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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Upper Lafayette Economic Dev Foundation. Number and street (or P O box, if mail is not delivered to street address): P O Box 53107. City or town, state or province, country, and ZIP or foreign postal code: Lafayette, LA 70505

D Employer identification number: 20-5006336. E Telephone number: (337) 572-9877. F Group Exemption Number

G Accounting Method: Cash [], Accrual [x], Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.upperlafayette.com

J Tax-exempt status (check only one): 501(c)(3) [x], 501(c)(6) [], (insert no) [], 4947(a)(1) [], 527 []

K Form of organization: Corporation [x], Trust [], Association [], Other []

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$139,416

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 97,684 to 46,759.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	38,072	22	54,980
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,500	24	19,660
25 Total assets	40,572	25	74,640
26 Total liabilities (describe in Schedule O)	22,381	26	27,881
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,191	27	46,759

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Promoting the economic development, civic pride and improvements of the upper geographic portion of Lafayette Parish (LA) To enhance and direct the positive, planned growth of Upper Lafayette, focusing on quality of life, while participating in the overall development of the Greater Lafayette Metropolitan Area

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Furthering the economic development, educational outcomes and general welfare of the community and citizens of the geographic upper portion of Lafayette Parish, LA and promoting civic pride and improvements (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Produced 26 local television / radio broadcasts and 10 outreach and membership forums and events (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Produced and distributed 12 monthly newsletters and maintained current information for the general public's access on our website. Newsletters are distributed to approx 750 individuals and businesses (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Jan Swift Telephone no (337) 769-7649 Located at 105 Oakwater Lafayette, LA ZIP + 4 70503
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer Date 2014-11-17
 David Welch President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Mark P Harris CPA Preparer's signature Date Check if self-employed PTIN P00090538
 Firm's name Robideaux & Harris APAC Firm's EIN
 Firm's address 106 Treehaven Blvd Phone no (337) 984-7186
 Lafayette, LA 70506

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 13000170

Software Version: 2013v3.1

EIN: 20-5006336

Name: Upper Lafayette Economic Dev Foundation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Kirk LaCour Director	0	0		
Todd Citron Treasurer	1 00	0		
Adrian Baudoin Director	1 00	0		
Amos Batiste Director	1 00	0		
Jan Swift Executive Direc	40 00	50,281		
Cherie Hebert Vice President	1 00	0		
David Welch President	2 00	0		
Beau Phares Director	1 00	0		
Monty Warren Director	1 00	0		
Donna Landry Director	1 00	0		
Jerry Vascocu Director	1 00	0		
Julie Dronet Director	1 00	0		
Bryan Tabor Director	1 00	0		

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
Upper Lafayette Economic Dev Foundation

Employer identification number

20-5006336

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$859
Other Expenses 1003	Information Technology \$938
Other Expenses 1005	Travel \$133
Other Expenses 1007	Conferences, Conventions, and Meetings \$1739
Other Expenses 1	Forums, Spec Events, Mtg Exp \$16528
Other Expenses 2	Mileage and Other Reimbrsmnt \$4648
Other Expenses 3	Television Production Costs \$1294
Other Expenses 4	Shop Lafayette Sponsorship \$1000
Other Expenses 5	Dues & Subscriptions \$575
Other Expenses 6	Meals and Entertainment \$406
Other Expenses 8	Program Expenses \$250
Other Expenses 9	Board Meeting Expense \$153
Other Expenses 10	Miscellaneous \$133
Other Expenses 11	Bank charges \$101
Other Expenses 12	Communications, phone \$64
Other Expenses 13	Sec of State Fee \$10
Other Assets 1005	Accounts Receivable - Beginning \$2500 Accounts Receivable - Ending \$19660
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$753 Accounts Payable and Accrued Expenses - Ending \$51
Total Liabilities 1003	Deferred Revenue - Beginning \$18375 Deferred Revenue - Ending \$24040
Total Liabilities 1	Payroll tax liabilities - Beginning \$3253 Payroll tax liabilities - Ending \$3790