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DLN: 93493127010543

$\mathsf{Form} 990$

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	Revenue	Service	► The organization may have to use a	cop, or amb recarn to bather,	state reporting		Inspection
A Fo	r the 2		endar year, or tax year beginning 07-01-	2011 and ending 06-30-20:	12		
B Ch	eck if ap	pplicable	C Name of organization UNIVERSITY OF LOUISIANA AT			D Employer ide	entification number
✓ Add	dress ch	nange	MONROE FOUNDATION Doing Business As			72-602852 E Telephone no	
∏ Na	me char	nge	bollig basiliess / B			·	
	ial retur		Number and street (or P O box if mail is not do	elivered to street address) Room/s	suite	(318) 342- G Gross receipts	
Tei	mınated	d	3601 DESIARD STREET			G Gloss receipts	4,070,107
	ended r		City or town, state or country, and ZIP + 4 MONROE, LA 71209				
App	olication	pending	<u> </u>				
			F Name and address of principal offi LINDA HOLYFIELD	cer		s a group retur	
			3601 DESIARD STREET		affilia	tes	⊤Yes ▼ No
			MONROE,LA 71209			l affiliates includ	
 т Та	x-exem	npt status	▼ 501(c)(3)	☐ 4947(a)(1) or ☐ 527		o," attach a list ip exemption ni	(see instructions)
	ehsite	• • \\\\\\	VULM EDU/FOUNDATION/ABOUT HT			p exemption no	amber P
					1		
	m of org rt I	ganization Sumr	Corporation Trust Association Other	*	L Year of fo	mation 1961	M State of legal domicile LA
Fa			scribe the organization's mission or mos	h			
Activities & Governance	3 N	Number o Number o	s box F if the organization discontinue f voting members of the governing body f independent voting members of the government of the gover	(Part VI, line 1a) verning body (Part VI, line 1b		3	32 32
Ş			iber of individuals employed in calendar iber of volunteers (estimate if necessary	, , , , , ,		6	0
	I		elated business revenue from Part VIII,	•		7a	32
	I		ated business taxable income from Form			7b	
					Prio	r Year	
					FIIO	i reai	Current Year
a.	8	Contrib	utions and grants (Part VIII, line 1h)			2,020,598	2,019,483
enne	9	Progran	n service revenue (Part VIII, line 2g)			2,020,598	2,019,483 480,946
Revenue	9 10	Progran Investr	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line	s 3, 4, and 7d)		2,020,598 316,581 562,969	2,019,483 480,946 976,671
Revenue	9 10 11	Prograr Investr Other r	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6	s 3, 4, and 7d)		2,020,598	2,019,483 480,946
Rayenue	9 10	Program Investr Other r Total re 12) .	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec	s 3, 4, and 7d)		2,020,598 316,581 562,969 217,280 3,117,428	2,019,483 480,946 976,671 275,634 3,752,734
Revenue	9 10 11 12	Program Investm Other m Total re 12) . Grants	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec	s 3, 4, and 7d)		2,020,598 316,581 562,969 217,280	2,019,483 480,946 976,671 275,634 3,752,734 605,634
Revenue	9 10 11 12 13 14	Program Investm Other m Total me 12) . Grants Benefit	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum	s 3, 4, and 7d)		2,020,598 316,581 562,969 217,280 3,117,428	2,019,483 480,946 976,671 275,634 3,752,734 605,634
	9 10 11 12	Program Investm Other m Total me 12) . Grants Benefit	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec	s 3, 4, and 7d)		2,020,598 316,581 562,969 217,280 3,117,428	2,019,483 480,946 976,671 275,634 3,752,734 605,634
	9 10 11 12 13 14	Program Investm Other m Total me 12) . Grants Benefit Salarie 5-10) Profess	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec evenue—add similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit	s 3, 4, and 7d)		2,020,598 316,581 562,969 217,280 3,117,428	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program Investm Other m Total m 12) . Grants Benefit Salarie 5-10) Profess Total fun	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec evenue—add li	s 3, 4, and 7d)	ne	2,020,598 316,581 562,969 217,280 3,117,428 470,192	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0
	9 10 11 12 13 14 15 16a b	Program Investm Other m Total me 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) if expenses (Part IX, column (A), lines 11a	s 3, 4, and 7d) s d, 8c, 9c, 10c, and 11e) qual Part VIII, column (A), lin nn (A), lines 1-3) n (A), line 4) s (Part IX, column (A), lines A), line 11e) 129,629 -11d, 11f-24e)	ne	2,020,598 316,581 562,969 217,280 3,117,428 470,192	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0
	9 10 11 12 13 14 15 16a b	Program Investm Other m Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) lexpenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal for	s 3, 4, and 7d)	ne	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020
Expenses	9 10 11 12 13 14 15 16a b 17	Program Investm Other m Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) if expenses (Part IX, column (A), lines 11a	s 3, 4, and 7d)	Beginning	2,020,598 316,581 562,969 217,280 3,117,428 470,192	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020
Expenses	9 10 11 12 13 14 15 16a b 17	Program Investr Other r Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) lexpenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal for	s 3, 4, and 7d)	Beginning	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other m Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) if expenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal fee less expenses Subtract line 18 from 1	s 3, 4, and 7d)	Beginning	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current ear 49,429,107 24,108,309	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other m Total re 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Total e Revenu Total a Total li Net ass	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must eccessed and similar amounts paid (Part IX, column is paid to or for members (Part IX, column is, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) lixpenses (Part IX, column (A), lines 11 a expenses Add lines 13–17 (must equal for least expenses Subtract line 18 from 1) essets (Part X, line 16)	s 3, 4, and 7d) s d, 8c, 9c, 10c, and 11e) qual Part VIII, column (A), lin nn (A), lines 1-3) n (A), line 4) s (Part IX, column (A), lines A), line 11e) 129,629 -11d, 11f-24e) Part IX, column (A), line 25) nne 12	Beginning	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current fear 49,429,107	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714 End of Year 48,978,897
Signal Separation of Separatio	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penaliledge aledge.	Program Investm Other m Total m 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total li Net ass Signa Ities of peand belief,	ment income (Part VIII, line 2g) ment income (Part VIII, column (A), lines evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must eccent and similar amounts paid (Part IX, column s paid to or for members (Part IX, column s, other compensation, employee benefit lional fundraising fees (Part IX, column (D), line 25) lional fundraising expenses (Part IX, column (A), lines 11a expenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal Fire less expenses Subtract line 18 from lional littles (Part X, line 16)	s 3, 4, and 7d)	Beginning Y	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current ear 49,429,107 24,108,309 25,320,798	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714 End of Year 48,978,897 23,294,026 25,684,871
Solution Met Assets of Solution Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penaliledge aledge.	Program Investm Other m Total m 12). Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total li Net ass Signa Ities of peand belief,	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ec and similar amounts paid (Part IX, colum s paid to or for members (Part IX, colum s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) lixpenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal fixed less expenses Subtract line 18 from lixed lines (Part X, line 16) essets (Part X, line 26) estes or fund balances Subtract line 21 from the sets or fund balances Subtract line 22 from the sets or fund balances Subtract line 22 from the sets or fund balances Subtract line 22 from the sets or fund balances Subtract line 22 from the sets or fund balances Subtract line 23 from the sets or fund balances Subtract line 24 from the sets or fund balances Subtract line 25 from the sets or	s 3, 4, and 7d) s d, 8c, 9c, 10c, and 11e) qual Part VIII, column (A), line nn (A), lines 1-3) n (A), line 4) s (Part IX, column (A), lines A), line 11e) 129,629 -11d, 11f-24e) Part IX, column (A), line 25) ine 12 com line 20 turn, including accompanying son of preparer (other than office	Beginning Y schedules and s er) is based on	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current fear 49,429,107 24,108,309 25,320,798 tatements, and tall information of the control of th	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714 End of Year 48,978,897 23,294,026 25,684,871 to the best of my of which preparer has any
Paid Balances Expenses Paid Palances Paid Paid Palances Paid Paid Palances Paid Paid Paid Paid Paid Paid Paid Paid	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penaliledge aledge.	Program Investm Other m Total re 12) . Grants Benefit Salarie 5-10) Profess Total fun Other e Revenu Total a Total li Net ass Signa LINDA Type o	ment income (Part VIII, line 2g) ment income (Part VIII, column (A), lines evenue (Part VIII, column (A), lines 5, 6 evenue—add lines 8 through 11 (must ex- and similar amounts paid (Part IX, column s, paid to or for members (Part IX, column s, other compensation, employee benefit lional fundraising fees (Part IX, column (draising expenses (Part IX, column (D), line 25) lix expenses (Part IX, column (A), lines 11a expenses Add lines 13–17 (must equal fix expenses (Part X, line 16)	s 3, 4, and 7d)	Beginning Y	2,020,598 316,581 562,969 217,280 3,117,428 470,192 1,930,070 2,400,262 717,166 g of Current fear 49,429,107 24,108,309 25,320,798 tatements, and tall information of the control of th	2,019,483 480,946 976,671 275,634 3,752,734 605,634 0 0 1,958,386 2,564,020 1,188,714 End of Year 48,978,897 23,294,026 25,684,871 so the best of my of which preparer has any

MONROE, LA 712015712

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Phone no 🕨 (318) 387-2672

Par	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	দ
1	Briefly describe the organization's mission	
GIFT THE	THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION'S PURPOSE IS TO SOLICIT, RECEIVE AND ADMINI GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF LOUISIANA AT MONROE, ITS FACULTY AND ITS STUDENTS A THE ADVANCEMENT OF THE UNIVERSITY BY ACQUIRING IMMOVABLE PROPERTY FOR FUTURE ACQUISITION I JNIVERSITY OF LOUISIANA AT MONROE	ND TO SUPPORT
2		s ▼ No
	If "Yes," describe these new services on Schedule O	
3		s 🔽 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	4a (Code) (Expenses \$ 605,634 including grants of \$ 605,634) (Revenue \$)
	SCHOLARSHIPS - PROVIDED SCHOLARSHIPS TO STUDENTS ATTENDING THE UNIVERSITY OF LOUISIANA AT MONROE	
	4b (Code) (Expenses \$ 216,309 including grants of \$) (Revenue \$	`
4b	4b (Code) (Expenses \$ 216,309 including grants of \$) (Revenue \$ ACADEMIC SUPPORT -ASSISTED THE UNIVERSITY OF LOUISIANA AT MONROE IN ATTRACTING AND RETAINING HIGH QUALITY FACULTY THR ENHANCEMENTS AND FACULTY ENHANCEMENT THROUGH TRAVEL AND RESEARCH	OUGH SALARY
4c	4c (Code) (Expenses \$ 995,729 including grants of \$) (Revenue \$	480,946)
70	DEPARTMENTAL SUPPORT - PROVIDED ASSISTANCE TO THE UNIVERSITY OF LOUISIANA AT MONROE FOR THE PURPOSE OF ENHANCING ACTHROUGH FACULTY DEVELOPMENT AND ENHANCEMENT IN ORDER TO PROMOTE THE ACCOMPLISHMENTS OF THE UNIVERSITY	
	4d Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	4e Total program service expenses►\$ 1,817,672	

Part IV (Checklist	of Rea	uired	Schedu	les
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	•		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)? 💋	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? <i>If "Yes," complete Schedule C, Part III </i>	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 1	6		No
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	Yes	
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 V^{\bullet}	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	Yes	
С	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
e	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	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? If "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		No
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	21		No
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	Yes	
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			
	<i>IV</i>	28a		No
	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? <i>If</i> "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 M	29		No
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		Νo
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		No
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]		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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	

	, , , , , , , , , , , , , , , , , , ,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	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	4a		NI -
L	account)?	Ta		No
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for Form TD F 90, 23.1. Report of Foreign Bank and Financial Assounts			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
L	services provided to the payor?	7b	Yes	
			res	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	- · · <u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		NI ~
£	Contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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		
_	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b facilities			
	Section 501(c)(12) organizations. Enter			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? 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	13a		
	allocated to each state	134		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
ła	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vec " has it filed a Form 720 to report these payments? If "Me " provide an explanation in Schedule O	1.11		

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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ne	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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		No
b	Other officers or key employees of the organization	15b		Νo
	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		
Se	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)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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 MARK S LABUDE 3601 DESIARD STREET

MONROE, LA 71209 (318) 342-3610

<u>Part VIII</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 related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11130)	organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo is bo nd a stee	x, oth)		Repo compo froi organiz	(D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estir amount compe fron organiza	r) nated of other nsation n the ation and
		for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	I	zations
See A	dditional Data Table											+	
												+	
1b	Sub-Total							<u> </u>	1				
C	Total from continuation sheets	•			•	•		>					
d 2	Total (add lines 1b and 1c) . Total number of individuals (incl \$100,000 of reportable compen	_	nited to	thos		ted	<u>a</u> bove	y who	o receive	d more tha	ın		
3	Did the organization list any for	mer officer direc	tor or t	ruete	a k	ov 0	mploy	99 (or highes	t compans	ated employee	Yes	No
,	on line 1a? If "Yes," complete Sch	nedule J for such	ındıvıdı	ual	•	•	•	•				3	No
4	For any individual listed on line : organization and related organizationiduvidual											4	No
5	Did any person listed on line 1a services rendered to the organiz										or individual for	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	the organizatio											
	Nar	(A) ne and business add	dress							Desc	(B) ription of services		(C) ensation
	Total number of independent cont \$100,000 of compensation from t			ot lin	nited	to	those	lıste	d above)	who recei	ved more than		

Form 99			<u> </u>					Page 9
Part	<u>/1111</u>	Statement o	or 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 cam	paigns 1a	ı				
E E	ь	Membership du	ies 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1c					
± ±	d	Related organiz	zations 1d					
% E	e	Government grant						
등등	l f	All other contribution	ons, gifts, grants, and 1f	2,019,483				¦
돌	`	sımılar amounts no	ot included above					
	g	lines 1a-1f \$	ıbutıons ıncluded ın ,826					
SE.	h	Total. Add lines	s 1a-1f	▶	2,019,483			
	1			Business Code				
Program Serwoe Revenue	2a	OTHER INCOME		Business code	199,246	199,246		
- Ke	Ь	SERVICE CHARGES	S FARNED		191,084	191,084		
or GE	c	SPYKER FARM INC			90,616	90,616		
Š	d	- SFIRER TARM INC			90,616	90,616		
Š								
a	e	<u> </u>						
Š	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f		480,946			
	3	Investment inc	ome (including dividen	ds, ınterest				
			aramounts)	.	258,024			258,024
	4	Income from inves	stment of tax-exempt bond					
	5	Royalties			4,464			4,464
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	271,170					
	b	expenses						
	C	Rental income or (loss)	271,170					
	d	Net rental inco	me or (loss)		271,170			271,170
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	561,020	475,000				
	ь	Less cost or other basis and		317,373				
		sales expenses	554.000	457.607				
	C .	Gain or (loss)	561,020	157,627	710.647			710.647
	d	Net gain or (los		▶	718,647			718,647
æne æ	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18 a					
the	ь		penses b					
Ò	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	ь	Less costofa	oods sold b					
	c		(loss) from sales of inv	entory 🟲				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
				►				
	12	Total revenue.	See Instructions .	▶	3,752,734	480,946		1,252,305

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)

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u> </u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	605,634	605,634		
3	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				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,851	244	2,607	
С	Accounting	13,206		13,206	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	125,402	1,183	124,219	
g	Other	788,583	497,921	290,662	_
12	Advertising and promotion	45,003	22,920		22,083
13	Office expenses	228,808	196,683	9,889	22,236
14	Information technology	40,113	10,319	29,794	<u> </u>
15	Royalties	,	,	,	
16	Occupancy	83,593	78,001	2,212	3,380
17	Travel	49,072	43,206	2,138	3,728
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings	386,919	310,951		75,968
20	Interest	2,234			2,234
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,084	4,742	52,342	
23	Insurance	40,153		40,153	
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)				
а	ANNUITY PAYMENTS	49,936	560	49,376	
b	ACADEMIC SUPPORT	19,137	19,137		
c	LICENSE/FEES	17,742	17,621	121	
d	AWARDS	8,550	8,550		
e					
f	All other expenses				_
25	Total functional expenses. Add lines 1 through 24f	2,564,020	1,817,672	616,719	129,629
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, ,	,,		orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1,182,729 1.870.681 2 Savings and temporary cash investments 3 1,800,923 2,410,860 93.805 102.461 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 9 Prepaid expenses and deferred charges 6,649,500 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 515,599 b Less accumulated depreciation 6,505,339 10c 6,133,901 11 11 39,710,703 12 38,325,386 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 135,608 15 15 135,608 49, 429, 107 48,978,897 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 177,903 17 147,273 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 68.905 23 20,749 24 Unsecured notes and loans payable to unrelated third parties 24 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 23,861,501 25 23,126,004 D 26 26 24, 108, 309 23,294,026 **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 4,452,708 27 4,749,440 Unrestricted net assets 5,680,561 28 5,424,453 28 Temporarily restricted net assets Fund 29 15, 187, 529 29 15,510,978 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 25.320.798 33 25.684.871 Total net assets or fund balances 49.429,107 34 Total liabilities and net assets/fund balances 48.978.897

	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		3.7	752,73 [,]
2	Total expenses (must equal Part IX, column (A), line 25)	2			564,02
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	188,71
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25,3	320,79
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 8	324,64
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		25,6	584,87
Par	The triangle of triangle o		•	৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
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 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 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 on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493127010543

Employer identification number

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION

MONROE FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	d (ii) (de EIN line or	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Frning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	ion in anized	(vii) A mount of support?
			instructions))	Yes	No	Yes	No	Yes	No	
Total										

Provide the following information about the supported organization(s)

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.)

	under Part III. If the	e organization	rails to qualify t	inaer the tests i	istea peiow, pie	ease co	mpietė i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	1		I I				
-	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,880,53	5 2,265,846	1,725,301	2,020,598	Ź	2,019,483	9,911,763
2	grants ") 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	Total. Add lines 1 through 3	1,880,53	5 2,265,846	1,725,301	2,020,598		2,019,483	9,911,763
	The portion of total contributions by each person (other than a	2,000,00	2,200,011	2,720,002	2,020,030		.,023,100	5,522,100
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							567,606
6	(f) Public Support. Subtract line 5 from line 4							9,344,157
Se	ection B. Total Support	_ I		1	1			
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
	beginning in)							
7	Amounts from line 4	1,880,535	2,265,846	1,725,301	2,020,598	2	,019,483	9,911,763
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	654,172	541,107	509,784	495,632		533,658	2,734,353
9	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)							12,646,116
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		2,033,705
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	zation, ▶┌
	ection C. Computation of Pul							
14	Public Support Percentage for 201	•		11 column (f))		14		73 890 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15		76 710 %
	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the	alıfıes as a public	ly supported orga	nızatıon				► ▼
	box and stop here . The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meanization meanization meanization	n qualifies as a p — 2011. If the org tion meets the "f	ublicly supported anization did not acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b k this box and st	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nızatıon meets th	e "facts and circu	mstances" test, c	heck this box and	stop he	ere.	
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat				-			► □
	instructions							▶ ┌

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

▶[

Part IV	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 (Form 990 or 990-EZ) 2011

DLN: 93493127010543

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Open to Public Inspection

Name of the organization	
UNIVERSITY OF LOUISIANA AT	
MONROE FOUNDATION	

Employer identification number

JNIVERSITY OF LOUISIANA AT MONROE FOUNDATION				72-6	5028527		
Part I Organizations Mainta	ining Donor Adv	rised Funds or	Other Similar F			s. Comple	te if the
organization answered		, Part IV, line 6.				•	
Total number at end of year	<u> </u>	(a) Donor a	dvised funds	(b) Funds and	other accou	nts
Total number at end of year	<u> </u>						
Aggregate contributions to (during	year)			ļ			
Aggregate grants from (during yea	ır)						
Aggregate value at end of year	_						
Did the organization inform all doi funds are the organization's prope				nor advı	sed	┌ Yes	√ No
Did the organization inform all gra used only for charitable purposes conferring impermissible private l	and not for the benefi					┌ Yes	√ No
art III Conservation Easem		the organization	answered "Yes"	to Form	າ 990, Part I	V, line 7.	
Purpose(s) of conservation easen Preservation of land for public Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organ	c use (e g , recreation	n or pleasure)	Preservation of a	certified	d historic stru	•	a
easement on the last day of the ta	ax year						
					Held at th	e End of the	Year
Total number of conservation eas				2a			
Total acreage restricted by conse				2b			
Number of conservation easemen			, ,	2c			
Number of conservation easemen	ts included in (c) acq	uired after 8/1 //0	•	2d			
Number of conservation easemen the taxable year -		ed, released, extin	guished, or terminat	ed by th	e organizatioi	n during	
Number of states where property	subject to conservati	on easement is loc	ated >				
Does the organization have a writ enforcement of the conservation of		he periodic monito	rıng, ınspection, han	dling of	violations, an	rid ┌ Yes	√ No
Staff and volunteer hours devoted	to monitoring, inspec	cting and enforcing	conservation easer	nents dı	uring the year	.	
A mount of expenses incurred in n		_			= :		
Does each conservation easemer 170(h)(4)(B)(i) and 170(h)(4)(B)		l) above satisfy the	requirements of se	ction		┌ Yes	√ No
In Part XIV, describe how the org balance sheet, and include, if app the organization's accounting for	licable, the text of the	e footnote to the or					
Organizations Mainta Complete if the organiz	aining Collections	s of Art, Histor	ical Treasures,	or Oth	ner Similar	Assets.	
If the organization elected, as per art, historical treasures, or other provide, in Part XIV, the text of the	mitted under SFAS 1: similar assets held fo	16, not to report in or public exhibition	its revenue statemeducation or resear	ch in fui			е,
If the organization elected, as per historical treasures, or other simi provide the following amounts rela	lar assets held for pul						
(i) Revenues included in Form 99	0, Part VIII, line 1				► \$		
(ii) Assets included in Form 990,	Part X				- \$	1	35,608
If the organization received or hell following amounts required to be in	ld works of art, histori			or finan	cıal gaın, prov		
Revenues included in Form 990, F	art VIII, line 1				▶ \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	<u>, His</u>	toric	al Tre	easures, or C	<u>)the</u>	<u>r Similar Asse</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	wing th	at are a signific	ant u	ise of its collectio	n	
а	Public exhibition		d	<u>~</u>	Loan or	exchange prog	rams	•		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further	the organization	ı's ex	kempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	√ No
Par	Part IV, line 9, or reported an an	ements. Comple	te ıf	the c	rganız	ation answere		es" to Form 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	forco	ntrıbutı	ons or other ass	ets		Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ble	Г		A		
_	Danimum halamas					-	10	Amo	unt	
c d	Additions during the year					}	1c 1d			
e	Additions during the year					}	1a 1e			
f	Distributions during the year					<u> </u>	1f			
	Ending balance	000 Deat V lea	242			L	-11			T N
2a	Did the organization include an amount on Fo		21/					ı	Yes	√ No
	If "Yes," explain the arrangement in Part XIV				d IIVool	" to Form 000	Day	+ TV l.ma 10		
Рa	rt V Endowment Funds. Complete	(a)Current Year)Prior Y		(c)Two Years Back			e) Four	Years Back
1a	Beginning of year balance	33,314,482	(5)		971,118	27,008,24	_	34,064,698	-	rears back
b	Contributions	1,102,284			105,386	534,7	75	767,622		
c	Investment earnings or losses	-496,149		5,4	166,237	3,324,7	12	-6,658,304		
d	Grants or scholarships									
e	Other expenditures for facilities	1,214,221		1,2	221,058	1,506,9	23	1,160,573		
f	Administrative expenses	3,448			307,201	389,68	39	5,200		
g	End of year balance	32,702,948		33,3	314,482	28,971,1	18	27,008,243		
2	Provide the estimated percentage of the yea	r end balance held a	ıs					•		
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🕨 100 000 %									
С	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a(i)		No
_	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•					•	3b		No
4	Describe in Part XIV the intended uses of th					`				
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	U, Pa							
	Description of property				Cost or o (Investm			(c) Accumulated depreciation	(d) B	ook value
1a	Land		ı			5,79:	1,149			5,791,149
b	Buildings		•			63:	1,342	348,546		282,796
c	Leasehold improvements									
d	Equipment					22	7,009	167,053		59,956
	Other									
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	nn (B)), line .	10(c).)			►		6,133,901
								Schedule D (Form 9	990) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(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 (3)Other	10,000	
(A)BANK TRUSTS - J P MORGAN	35,734,212	
(B) BANK CERTIFICATES OF DEPOSIT	2,550,000	
(C) CASH VALUE OF LIFE INSURANCE	31,174	
(e) enon villat of the modification	31,171	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	38,325,386	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(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	e 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ENDOWED FUNDS HELD AS AGENT OF STATE	22,175,677	
FUNDS HELD FOR OTHERS	488,252	
GIFT ANNUITY LIABILITY	335,592	
OTHER LIABILITIES	126,483	
Tabel (Column (h) charid a malfa 200 0 1 V 1 (0) 1 25		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	23,126,004	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,752,734
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,564,020
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,188,714
4	Net unrealized gains (losses) on investments	4	-824,641
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-824,641
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	364,073
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	2,934,985
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-817,749
3	Subtract line 2e from line 1	3	3,752,734
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,752,734
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	2,570,912
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	6,892
3	Subtract line 2e from line 1	3	2,564,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2 564 020

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE COLLECTION CONSISTED OF THE FOLLOWING DICKENHORST INDIAN ARTIFACT COLLECTION 85,628, WILLIAMS AFRICAN ARTIFACT COLLECTION 28,575, BOOK COLLECTION 21,405 THE ORGANIZATION HAS A COLLECTION THAT CONSISTS OF INDIAN ARTIFACTS WHICH ARE ON DISPLAY AT THE UNIVERSITY OF LOUISIANA AT MONROE MUSEUM OF NATURAL HISTORY THE ORGANIZATION HAS ANOTHER COLLECTION THAT CONSISTS OF AFRICAN ARTIFACTS THIS COLLECTION HAS BEEN DISPLAYED IN THE PAST BUT IS CURRENTLY IN STORAGE UNTIL FUTURE DISPLAY OPPORTUNITIES ARE AVAILABLE THE FINAL COLLECTION CONSISTS OF BOOKS TITLED "THE BUILDING OF THE UNIVERSITY" WHICH IS AN ACCOUNT OF THE BUILDING OF THE UNIVERSITY OF LOUISIANA AT MONROE SOME OF THE UNIVERSITY OF LOUISIANA AT MONROE SOME OF THE BOOK COLLECTION ARE ON DISPLAY AT VARIOUS AREAS OF THE UNIVERSITY OTHER BOOKS ARE ON THE 6TH FLOOR OF THE UNIVERSITY LIBRARY ALL OF THESE COLLECTIONS FURTHUR THE EXEMPT PURPOSE OF THE ORGANIZATION BY FULFILLING THE MISSION OF THE ORGANIZATION TO SUPPORT THE UNIVERSITY THE ITEMS PROVIDE A HISTORICAL REFERENCE FOR USE BY STUDENTS, HISTORIANS, RESEARCHERS AND OTHERS
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUNDS WERE ESTABLISHED TO SUPPORT SCHOLARSHIPS AND PROGRAMS AT THE UNIVERSITY OF LOUISIANA AT MONROE CONTRIBUTIONS ARE SUBJECT TO DONOR RESTRICTIONS THAT STIPULATE THE ORGINAL GIFT IS TO BE HELD AND INVESTED BY THE FOUNDATION INDEFINITELY THE EARNINGS OF THE ENDOWMENT FUNDS ARE USED TO FUND SCHOLARSHIPS FOR THE UNIVERSITY OF LOUISIANA AT MONROE, TO FUND ENDOWED CHAIRS AND ENDOWED PROFESSORSHIPS AND TO FUND STAFF DEVELOPMENT AND RESEARCH FOR DEPARTMENTS THROUGHOUT THE UNIVERSITY OF LOUISIANA AT MONROE AT JUNE 30, 2012 20,387,287 OF THE ENDOWMENT FUNDS WERE HELD AS AGENT OF THE UNIVERSITY OF LOUISIANA AT MONROE
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	DURING THE YEAR ENDED JUNE 30, 2012 IT WAS DISCOVERED THAT A PREVIOUSLY REPORTED ASSET (SHIPP PAVILION) WAS DONATED TO THE TRUST THAT HOUSES THE LAYTON FARM IN 1996 THIS RESULTED IN TEMPORARILY RESTRICTED NET ASSETS IN PREVIOUS YEARS BEING OVERSTATED THEREFORE, THE JUNE 30, 2011 FINANCIAL STATEMENTS HAVE BEEN RESTATED THE BEGINNING TEMPORARILY RESTRICTED NET ASSETS FOR 2011 HAVE BEEN DECREASED BY 22,519 AND THE CHANGE IN TEMPORARILY RESTRICTED NET ASSETS FOR THAT YEAR HAS BEEN INCREASED BY 4,904 THESE RESULT IN THE TEMPORARILY RESTRICTED NET ASSETS AS OF JUNE 30, 2011 BEING DECREASED BY 17,615 FROM THE AMOUNTS PREVIOUSLY REPORTED

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Schedule I

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: 93493127010543

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

					72-6028527	
n on Grants and	l Assistance				•	
vard the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			✓ Yes
e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(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 gran
21(2)(2) == 1						
nızatıons lısted ın th	e line 1 table		Cat No 50055P	· · · · · · · · · · · · · · · · · · ·		le I (Form 990) 2011
	records to substantivard the grants or as ation's procedures for sistance to Go e 21 for any reciping I-1 (Form 990) if (b) EIN	sistance to Governments and Oe 21 for any recipient that received in I-1 (Form 990) if additional space is (b) EIN (c) IRC Code section if applicable 01(c)(3) and government organizations list inizations listed in the line 1 table	records to substantiate the amount of the grants or assistance, the yard the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for and the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ard the grants or assistance? Ittor's procedures for monitoring the use of grant funds in the United States Sistance to Governments and Organizations in the United States. Complete if the organization answered "Ye 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. In (c) IRC Code section grant (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (box, FMV, appraisa), atther) (g) Description of non-cash assistance (h) Amount of

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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
(1) SCHOLARSHIPS TO STUDENTS	641	605,634			

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
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	THE UNIVERSITY DEPARTMENTS/UNIVERSITY SCHOLARSHIPS COMMITTEE UTILIIZE PREDETERMINED CRITERIA
MONITORING THE USE	LINE 2	TO SELECT A POOL OF STUDENTS FOR CONSIDERATION FOR SCHOLARSHIPS THE DEPARTMENTS THEN AWARD
OF GRANT FUNDS		RECIPIENTS FROM THIS POOL THE ULM FOUNDATION DOES NOT PARTICIPATE IN THIS SELECTION PROCESS
INSIDE THE UNITED		THE ULM FOUNDATION NOTIFIES THE UNIVERSITY OF THE TOTAL DOLLARS AVAILABLE FOR SCHOLARSHIPS
STATES		

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As Filed Data -

DLN: 93493127010543

OMB No 1545-0047

2011

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION **Employer identification number**

72-6028527

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION'S PURPOSE IS TO SOLICIT, RECEIVE AND ADMINISTER PRIVATE GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF LOUISIANA AT MONROE, ITS FACULTY AND ITS STUDENTS AND TO SUPPORT THE ADVANCEMENT OF THE UNIVERSITY BY ACQUIRING IMMOVABLE PROPERTY FOR FUTURE ACQUISITION BY THE UNIVERSITY OF LOUISIANA AT MONROE
ADDITIONAL INFORMATION	FORM 990, PART VI	THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION DOESN'T HAVE EMPLOYEES, A WHISTLEBLOWER POLICY OR A DOCUMENT DESTRUCTION/RETENTION POLICY HOWEVER THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION IS INCLUDED UNDER THE UNIVERSITY OF LOUISIANA AT MONROE'S POLICIES EMPLOYEES OF THE UNIVERSITY OF LOUISIANA AT MONROE PROVIDE SERVICES FOR THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION REIMBURSES THE UNIVERSITY OF LOUISIANA AT MONROE FOR THESE SERVICES
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	VOTING MEMBERS OF THE FOUNDATION ARE PERSONS WHO CONRIBUTED 100 OR MORE TO THE FOUNDATION DURING THE CALENDAR YEAR PRECEDING THE ANNUAL MEEING OF THE MEMBERSHIP EACH MEMBER HAS ONE VOTE
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	TRUSTEES ARE ELECTED BY VOTING MEMBERS OF THE FOUNDATION FOR A THREE YEAR PERIOD STARTING JANUARY 1 OF EACH YEAR
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS VOTE ON CERTAIN DECISIONS MADE THAT HAVE A MAJOR IMPACT TO THE ORGANIZATION THE MOTION, SECOND AND APPROVAL IS RECORDED IN THE MINUTES OF THE MEETING
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	BECAUSE THE COMPLETION OF THE THE FORM 990 DOES NOT COINCIDE WITH THE MEETING OF THE BOARD OF TRUSTEES, THE FORM IS NOT REVIEWED BY THE BOARD THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE UNIVERSITY OF LOUISIANA AT MONROE AND BY THE PRESIDENT OF THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION THE FORM 990 IS SIGNED BY THE CURRENT PRESIDENT OF THE UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ULM FOUNDATION ANNUALLY OBTAINS AND CONFIRMS A SIGNED CONFLICT OF INTEREST STATEMENT NOTING ANY ACTIVITY THAT COULD HAVE A CONFLICT
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ULM FOUNDATION DOES NOT DISCLOSE FINANCIAL STATEMENTS, THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS TO THE GENERAL PUBLIC ULM FOUNDATION HAS DISCLOSED SOME OF THE DOCUMENTS TO ORGANIZATIONS FROM WHOM THEY ARE REQUESTING SUBSTANTIAL FUNDING COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE FURNISHED TO THE UNIVERSITY OF LOUISIANA AT MONROE AND TO THE LOUISIANA LEGISLATIVE AUDITOR
CHANGE IN FINANCIAL REVIEW PROCESS	FORM 990, PAGE 12, PART XII, LINE 2C	THE FINANCE AND ADMINISTRATION COMMITTEE IS RESPONSIBLE FOR CHOOSING THE AUDITOR AND FOR OVERSEEING THE AUDIT OF THE ORGANIZATION THE AUDIT IS PRESENTED TO THIS COMMITTEE INITIALLY AFTER APPROVAL BY THE COMMITTEE IT IS PRESENTED TO THE FULL BOARD THIS COMMITTEE PERFORMS A REQUEST FOR PROPOSAL PROCESS EVERY THREE YEARS FOR THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM TO PERFORM THE AUDIT FOR A THREE YEAR TERM NO CHANGES WERE MADE IN THIS PROCESS FROM THE PREVIOUS YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493127010543

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF LOUISIANA AT

(Form 990)

► Attach to Form 990. ► See separate instructions.

MONROE FOUNDATION							72-	602852	7		
Part I Identification of Disregarded Entities (Com	plete	ıf the organizatio	on ar	nswered "Yes'	" on	n Form 990, Pa	rt IV, lın	e 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity		(c) egal domicile (state or foreign country)		(d) Total income	(e) End-of-year	assets	(f) Direct controlling entity		
					4						
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizat g the	tions (Complete tax year.)	ıf the	e organizatior	n an	nswered "Yes"	on Form	990, Pa	rt IV, line 34 beca	use it had	d one
(a) Name, address, and EIN of related organization		(b) Primary activity	Legal or fo	(c) I domicile (state oreign country)	Exe	(d) empt Code section	Public ch	(e) arity status n 501(c)(3)		Section ! con	(g) 512(b)(13 trolled nızatıon
(1) UNIVERSITY OF LOUISIANA AT MONROE										Yes	No
3601 DESIARD STREET MONROE, LA 71209	UNIV	ERSITY		LA		GOVT			N/A		No
72-6001695											
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	tions	for Form 990.		Cat No 50	013	5Y			Schedule R	(Form 990	2011

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 Gene mana parti	ral or nging	(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

che	dule R (Form 990) 2011		Ρa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f	Yes	1
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n	Sharing of paid employees with related organization(s)	1n	Yes	
0	Reimbursement paid to related organization(s) for expenses	10	Yes	
р	Reimbursement paid by related organization(s) for expenses	1р		No
q	O ther transfer of cash or property to related organization(s)	1 q		No
r	Other transfer of cash or property from related organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
		(d)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF LOUISIANA AT MONROE	F	475,000	FMV
(2) UNIVERSITY OF LOUISIANA AT MONROE	0	1,212,038	CASH
(3)			
(4)			
(5)			
(6)			

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) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing K-1 partner?		(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

Software ID: Software Version:

EIN: 72-6028527

Name: UNIVERSITY OF LOUISIANA AT

MONROE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

hours per week per	(A) Name and Title	(B) A verage	(C)						(D) Reportable	(E) Reportable	(F) Estimated
PAST PRESIDE		hours per	1	that a	apply	/)	Highest compensation	Former	compensation from the organization (W-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
PRESIDENT A A O O GEORGE CAMPBELL X O O O TRUSTEE X O O O O VICKI GILLIAM X O			х		х				0	0	0
TRUSTEE	PRESIDENT		х		х				0	0	0
TRUSTEE			Х						0	0	0
TRUSTEE EMER			Х						0	0	0
CHAIR FINANC			Х						0	0	0
TRUSTEE			Х						0	0	0
TRUSTEE			Х						0	0	0
TRUSTEE			Х						0	0	0
TRUSTEE			х						0	0	0
TRUSTEE			х						0	0	0
TRUSTEE			Х						0	0	0
TRUSTEE			х						0	0	0
CHAIR DEVELO			Х						0	0	0
TRUSTEE X 0 0 KARALE CAUSEY X 0 0 TRUSTEE X 0 0 CLINT GRAHAM X 0 0 TRUSTEE X 0 0 DAWN HARDIN X 0 0 TRUSTEE X 0 0 LYNN LINCECUM X 0 0 CHAIR TRUSTE X 0 0 LAURA MARCHELOS X 0 0 TRUSTEE X 0 0 B J ROBISON X 0 0 TRUSTEE X 0 0 SUSAN HOFFMANN X 0 0 TIM HOLCOMB Y 0 0			Х						0	0	0
TRUSTEE X 0 0 CLINT GRAHAM X 0 0 TRUSTEE X 0 0 DAWN HARDIN X 0 0 TRUSTEE X 0 0 LYNN LINCECUM X 0 0 CHAIR TRUSTE X 0 0 LAURA MARCHELOS X 0 0 TRUSTEE X 0 0 B J ROBISON X 0 0 TRUSTEE X 0 0 SUSAN HOFFMANN X 0 0 TIM HOLCOMB X 0 0			Х						0	0	0
TRUSTEE X 0 0 DAWN HARDIN TRUSTEE X 0 0 LYNN LINCECUM CHAIR TRUSTE X 0 0 LAURA MARCHELOS TRUSTEE X 0 0 B J ROBISON TRUSTEE X 0 0 SUSAN HOFFMANN TRUSTEE X 0 0 TIM HOLCOMB Y 0 0			Х						0	0	0
TRUSTEE X 0 0 0 CONTINUE CUM X 0 0 0 CONTINUE CUM X 0 0 CONTINUE CUM X 0 0 CONTINUE CUM X CHAIR TRUSTE X 0 0 CONTINUE CUM			Х						0	0	0
CHAIR TRUSTE LAURA MARCHELOS TRUSTEE B J ROBISON TRUSTEE SUSAN HOFFMANN TRUSTEE TIM HOLCOMB X O O O O O O O O O O O O			Х						0	0	0
LAURA MARCHELOS TRUSTEE B J ROBISON TRUSTEE SUSAN HOFFMANN TRUSTEE TIM HOLCOMB X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Х						0	0	0
B J ROBISON TRUSTEE SUSAN HOFFMANN TRUSTEE X 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LAURA MARCHELOS		Х						0	0	0
SUSAN HOFFMANN TRUSTEE TIM HOLCOMB X 0 0	BJROBISON		Х						0	0	0
TIM HOLCOMB	SUSAN HOFFMANN		Х						0	0	0
	TIM HOLCOMB		Х						0	0	0
PAUL HUTCHESON X X X 0 0	PAUL HUTCHESON		Х		х				0	0	0
JOSEPH D JACOBS VICE-PRESIDE X X X 0 0	JOSEPH D JACOBS		х		х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and			• • • • • • • • • • • • • • • • • • •							
(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MERYL KENNEDY TRUSTEE		Х						0	0	0
HAROLD TURNER TRUSTEE		Х						0	0	0
JAY ALTICK TRUSTEE		Х						0	0	0
BUCK ANDERSON TRUSTEE		Х						0	0	0
KEVIN GOLDMAN TRUSTEE		х						0	0	0
MARK NEAL TRUSTEE		х						0	0	0
KAY SHIPP TRUSTEE		Х						0	0	0
ODELL RILEY TRUSTEE		х						0	0	0