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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final 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) Room/suite
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) 769-7649

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ www.upperlafayette.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527

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

K Form of organization Corporation 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. ▶ \$ 152,345

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

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|---------|----|----|----|----|----|----|----|----|----|----|-------|---------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | 117,699 | | | | | | | | | | | | | |
| | 2 Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | 34,646 | | | | | | | | | | | | | |
| | 3 Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Investment income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5a Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b Less cost or other basis and sales expenses | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| c Less direct expenses from gaming and fundraising events | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Less cost of goods sold | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 152,345 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,800 | | |
| | 11 Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 76,277 | |
| | 13 Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20,197 | |
| | 14 Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 495 |
| | 16 Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 28,553 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 129,322 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 23,023 | |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 73,897 | |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 96,920 |

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 Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35b
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? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b
37c 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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
38b
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
39a 0
b Gross receipts, included on line 9, for public use of club facilities
39b 0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I
40b
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40c
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40d
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
40e No
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
b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42b Yes No
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
42c No
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
43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44a No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b No
c Did the organization receive any payments for indoor tanning services during the year?
44c No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
44d No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45a No
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
45b No

| | | |
|--|------------|-----------|
| | Yes | 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 | 46 | No |

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 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 | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

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 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 | 2016-11-14 Date |
| | Monty Warren 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 <input type="checkbox"/> if self-employed | PTIN P00090538 |
| | Firm's name ▶ Robideaux & Harris APAC | Firm's EIN ▶ | | | |
| | Firm's address ▶ 106 Treehaven Blvd Lafayette, LA 70506 | Phone no (337) 984-7186 | | | |

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

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 20-5006336

Name: Upper Lafayette Economic Dev Foundation

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 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 Participated in events to promote support and garnered input for the design and completion of the Lafayette Connector/I-49 South Participated in promoting Project Front Yard to work on cleaning up gateway along roadways into Lafayette and participated with Lafayette Parish Public School System to improve educational outcomes

(Grants \$)

If this amount includes foreign grants, check here . . .

28a

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)**

Produced 24 original television interview shows as well as filmed meeting content from eight events, outreach and membership forums. Programs air on the local public access channel, are posted on the website, and made available to guests at no charge for use in informing the community and interested parties of the businesses and services they provide in and to the upper geographic region of Lafayette

29 Parish

(Grants \$)

If this amount includes foreign grants, check here . . .

29a

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)**

30

Created, published and distributed 12 monthly newsletters in print and via email Distributed to approximately 750 community members and interested parties Update website news articles to keep the community and members abreast of economic development and educational initiatives impacting the Upper Lafayette Parish geographic region, its citizens and businesses

(Grants \$)

If this amount includes foreign grants, check here . . .

30a

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

| (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 |
|------------------------------|--|--|---|--|
| Kirk LaCour Director | 1 00 | 0 | | |
| Brenda Foulcard Director | 1 00 | 0 | | |
| Todd Citron Treasurer | 1 00 | 0 | | |
| Adrian Baudoin Director | 1 00 | 0 | | |
| Jan Swift Executive Direc | 40 00 | 70,000 | | |
| Cherie Hebert Vice President | 1 00 | 0 | | |
| David Welch Past President | 1 00 | 0 | | |
| Beau Phares Director | 1 00 | 0 | | |
| Monty Warren President | 2 00 | 0 | | |
| Donna Landry Director | 1 00 | 0 | | |
| Jerry Vasocu 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 990-EZ 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.

2015

**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 \$629 |
| Other Expenses 1 | Forums, Spec Events, Mtg Exp \$19391 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|-------------------------------------|
| Other Expenses 2 | Mileage, Internet, Phone&Exp \$4992 |
| Other Expenses 3 | Television Production Costs \$1085 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|-----------------------------|
| Other Expenses 4 | Communications, phone \$773 |
| Other Expenses 5 | Dues & Subscriptions \$475 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---------------------------------|
| Other Expenses 6 | Attendance at School Gala \$400 |
| Other Expenses 8 | Softw are \$328 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|-------------------------------|
| Other Expenses 9 | Webhosting \$257 |
| Other Expenses 11 | Meals and Entertainment \$131 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|-----------------------|
| Other Expenses 12 | Bank charges \$77 |
| Other Expenses 13 | Sec of State Fee \$15 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|---|
| Other Assets 1005 | Accounts Receivable - Beginning \$14239 Accounts Receivable - Ending \$20409 |
| Total Liabilities 1001 | Accounts Payable and Accrued Expenses - Beginning \$250 Accounts Payable and Accrued Expenses - Ending \$1683 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|--|
| Total Liabilities 1003 | Deferred Revenue - Beginning \$34575 Deferred Revenue - Ending \$18717 |
| Total Liabilities 1 | Payroll tax liabilities - Beginning \$3896 Payroll tax liabilities - Ending \$4212 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Grants and similar amounts paid, line 10 | Louisiana Youth Seminar \$1,100 sponsor attending students from local high schools Acadiana Middle School \$500 donation to honor achievers at the school's year closing ceremony Lafayette General Foundation \$1,000 donation in memory of former board member Leadership Institute of Acadiana \$600 sponsor for local students to attend NHS Legal Academy \$600 to sponsor local students attending ULM mock trial/law summer camp |