovery Fund

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493319033982

2011

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

Con	nmunity Foundation of Acadiana								7	2-149	3023			
Pa	art I Bond Issues								-					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce (f	Description	of Purpose	(g) De	feased	(h) Beha Iss	lf of		Pool ncing
									Yes	No	Yes	No	Yes	No
A	Louisiana Public Facilities Authority	72-0895871	546398GC6	06-01-2003	920,0		onstruction of Ascension reschool building			X		х		x
Pa	rt III Proceeds				_									
					A B			С			D			
1	A mount of bonds retired					255,00	0							
2	A mount of bonds defeased													
3	Total proceeds of issue													
4	Gross proceeds in reserve fu													
_5	Capitalized interest from pro													
6	Proceeds in refunding escrow													
7	Issuance costs from proceed													
8	Credit enhancement from pro	ceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro	oceeds												
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	on			200	4								
-					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	rt of a current refund	ding issue?			Х								
15	Were the bonds issued as part of an advance refunding issue?					Χ								
16	Has the final allocation of proceeds been made?					Х								
17	allocation of proceeds?					X								
Pa	rt IIII Private Business	Use												
				Yes		-	3		<u> </u>			D T		
						No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	edule K (Form 990) 2011									Page 2
Par	t III Private Business Use (Continued)	1			1	В		С		D
		-	Yes	No No	Yes	No	Yes	No	Yes	No No
За	Are there any management or service contracts that may result in privatuse?	e business		X					1,55	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fill property?									
С	Are there any research agreements that may result in private business u financed property?	se of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	ensure the		Х						
Pa	rt IV Arbitrage	•		•	•	•	•	•	•	•
		Α			В		С		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No	Y	es	No	Yes	No
2	Is the bond issue a variable rate issue?		X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X							
			^							

	55114 15542	X			
2	Is the bond issue a variable rate issue?	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?				
		X			
ь	Name of provider				
c	Term of hedge				
d	Was the hedge superintegrated?				
e	Was a hedge terminated?				
4a	Were gross proceeds invested in a GIC?	Х			
ь	Name of provider				
С	Term of GIC				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
5	Were any gross proceeds invested beyond an available temporary period?	Х			
6	Did the bond issue qualify for an exception to rebate?	X			

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319033982

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

	e of the organization nunity Foundation of Acadiana	Employer identificati	ion nu	mber				
,,,,,,,,	funity i oundation of Acadiana				72-1493023			
Pa	rt I Types of Property			<u></u>				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de contribution	termı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	8	215,653	Fair market value			
	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other	Х	1	328,000	Appraisal			
8	Collectibles							
9	Food inventory							
:0	Drugs and medical supplies .							
1	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ►()							
	Other ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
iOa	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		Yes	No
	must hold for at least three year							
	for exempt purposes for the enti				a to be asea	20-		No
b	If "Yes," describe the arrangement					30a		140
1	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contributions?	31		No

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

32a

Νo

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319033982

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	Employer identif	ication number
Community Foundation of Acadiana		
	72-1493023	

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	A copy of the Form 990 is provided to the Finance and Audit Committees of the board for review prior to filing. The Finance and Audit Committees recommend approval to the board of directors.
	Form 990, Part VI, Section B, line 12c	Annually each board and committee member is asked to review and update their conflict of interest disclosure
	Form 990, Part VI, Section B, line 15	The Executive Committee of the board of directors reviews key employee salaries annually A comparison with the published Council on Foundations salary survey is used to provide comparative compensation data
	Form 990, Part VI, Section C, line 19	A copy of the annual report for Community Foundation of Acadiana is provided on its website. In addition, copies of governing documents, conflict of interest policy, and financial statements are available upon request by calling or emailing the foundation.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -435,425
	Form 990, Part XII, line 2c	The oversight process has not changed from the prior year

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.

OMB No 1545-0047

DLN: 93493319033982

Open to Public Inspection

Name of the organization Community Foundation of Acadiana

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

72-1493023

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFA Alpha Properties LLC 1035 Camellia Blvd Ste 100 Lafayette, LA 70508 20-1991510	Holds royalty interests	LA	2,137		Community Foundation of Acadiana
(2) Ascension Episcopal School Campus LLC 1035 Camellia Blvd Ste 100 Lafayette, LA 70508 26-1102248	Manage property and debt of Ascension Episcopal High School	LA	1,006,679	23,930,167	Community Foundation of Acadiana
(3) CFA-REH LLC 1035 Camellia Blvd Ste 100 Lafayette, LA 70508 86-1086790	Manage property and debt of Ascension Preschool	LA	63,162	2,266,478	Community Foundation of Acadiana
(4) CFA Properties LLC 1035 Camellia Blvd Ste 100 Lafayette, LA 70508 75-3155047	Inactive	LA			Community Foundation of Acadiana
(5) CFA Office LLC 1035 Camellia Blvd Ste 100 Lafayette, LA 70508 27-2081873	Holds property for administrative office	LA	0	1,742,001	Community Foundation of Acadiana

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	12(b)(13) olled zation
						Yes	No
	Inactive/merged into Community Foundation of Acadiana on 11/30/2010	LA	501(c)(2)		Community Foundation of Acadiana		No
(2) Louisiana Real Estate Foundation							
1035 Camellia Blvd Ste 100	Facilitates contribution of real estate to Community	LA	501(c)(3)		Community Foundation of Acadiana		No
Lafayette, LA 70508 20-3951303	Foundation of Acadiana						
(3) Louisiana Parks Foundation							
	Supports parks of the State of Louisiana	LA	501(c)(3)	Line 7	Community Foundation of Acadiana		No
Lafayette, LA 70508 27-3675223	Louisiana						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered '	'Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)								
Note	. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No					
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related o	rganizations listed in Part	ts II-IV?	1								
a Rece	ept of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No					
b Gift,	b Gift, grant, or capital contribution to related organization(s)											
c Gıft,	grant, or capital contribution from related organization(s)				1 c	Yes						
d Loar												
e Loar	s or loan guarantees by related organization(s)				1e		No					
f Sale	of assets to related organization(s)				1f		No					
g Purc	hase of assets from related organization(s)				1 g		No					
h Exch	nange of assets with related organization(s)				1h		No					
i Leas	e of facilities, equipment, or other assets to related organization(s)				1 i		No					
j Leas	e of facilities, equipment, or other assets from related organization(s)				1j		No					
k Perf	ormance of services or membership or fundraising solicitations for related organization(s)				1k	Yes						
I Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				11		No					
m Shar	ing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m	Yes						
n Shar	ring of paid employees with related organization(s)				1n	Yes						
o Reim	abursement paid to related organization(s) for expenses				10		No					
p Reim	nbursement paid by related organization(s) for expenses				1р	Yes						
q Othe	er transfer of cash or property to related organization(s)				1q		No					
r Othe	r transfer of cash or property from related organization(s)				1r		No					
2 If the	e answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered relat	cionships and transact	 :ion thresholds								
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of dete	(d) ermini olved	ing amo	ount					
L) Louisiana	Real Estate Foundation	Р	3,500	Admin svcs paid								
2) Louisiana	Real Estate Foundation	С	224,566	Cash transfer								
3) Louisiana	Parks Foundation	Р	1,766	Admin and inv svo	cs pai	d						
1) Louisiana	Parks Foundation	В	160,008	Cash transfer								
5)												

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section tot 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No															
				·																							
							-																				

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011