

Form **990**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Community Foundation of Acadiana		D Employer identification number ** - ***3023
	Doing business as		E Telephone number (337) 769-4840
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1035 Camellia Blvd, Ste 100		G Gross receipts \$ 64,973,450.
	City or town, state or province, country, and ZIP or foreign postal code Lafayette, LA 70508		
F Name and address of principal officer: Jerry E. Shea Jr. 1035 Camellia Boulevard, Suite 100, Lafayette		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.cfacadiana.org**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **LA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Community Foundation of Acadiana was created to improve the quality of life in our region. The		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	96
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,791.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	28,525,511.	25,177,913.
	9 Program service revenue (Part VIII, line 2g)	859,470.	1,036,240.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,714,676.	6,683,402.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,971.	66,754.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,149,628.	32,964,309.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,485,946.	13,656,659.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	646,969.	712,455.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,383,678.	2,032,095.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,516,593.	16,401,209.	
19 Revenue less expenses. Subtract line 18 from line 12	15,633,035.	16,563,100.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 130,404,309.	End of Year 154,976,502.
	21 Total liabilities (Part X, line 26)	14,095,999.	16,254,452.
	22 Net assets or fund balances. Subtract line 21 from line 20	116,308,310.	138,722,050.

Part II Signature Block

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			
	Clay Darnall, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Carlinna L. Bertrand	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01418229
	Firm's name ▶ Broussard Poche, LLP	Firm's EIN ▶ ** - ***8016	Phone no. (337) 988-4930		
	Firm's address ▶ P.O. Box 61400 Lafayette, LA 70596-1400				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: The mission of the Community Foundation of Acadiana is to build legacies and improve communities by connecting generous people to the causes they care about.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 84,443. including grants of \$ 75,000.) (Revenue \$) Leaders in Law - Leaders in Law Enforcement awards are designed to honor those departments who are making the most impact in their communities with the resources they have been allocated. These funds are to be used at their discretion to improve operations and continue to encourage extraordinary performance.

4b (Code:) (Expenses \$ 174,463. including grants of \$ 174,463.) (Revenue \$) Scholarships- Community Foundation of Acadiana provides assistance to students at any education level or for a specific institution. All scholarship grants are paid directly to the educational institution.

4c (Code:) (Expenses \$ 1,589,694. including grants of \$ 1,488,056.) (Revenue \$) SOLA Giving Day- Community Foundation of Acadiana hosts its annual SOLA Giving Day which was a 24 hour online fundraising event for non-profit organizations, churches, and schools.

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,071,178. including grants of \$ 11,919,140.) (Revenue \$)

4e Total program service expenses 14,919,778.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Raymond Hebert - (337)769-4840**
1035 Camellia Boulevard, Suite 100, Lafayette, LA 70508

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Raymond J. Hebert Executive Director	38.00 2.00			X				169,929.	0.	34,088.
(2) Jerry E. Shea, Jr. Chair	8.00	X		X				0.	0.	0.
(3) Jason Freyous Vice-Chair	2.00	X		X				0.	0.	0.
(4) Clay Darnall Secretary/Treasurer	1.00	X		X				0.	0.	0.
(5) Robert Eddy Jr Director/Past Chair	1.00	X		X				0.	0.	0.
(6) Allyson Pharr Director	1.00	X						0.	0.	0.
(7) Wayne Phillips Director	1.00	X						0.	0.	0.
(8) Gregory Hamer Sr. Director	1.00	X						0.	0.	0.
(9) Bill Fenstermaker Director	1.00	X						0.	0.	0.
(10) Elena Knezek Director	1.00	X						0.	0.	0.
(11) Rodney Savoy Director	1.00	X						0.	0.	0.
(12) Anita Fontenot Director	1.00	X		X				0.	0.	0.
(13) Randy Haynie Director	1.00	X						0.	0.	0.
(14) Patrick Patout Director	1.00	X						0.	0.	0.
(15) James Parkerson Roy Director	1.00	X						0.	0.	0.
(16) Mary Leach Werner Director	1.00	X						0.	0.	0.
(17) Brach Myers Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Deiadra Garrett MD PHD Director	1.00	X						0.	0.	0.
(19) Christa Billeaud Director	1.00	X						0.	0.	0.
(20) William Hendrix Director	1.00	X						0.	0.	0.
1b Subtotal								169,929.	0.	34,088.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								169,929.	0.	34,088.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	106,990.				
	c Fundraising events	1c	21,908.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	500,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,549,015.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,133,194.				
	h Total. Add lines 1a-1f		25,177,913.				
	Program Service Revenue	2 a Administrative fees	Business Code	525920	1,036,240.	1,036,240.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,036,240.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,167,061.		2,167,061.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			4,760.		4,760.	
	6 a Gross rents	6a	(i) Real	54,720.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		54,720.			
	d Net rental income or (loss)			54,720.		54,720.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	36,507,594.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		31,991,253.			
	c Gain or (loss)	7c		4,516,341.			
d Net gain or (loss)			4,516,341.		4,516,341.		
8 a Gross income from fundraising events (not including \$ 21,908. of contributions reported on line 1c). See Part IV, line 18	8a			25,162.			
				17,888.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			7,274.		7,274.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			32,964,309.	1,036,240.	0.	6,750,156.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,416,357.	13,416,357.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	240,302.	240,302.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,929.		169,929.	
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	447,255.	56,794.	390,461.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,533.	1,704.	16,829.	
9 Other employee benefits	36,000.	2,456.	33,544.	
10 Payroll taxes	40,738.		40,738.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,429.		35,429.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	477,703.		477,703.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	233,738.	161,296.	72,442.	
12 Advertising and promotion				
13 Office expenses	18,707.	11,927.	6,780.	
14 Information technology	124,547.	1,315.	123,232.	
15 Royalties				
16 Occupancy	16,117.	3,756.	12,361.	
17 Travel	14,391.	11,922.	2,469.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,577.	129.	20,448.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,175.		13,175.	
23 Insurance	21,583.	1,109.	20,474.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UBTI income tax	1,234.	1,234.		
b Administrative fees	886,716.	886,716.		
c Program awards	75,576.	75,576.		
d Dues and subscriptions	27,880.		27,880.	
e All other expenses	64,722.	47,185.	17,537.	
25 Total functional expenses. Add lines 1 through 24e	16,401,209.	14,919,778.	1,481,431.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	418,678.	1	395,782.
	2 Savings and temporary cash investments	22,116,678.	2	32,155,740.
	3 Pledges and grants receivable, net	240,666.	3	80,382.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,292.	9	36,974.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 224,699.		
	b Less: accumulated depreciation	10b 173,442.		
	11 Investments - publicly traded securities	106,348,270.	11	121,523,175.
	12 Investments - other securities. See Part IV, line 11	616,667.	12	658,333.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	591,544.	15	74,859.
16 Total assets. Add lines 1 through 15 (must equal line 33)	130,404,309.	16	154,976,502.	
Liabilities	17 Accounts payable and accrued expenses	75,167.	17	30,376.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,020,832.	21	16,224,076.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	14,095,999.	26	16,254,452.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	91,814,592.	27	111,419,186.
	28 Net assets with donor restrictions	24,493,718.	28	27,302,864.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	116,308,310.	32	138,722,050.
33 Total liabilities and net assets/fund balances	130,404,309.	33	154,976,502.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,964,309.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,401,209.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,563,100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,308,310.
5	Net unrealized gains (losses) on investments	5	5,850,640.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	138,722,050.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Community Foundation of Acadiana** Employer identification number ****-***3023**

Part I 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,815,190.	20,575,778.	14,856,430.	28,525,511.	25,177,913.	133,950,822.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	44,815,190.	20,575,778.	14,856,430.	28,525,511.	25,177,913.	133,950,822.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,054,868.
6 Public support. Subtract line 5 from line 4.						99,895,954.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	44,815,190.	20,575,778.	14,856,430.	28,525,511.	25,177,913.	133,950,822.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,365,903.	2,220,645.	1,984,916.	1,760,566.	2,226,541.	9,558,571.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						143,509,393.
12 Gross receipts from related activities, etc. (see instructions)					12	5,006,051.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	69.61 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	69.35 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Name of organization Community Foundation of Acadiana	Employer identification number ** - *** 3023
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Community Foundation of Acadiana; Employer identification number: ** - *** 3023

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,493,718.	18,636,876.	13,883,519.	14,159,914.	6,185,733.
b Contributions	2,661,425.	3,966,230.	2,671,146.	835,626.	8,314,178.
c Net investment earnings, gains, and losses	2,665,377.	2,856,808.	2,588,044.	-831,832.	659,943.
d Grants or scholarships	3,587,510.	874,228.	436,424.	224,300.	915,103.
e Other expenditures for facilities and programs					
f Administrative expenses	116,915.	91,968.	69,409.	55,889.	84,837.
g End of year balance	26,116,095.	24,493,718.	18,636,876.	13,883,519.	14,159,914.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		224,699.	173,442.	51,257.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				51,257.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b:

The Foundation accepts contributions from donors and agrees to transfer those assets, the return on investments of those assets, or both to another entity that is specified by the donor. ASC 958-605-25-33 specifically requires that if a non-profit establishes a fund at a community foundation with its own funds and specifies itself as the beneficiary of that fund, the community foundation must account for the transfer of such assets as a liability.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Community Foundation of Acadiana** Employer identification number ****-***3023**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WHA Memorial	Fete Dieu Eucharistic	8	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	28,882.	8,288.	9,900.	47,070.
	2	Less: Contributions	20,925.	983.		21,908.
	3	Gross income (line 1 minus line 2)	7,957.	7,305.	9,900.	25,162.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,800.			4,800.
	7	Food and beverages	600.			600.
	8	Entertainment				
	9	Other direct expenses	7,219.	5,269.		12,488.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				17,888.
11	Net income summary. Subtract line 10 from line 3, column (d)				7,274.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

- 16 Gaming manager information:

Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **Community Foundation of Acadiana** Employer identification number **** - ***3023**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Acadiana Center for the Arts/Acadiana Arts Council - 101 West Vermillion St. - Lafayette, LA 70501	** - ***8288	501(c)(3)	11,100.	0.			General Support
Ascension Episcopal School 1030 Johnston Street Lafayette, LA 70501	** - ***8661	501(c)(3)	49,487.	0.			Scholarships, Annual Fund
Bayou Community Foundation Fund at GNOF - PO Box 582 - Houma, LA 70361	** - ***5950	501(c)(3)	115,200.	0.			Bayou Give Day, Hurricane Ida relief
Boy Scouts of America-Evangeline Area - 2266 S College Road, Ste E - Lafayette, LA 70508	** - ***3617	501(c)(3)	6,950.	0.			General Support
Boys & Girls Clubs of Acadiana PO Box 62166 Lafayette, LA 70596	** - ***0072	501(c)(3)	231,465.	0.			2021 Concerts, General Support, compensation
Bridge Ministry of Acadiana, Inc. P O Box 62029 Lafayette, LA 70596	** - ***6525	501(c)(3)	87,352.	0.			General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cathedral of St. John the Evangelist - 515 Cathedral St - Lafayette, LA 70501	**-***9751	501(c)(3)	64,924.	0.			Preservation Plan & General Support
Catholic Foundation of South Louisiana - P O Box 505 - Schriever, LA 70395	**-***1690	501(c)(3)	166,500.	0.			Seminar education, General Support and Hurricane relief
Catholic High School-New Iberia 1301 De Lasalle Drive New Iberia, LA 70560	**-***3175	501(c)(3)	19,388.	0.			Scholarship support, General Support, athletics
Catholic Relief Services P O Box 17090 Baltimore, MD 21297	**-***3422	501(c)(3)	56,600.	0.			Relief services and General Support
Central Catholic High School 2100 Cedar Street Morgan City, LA 70380	**-***6617	501(c)(3)	73,250.	0.			General Support, Annual Appeal, Tuition Assistance
AMERICAN BATTLEFIELD TRUST 1156 15th Street NW Ste 900 Washington, DC 20005	**-***6643	501(c)(3)	11,500.	0.			General Support
Cross Catholic Outreach Inc P O Box 273908 Boca Raton, FL 33427	**-***6061	501(c)(3)	9,550.	0.			General Support, Building Community in Christ Project
Cross International, Inc 600 SW Third Street, Ste 2201 Pompano Beach, FL 33060	**-***6387	501(c)(3)	13,000.	0.			General Support
Diocese of Houma-Thibodaux P O Box 505 Schriever, LA 70395	**-***2566	501(c)(3)	69,500.	0.			Hurricane relief

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of Lafayette 1408 Carmel Drive Lafayette, LA 70501	**-***7696	501(c)(3)	890,216.	0.			Centennial Campaign, Bishop Services Appeal, General Support
Episcopal School of Acadiana P O Box 380 Cade, LA 70519	**-***1427	501(c)(3)	100,300.	0.			Scholarships, Annual fund
Eternal Word Television Network, Inc. - 5817 Old Leeds Rd - Irondale, AL 35210	**-***1391	501(c)(3)	7,000.	0.			General Support, Knights of Columbus Convention
Fraternus 1824 E MAIN ST, STE J Eadley, SC 29640	**-***3205	501(c)(3)	50,000.	0.			General Support, Annual Gift
Gospel Lakes Ministries, Inc. P O Box 67 New Waverly, TX 77358	**-***7085	501(c)(3)	12,000.	0.			General operating support
Holy Rosary Catholic School 12925 East Main Street Larose, LA 70373	**-***4442	501(c)(3)	10,000.	0.			Annual Fund
Hope for Opelousas 330 East Madison Street Opelousas, LA 70570	**-***6853	501(c)(3)	149,072.	0.			General support, Golf Tournament
Human Life International 4 Family Life Lane Front Royal, VA 22630	**-***1765	501(c)(3)	75,000.	0.			Matching gift appeal
Knights of Columbus Council P O Box 1966 New Haven, CT 06509	**-***7608	501(c)(3)	10,000.	0.			Disaster Relief

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette Ballet Theatre 100 Pillette Road Lafayette, LA 70508	**-***7048	501(c)(3)	56,617.	0.			General Support
Lafayette City-Parish Consolidated Government - P O Box 4017-C - Lafayette, LA 70502	**-***9877	Government	42,276.	0.			Fitness Court
Louisiana Right to Life 7121 Catina St New Orleans, LA 70124	**-***7634	501(c)(3)	158,096.	0.			General support
Louisiana State University 112 Thomas Boyd Hall Baton Rouge, LA 70803	**-***0848	501(c)(3)	20,000.	0.			Scholarships
LSU Alumni Association 3838 W Lakeshore Drive Baton Rouge, LA 70803	**-***7430	501(c)(3)	22,000.	0.			Annual appeal, general support
LSU Foundation 3838 W Lakeshore Drive Baton Rouge, LA 70808	**-***0969	501(c)(3)	130,500.	0.			General operating support, Colleges of Coast and Enviroment, Scholarships
Acadian Home Builders Association P O Box 60486 Lafayette, LA 70596		501(c)(3)	15,000.	0.			Disaster relief
Miles Perret Cancer Services P O Box 80763 Lafayette, LA 70598	**-***3211	501(c)(3)	96,033.	0.			Games of Acadiana, General and operating support
Acadiana Symphony Orchestra & Conservatory of Music - 412 Travis Street, Suite A - Lafayette, LA 70503	**-***8703	501(c)(3)	15,406.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Our Lady of Prompt Succor Church 723 North Bayou Drive Golden Meadow, LA 70357	**-***0619	501(c)(3)	49,250.	0.			General Support
Our Lady of Wisdom Catholic Church & Student Center - P O Box 43599 - Lafayette, LA 70504	**-***2001	501(c)(3)	108,091.	0.			Capital Campaign, General Support, Mens Ministry
Acadiana Veteran Alliance 206 Hiddenwood Drive Lafayette, LA 70508	**-***9542	501(c)(3)	5,549.	0.			General support
American Foundation for Suicide Prevention - 199 Water Street, 11th Floor - New York, NY 10038	**-***3329	501(c)(3)	7,500.	0.			General support
Ragin Cajuns Athletic Foundation 201 Reinhardt Dr Lafayette, LA 70506	**-***3524	501(c)(3)	50,480.	0.			Golf program scholarships, Annual Funds, General Support
Sacred Heart Church P O Box 632 Morgan City, LA 70381	**-***6332	501(c)(3)	66,100.	0.			General operating support
Sacred Heart of Jesus on the Teche Catholic Church - 2514 Old Jeanerette Rd. - New Iberia, LA 70563	**-***5958	501(c)(3)	37,800.	0.			General Support, Annual Appeal
Saint Joseph Abbey & Seminary College - 75376 River Road - St. Benedict, LA 70457	**-***9000	501(c)(3)	17,450.	0.			Christmas Appeal, Monastery Renovation
American Heart Association 7272 Greenville Ave Dallas, TX 75231	**-***3797	501(c)(3)	6,250.	0.			Annual appeal, general support

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Solomon House 520 Center Street New Iberia, LA 70560	**-***5609	501(c)(3)	21,125.	0.			Hurricane relief, General operating support, Food Bank,
South Louisiana Community College Foundation - 1101 Bertrand Dr - Lafayette, LA 70506	**-***4671	501(c)(3)	160,600.	0.			General support, Home Health Project
St Bernard Catholic Church 219 East Bridge Street Breaux Bridge, LA 70517	**-***9718	501(c)(3)	25,200.	0.			Anniversary & CPH Campaign, General Support
St Bernard School 251 E Bridge Street Breaux Bridge, LA 70517	**-***7028	501(c)(3)	10,130.	0.			scholarships,
St. Francis Diner, Inc. P O Box 9106 New Iberia, LA 70562	**-***7052	501(c)(3)	7,500.	0.			General operating support and Annual appeal
St. Jude Children's Research Hospital - 501 St. Jude Place - Memphis, TN 38105	**-***6012	501(c)(3)	22,100.	0.			General Support, Cancer Research, partners in hope
St. Peter's Catholic Church 108 E St. Peter Street New Iberia, LA 70560		501(c)(3)	8,200.	0.			Church maintenance, general support
St. Pius X Catholic Church P O Box 80489 Lafayette, LA 70598	**-***6617	501(c)(3)	57,500.	0.			Church maintenance, general support
United Way of Acadiana P O Box 52033 Lafayette, LA 70505	**-***3639	501(c)(3)	83,538.	0.			Annual campaign, General operating support, LEF awards

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University of Louisiana at Lafayette Foundation - P O Box 43850 - Lafayette, LA 70504	**-***3836	501(c)(3)	928,410.	0.			Scholarship funds, General Support, Athletics
Aid to the Church in Need Inc. P O Box 220384 Brooklyn, NY 11222	**-***9466	501(c)(3)	5,700.	0.			Christmas appeal and general support
Catholic Charities of Acadiana P O Box 3177 Lafayette, LA 70502	**-***7497	501(c)(3)	293,753.	0.			General support, van purchase, Hurricane relief
Community Foundation of Teton Valley - PO BOX 1523 - Driggs, ID 83452	**-***8856	501(c)(3)	10,000.	0.			Tin Cup directed funds, 2021 ABC fund
Disch-DeClouet Social Service Center - 432 Bank Avenue - New Iberia, LA 70560	**-***2780	501(c)(3)	18,750.	0.			Annual appeal, General Support, Hurricane relief
Family Missions Company 12624 Everglade Road Abbeville, LA 70510	**-***6886	501(c)(3)	34,950.	0.			Support of capital and mission campaign, general support, Retreat Center
Haiti Mission P O Box 694 Thibodaux, LA 70302	**-***1365	501(c)(3)	8,750.	0.			General Support and Annual Haiti golf tournament
Hanson St John School 924 Main Street Franklin, LA 70538	**-***5598	501(c)(3)	20,500.	0.			Supplemental teacher compensation and science equipment
Holy Family Catholic School 200 St John Street Lafayette, LA 70501	**-***6617	501(c)(3)	164,385.	0.			Capital Campaign, General Support, property purchase

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LSU Tiger Athletic Foundation P O Box 711 Baton Rouge, LA 70821	**-***4960	501(c)(3)	242,955.	0.			Building Fund, Scholarships, General Support, Athletics
Second Harvest Food Bank 215 E Pinhook Road Lafayette, LA 70501	**-***6468	501(c)(3)	60,238.	0.			General Support
United Way of Iberia Inc 1101 E. Admiral Dyole, STE 207 New Iberia, LA 70560	**-***4494	501(c)(3)	16,720.	0.			Annual Appeal. Leader in Me Program
Womans New Life Center 4612 S. Claiborne Ave New Orleans, LA 70002	**-***5326	501(c)(3)	35,000.	0.			General Support
Wounded Warrior Project PO BOX 758517 Topeka, KS 66675	**-***0934	501(c)(3)	15,950.	0.			General Support
232-HELP/Louisiana 211 1005 Jefferson St Lafayette, LA 70501	**-***8109	501(c)(3)	37,394.	0.			General support, Leadership training
CARMELITE MONASTERY 1250 Carmel Drive Lafayette, LA 70501		501(c)(3)	6,750.	0.			General Support
Episcopal Church of the Ascension 1030 Johnston Street Lafayette, LA 70501	**-***1101	501(c)(3)	10,000.	0.			General Support
Faith House of Acadiana PO BOX 93145 Lafayette, LA 70509	**-***0067	501(c)(3)	59,366.	0.			General Support

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Hospice of Acadiana Inc 2600 Johnston St Lafayette, LA 70503	**-***6231	501(c)(3)	47,100.	0.			General Support, capital campaign, in-house care facility
John Paul the Great Academy 1522 Carmel Drive Lafayette, LA 70501	**-***3643	501(c)(3)	72,881.	0.			General Support, Annual Appeal
Lady of the Sea Hospital 200 West 134th Cut Off, LA 70345	**-***2041	501(c)(3)	19,488.	0.			Scholarships
Lafayette Parish School System PO BOX 2158 Lafayette, LA 70502		Government	30,000.	0.			Teacher training, tutoring program
Lourdes Foundation 4801 Ambassador Caffery Pkwy Lafayette, LA 70508	**-***4532	501(c)(3)	166,253.	0.			General Support, Healing Garden, St. Bernadette Clinic
Loyola University 7214 St Charles New Orleans, LA 70118	**-***8946	501(c)(3)	200,000.	0.			Jesuit Center Chapel Fund
Nicholls State University PO BOX 2003 Thibodaux, LA 70310	**-***1425	501(c)(3)	24,000.	0.			Scholarships, General Support
Phi Kappa Theta Foundation PO BOX 3482 Worcester, MA 01613	**-***9653	501(c)(3)	50,000.	0.			Spiritual Development
St. Edward School 175 Porter Street New Iberia, LA 70560	**-***7742	501(c)(3)	22,663.	0.			General Support

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St. Michael Catholic School 805 East Northern Crowley, LA 70526		501(c)(3)	10,100.	0.			Scholarships
St. Michael the Archangel Catholic Church - 224 West 5th St - Crowley, LA 70526	**-***6617	501(c)(3)	6,000.	0.			Weekly collection
St Thomas More Catholic High School - 450 East Farrel Road - Lafayette, LA 70508	**-***9307	501(c)(3)	56,000.	0.			Envision More, campus ministry, new chapel
St Thomas More Catholic Church PO Box 1022 Eunice, LA 70535		501(c)(3)	11,755.	0.			LSUE Student Center, general support
The Miracle Foundation 1506 West Sixth St Austin, TX 78703	**-***9580	501(c)(3)	8,000.	0.			General Support
Witness to Love 1039 Rue Maline St Martinville, LA 70582	**-***6034	501(c)(3)	25,250.	0.			General Support
Healing House Hope for Grieving Children - PO BOX 3861 - Lafayette, LA 70502	**-***4590	501(c)(3)	44,508.	0.			General Support
Our Savior's Church 1201 E Broussard Rd Lafayette, LA 70508	**-***9370	501(c)(3)	119,600.	0.			Legacy fund, disaster relief, General Support
Acadiana Animal Aid 142 LeMedicin Rd Carencro, LA 70520	**-***4331	501(c)(3)	108,556.	0.			General Support

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CENLA PREGNANCY CENTER 1254 MCARTHUR DRIVE ALEXANDRIA, LA 71303	**-***8688	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Community of Jesus Crucified 103 Railroad Avenue St Martinville, LA 70582		501(c)(3)	26,500.	0.			General Support
Desormeaux Foundation 1331 JEFFERSON ST LAFAYETTE, LA 70501	**-***4266	501(c)(3)	42,400.	0.			General Support
Fellowship of Catholic University Students - PO Box 17408 - Denver, CO 80217	**-***2811	501(c)(3)	35,750.	0.			Missionary Support and General Support
Hearts of Hope PO BOX 53967 Lafayette, LA 70505	**-***1800	501(c)(3)	14,604.	0.			General Support
International Academy of Trial Lawyers Foundation - 5841 Cedar Lake Road S Ste 204 - Minneapolis, MN 55416	**-***7150	501(c)(3)	15,000.	0.			General Support
Catholic Charities of the Diocese of Houma Thibodeaux - 1220 Aycock Street - Houma, LA 70360	**-***2566		78,000.	0.			Disaster relief, general support
Nativity of Our Lady Catholic Church - 130 N Richelieu Circle - New Iberia, LA 70560		501(c)(3)	6,400.	0.			Ladies Altar Society, General Support
St Francis Elementary School 490 St Joseph Avenue Iota, LA 70543	**-***4798	501(c)(3)	82,500.	0.			Educational & campus enhancements, Staff compensation

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American Cancer Society P.O. Box 22478 Oklahoma City, OK 73123	**-***8491	501(c)(3)	9,200.	0.			General Support, 2020 spirit of hope
Big Brothers Big Sisters of Acadiana - 123 E. Main Street - Lafayette, LA 70501	**-***4741	501(c)(3)	17,210.	0.			General Support
Cameron Mills Ministry 800 Comanche Circle Lexington, KY 40503	**-***8546	501(c)(3)	12,000.	0.			General Support
Cardinal Newman Society P.O. Box 1879 Merrifield, VA 22116	**-***1371	501(c)(3)	25,400.	0.			Catholic Higher Education, general Support
Care Net 44180 Riverside Parkway, Suite 200 Lansdowne, VA 20176	**-***2723	501(c)(3)	25,000.	0.			General Support
Cheekwood Estate and Gardens 1200 Forrest Park Dr Nashville, TN 37205	**-***7921	501(c)(3)	39,000.	0.			Annual fund, Chihuly garden
Christian Service Center 701 Chevis Street Abbeville, LA 70510		501(c)(3)	22,518.	0.			General support and Food Aid
Coastal Conservation Association Louisiana - P.O. Box 86458 - Baton Rouge, LA 70879	**-***4980	501(c)(3)	25,000.	0.			General Support, Jack-Cart memorial reef project
Dominican Sisters of Mary 4597 Warren Road Ann Arbor, MI 48105		501(c)(3)	22,500.	0.			General Support

Schedule I (Form 990)

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Festival International de Louisiane - 315 Lee Avenue - Lafayette, LA 70501	**-***5676	501(c)(3)	6,746.	0.			General Support
Grace Presbyterian Church 518 Roselawn Blvd Lafayette, LA 70503		501(c)(3)	6,000.	0.			General Support
Doctors Without Borders, USA P O Box 5030 Hagerstown, MD 21741	**-***3452	501(c)(3)	20,000.	0.			General support
Holy Cross Catholic Church - Morgan City - 2100 Cedar Street Unit # 3 - Morgan City, LA 70381	**-***6617	501(c)(3)	7,000.	0.			General support
Junior Achievement of Greater Baton Rouge & Acadiana - 70809 Jefferson Hwy Ste E2 - Baton Rouge, LA 70809	**-***5727	501(c)(3)	11,964.	0.			Financial Literacy Classes and General support
Leukemia & Lymphoma Society PO Box 735336 Dallas, TX 75373	**-***4916	501(c)(3)	10,725.	0.			Cancer REsearch, General Support
Louisiana Knights of Columbus Charities, Inc. - PO Box 51166 - Lafayette, LA 70505	**-***8127	501(c)(3)	15,000.	0.			Louisiana Disaster Relief Fund
New Iberia Museum Foundation 131 E, Main St. New Iberia, LA 70560	**-***1113	501(c)(3)	22,755.	0.			General Support and Blanco exhibit
Our Lady Queen of Angels Church 2125 S Union St Opelousas, LA 70570	**-***2887	501(c)(3)	58,600.	0.			General Support, Choir support

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Rayne Catholic Elementary School 407 S. Polk St Rayne, LA 70578		501(c)(3)	20,000.	0.			Employee Compensation
Sacred Hearth Church - Cut Off 15300 W. Main St. Cut Off, LA 70345	**-***2683	501(c)(3)	8,050.	0.			General Support
Sisters of Life 38 Montebello Road Suffern, NY 10901	**-***9167	501(c)(3)	50,000.	0.			General Support
Southeastern Louisiana University 900A W. UNIVERSITY AVE Hammond, LA 70402	**-***8821	501(c)(3)	7,000.	0.			Scholarship
St Charles Borromeo Catholic Church - PO BOX A - Grand Coteau, LA 70541		501(c)(3)	12,000.	0.			General Support
St Ignatius School 180 Church Street Grand Coteau, LA 70541	**-***1020	501(c)(3)	10,495.	0.			Scholarships, General support
St Mary's Episcopal Church PO Box 95 Franklin, LA 70538	**-***4330	501(c)(3)	11,000.	0.			Bible study & General Support
St Mary's Residential Training School - PO Drawer 7768 - Alexandria, LA 71306	**-***8412	501(c)(3)	15,000.	0.			Construction of Acadiana House
Stonewall Community Foundation 1270 Broadway. Suite 501 New York, NY 10001	**-***0688	501(c)(3)	200,000.	0.			Transfer to a DAF

Schedule I (Form 990)

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For the Birds of Acadiana 220 Cambridge Drive Lafayette, LA 70503	**-***4416	501(c)(3)	5,577.	0.			general support
Give Kids The World 210 S Bass Road Kissimmee, FL 34746	**-***4440	501(c)(3)	6,000.	0.			general support
Grambling State University P O Box 25 Grambling, LA 71245			7,000.	0.			scholarships
The Nashville Zoo 3777 Nolensville Pike Nashville, TN 37211	**-***1210	501(c)(3)	102,500.	0.			General Support
The Salvation Army PO Box 269 Alexandria, VA 22314	**-***3701	501(c)(3)	7,694.	0.			General Support
University of Louisiana at Monroe 700 University Ave Monroe, LA 71209	**-***8527	501(c)(3)	6,000.	0.			Scholarships
Acadiana Outreach Center P. O. Box 2747 Lafayette, LA 70502	**-***5867	501(c)(3)	23,237.	0.			General Support
Acadiana Regional Coalition on Homelessness & Housing (ARCH) - P.O. BOX 3936 - Lafayette, LA 70502	**-***1299	501(c)(3)	29,953.	0.			General support and Freeze fund
Basin Arts 113 Clinton St. A Lafayette, LA 70501	**-***9789	501(c)(3)	5,494.	0.			General Support

Schedule I (Form 990)

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Bishop's Services Appeal 1408 Carmel Drive Lafayette, LA 70501		501(c)(3)	17,500.	0.			Bishop's Services Appeal
Brazos Christian Academy 3000 W. Villa Maria Road Bryan, TX 77807	**-***9163	501(c)(3)	17,000.	0.			General Support
Cameron Educational and Charitable Endeavors - P.O. Box 751 - Cameron, LA 70631	**-***9626	501(c)(3)	10,715.	0.			Hurricane Laura Relief
Charlotte Lozier Institute 2800 Shirlington Road Suite 1200 Arlington, VA 22203	**-***8700	501(c)(3)	20,000.	0.			Research
Children's Museum of Acadiana 201 East Congress Street Lafayette, LA 70501	**-***5773	501(c)(3)	6,127.	0.			General Support
Chitimacha Louisiana Open, Inc. 124 Heyman Blvd., Ste. 202 Lafayette, LA 70503	**-***3611	501(c)(3)	25,000.	0.			General Support
Christ the King Parish 101 Student Union Bldg. Baton Rouge, LA 70803	**-***0935	501(c)(3)	7,000.	0.			Christian Ministry, Annual Appeal
Cite' des Arts P.O. Box 2821 Lafayette, LA 70502	**-***1585	501(c)(3)	5,506.	0.			General Support
Crossroads Pregnancy Resource Center - 105 Saint Louis Street - Thibodaux, LA 70301	**-***2568	501(c)(3)	10,000.	0.			General Support

Schedule I (Form 990)

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Cystic Fibrosis Foundation 10101 Siegen Lane Suite 2A Baton Rouge, LA 70810	**-***0701	501(c)(3)	53,100.	0.			General support, Medical research
Holy Family Academy 8 Orange Ave Natchez, MS 39120	**-***7955		15,000.	0.			general support
Holy Rosary Redevelopment P O Box 5256 Lafayette, LA 70502	**-***7617	501(c)(3)	13,404.	0.			general support
Equestrian Order of the Holy Sepulchre of Jerusalem - 2955 Ridgelake Dr., Suite 205 - Metairie, LA 70002	**-***3796	501(c)(3)	39,000.	0.			Scholarship, General support
Friends of Warner Parks Capital Campaign - 50 Vaughn Road - Nashville, TN 37220	**-***3658	501(c)(3)	50,000.	0.			Capital Campaign
Holy Cross Catholic Church - Lafayette - 415 Robley Dr. - Lafayette, LA 70503	**-***6617	501(c)(3)	26,800.	0.			Church lights
Home for the Holidays P.O. Box 60486 Lafayette, LA 70596	**-***1020	501(c)(3)	33,599.	0.			General Support, Hurricane relief
Hospice of Acadiana Foundation 2600 Johnston Street, Suite 200 Lafayette, LA 70503	**-***6610	501(c)(3)	38,188.	0.			Building fund, General Support
Latin World Ministries 2 Whitney Circle Texarkana, TX 75503	**-***6272	501(c)(3)	10,500.	0.			Water well project, annual appeal

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Leadership Investment Intensives, Inc. - P.O. Box 323 - Rogersville, MO 65742	**-***7354	501(c)(3)	35,000.	0.			General Support
Love Acadiana 850 Kaliste Saloom Rd., Ste. 203 Lafayette, LA 70508	**-***4230	501(c)(3)	56,000.	0.			Disaster releif and general support
LSU Health Foundation 1100 Florida Avenue, Box 22 New Orleans, LA 70119	**-***5391	501(c)(3)	30,000.	0.			Scholarships
Maddie's Footprints 234 Beauregard, Unit 21 Lafayette, LA 70508	**-***4830	501(c)(3)	25,500.	0.			General Support
Moncus Park 2851 Johnston Street #164 Lafayette, LA 70503	**-***2778	501(c)(3)	17,030.	0.			General Support
Raphael-Evelyn Education Foundation - P O Box 60681 - Lafayette, LA 70596	**-***8024	501(c)(3)	15,587.	0.			General support
National World War II Museum 945 Magazine Street New Orleans, LA 70130	**-***0790	501(c)(3)	5,600.	0.			General Support
North Central High School Basketball Program - PO Box 10 - LeBeau, LA 71345		501(c)(3)	7,623.	0.			NCHS Football Program
Ochsner Lafayette General Foundation - 920 W. Pinhook Rd. - Lafayette, LA 70503	**-***6778	501(c)(3)	46,361.	0.			General Support and infusion center

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Shadows-on-the-Teche/National Trust for Historic Preservation - 317 East Main Street - New Iberia, LA 70560	**-***0807	501(c)(3)	5,466.	0.			General support
Our Lady of the Oaks Retreat House P O Drawer D Grand Coteau, LA 70541	**-***7599	501(c)(3)	13,150.	0.			General Support
Sky High for Kids 9800 Richmond Avenue, Suite 335 Houston, TX 77042	**-***5972	501(c)(3)	20,000.	0.			General support
Parish Proud P O Box 82277 Lafayette, LA 70598	**-***2714	501(c)(3)	40,000.	0.			General Support
Southside High School Band Booster Foundation - 312 Almonaster Rd - Youngsville, LA 70592	**-***7918	501(c)(3)	15,000.	0.			General Support
St Patrick's Catholic Church 406 East Pinhook Rd Lafayette, LA 70501			10,000.	0.			Renovation projects
Performing Arts Serving Acadiana (PASA) - P.O. Box 51974 - Lafayette, LA 70505	**-***0993	501(c)(3)	14,946.	0.			Mobile stage, programming, general support
St. Edmund Catholic School 351 W. Magnolia Ave Eunice, LA 70535	**-***3160		11,500.	0.			Scholarships, general support
Red Bird Ministries P.O. Box 266 Breaux Bridge, LA 70517	**-***0902	501(c)(3)	7,668.	0.			General Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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St. Landry - Evangeline United Way 5367 I-49 South Service Rd Opelousas, LA 70570	**-***4845	501(c)(3)	57,000.	0.			Leader in Me
Samaritan's Purse P.O. Box 3000 Boone, NC 72860	**-***7002	501(c)(3)	58,500.	0.			Hurricane relief
St Martin's Episcopal Church-Metairie - 2216 Metairie Rd - Metairie, LA 70001		501(c)(3)	26,000.	0.			Rectory & vestry work, General Support
St. Anthony of Padua Catholic Church - 310 N. Vine Ave - Eunice, LA 70535		501(c)(3)	10,400.	0.			General Support
St. Dominic School 6326 Memphis Street New Orleans, LA 70124	**-***6617	501(c)(3)	5,848.	0.			Financial Assistance
St. Elizabeth Catholic Church 1006 St. Elizabeth Street St. Martinville, LA 70582		501(c)(3)	6,000.	0.			General Support
St. Mary Outreach 608 First Street, Ste. 102 Morgan City, LA 70380	**-***7133	501(c)(3)	18,300.	0.			General Support and disaster relief
St. Paul's Episcopal Church P.O. Box 1101 Abbeville, LA 70511		501(c)(3)	35,000.	0.			Outreach, General maintenance
St. Teresa Center for Works of Mercy - 103 Railroad Avenue - St. Martinville, LA 70582	**-***6179	501(c)(3)	31,302.	0.			General Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G. Komen 13770 Noel Road Dallas, TX 70538	**-***5298	501(c)(3)	10,000.	0.			Research, General Support
Teurlings Catholic High School 139 Teurlings Dr. Lafayette, LA 70501	**-***9260	501(c)(3)	9,585.	0.			Scholarship
The Family Tree 1602 West Pinhook, Suite 100A Lafayette, LA 70508	**-***9405	501(c)(3)	29,103.	0.			General support
The Refinery Mission P.O. Box 1437 Opelousas, LA 70571	**-***2470	501(c)(3)	5,025.	0.			General support
Town of Washington Cemetery Foundation - PO Box 42 - Washington, LA 70589	**-***3776	501(c)(3)	12,000.	0.			Cemetery Maintenance
Voice of Evangelism Outreach Ministries - P O Box 3595 - Cleveland, TN 37320	**-***2931	501(c)(3)	20,000.	0.			General support
Tulane University P.O. Box 61075 New Orleans, LA 70161	**-***3889	501(c)(3)	7,000.	0.			General Support, Scholarships
World Vision International P.O. Box 9716, MS 110 Federal Way, WA 79806	**-***2279	501(c)(3)	45,372.	0.			Disaster relief, General Support
Acadian Heritage & Culture Foundation, Inc. - 203 South Broadway - Erath, LA 70533	**-***6678	501(c)(3)	50,343.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Association Haitienne de Developpement Humain, Inc. - 149 West Lakeview Dr - La Place, LA 70068	**-***7677	501(c)(3)	10,000.	0.			Eye clinic in Haiti
Austin Community Foundation 4315 Guadalupe Street, Suite 300 Austin, TX 78751	**-***4031	501(c)(3)	150,000.	0.			Transfer to DAF
Baptist Health South Florida Foundation - 6855 Red Road - Coral Gables, FL 33143	**-***3401	501(c)(3)	10,000.	0.			Scholarships
Bless Your Heart Nonprofit Corporation - P O Box 1435 - Larose, LA 70373	**-***7397	501(c)(3)	8,500.	0.			Disaster relief
Boys & Girls Clubs in Louisiana 1200 Camellia Blvd Ste 101 Lafayette, LA 70508	**-***1025	501(c)(3)	10,000.	0.			General support
Boys Town P O Box 8000 Boys Town, NE 68010	**-***6606	501(c)(3)	6,300.	0.			General support
Camaldolese Hermits of America 62475 Highway 1 Big Sur, CA 93920	**-***0278	501(c)(3)	15,000.	0.			General support
Camp Bon Coeur, Inc. 300 Ridge Road Suite K Lafayette, LA 70506	**-***0741	501(c)(3)	14,168.	0.			General support
Charity on Top Foundation, Inc. 177 E Colorado Blvd. Suite 200 Pasadena, CA 91105	**-***8370	501(c)(3)	13,937.	0.			General support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Breaux Bridge 101 Berard Street Breux Bridge, LA 70517	**-***0195		120,936.	0.			Capital expenditure
City of New Iberia 457 E Main Street, Suite 300 New Iberia, LA 70560			10,500.	0.			Capital expenditure
Convoy of Hope 330 S, Patterson Ave Springfield, MO 65802	**-***1386	501(c)(3)	10,000.	0.			Disaster relief
Corpus Christi Catholic Church 307 Beach Drive Destin, FL 32541	**-***6617	501(c)(3)	31,000.	0.			Building fund, general support
David Thibodaux STEM Magnet Academy - 805 Teurlings Drive - Lafayette, LA 70501	**-***9812		29,668.	0.			General support
Diocese of Biloxi 1790 Popps Ferry Biloxi, MS 39532			5,200.	0.			Program expenses
Dream Hunt Foundation 315 Deer Crossing Stonewall, LA 71078	**-***0999	501(c)(3)	15,000.	0.			General Support
Empowering the Community for Excellence - 1016 N Avenue C - Crowley, LA 70526	**-***3695	501(c)(3)	20,000.	0.			General support
Ensworth School 211 Ensworth Avenue Nashville, TN 37205			10,000.	0.			Annual fund

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ernest Gallet Elementary School 2901 E. Milton Ave Youngsville, LA 70592			23,623.	0.			general support
Escape from Poverty 105 Foxworth Drive Lafayette, LA 70506	**-***3742	501(c)(3)	55,961.	0.			general support
Food For The Poor, Inc. 6401 Lyons Road Coconut Creek, FL 33073	**-***4510	501(c)(3)	10,000.	0.			Annual appeal, general support
Greater New Orleans Foundation 919 St. Charles Ave New Orleans, LA 70130	**-***8921	501(c)(3)	6,100.	0.			disaster relief, general support
Greater Poweshiek Community Foundation - P O Box 344 - Grinnell, IA 50112	**-***8055	501(c)(3)	6,000.	0.			general support
H.O.P.E. Alliance Community Development Corporation - P O Box 173 - Palmetto, LA 71358	**-***7083	501(c)(3)	20,806.	0.			disaster relief
Help One Now P O Box 26716 Raleigh, NC 27611	**-***8295	501(c)(3)	45,000.	0.			general support
Highland Baptist Christian School 708 Angers Street New Iberia, LA 70563	**-***1078		13,832.	0.			general support
Highland Baptist Church 607 Victory Drive New Iberia, LA 70563			6,000.	0.			bible study, general support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope & Healing at Hillenglade 30 Hillenglade Drive Nashville, TN 37207	**-***6587	501(c)(3)	10,000.	0.			general support
HRC Ministries P O Box 14257 Spokane Valley, WA 99214	**-***9621	501(c)(3)	5,600.	0.			general support
Iberia Culutural Resources Association - 312 Marie Street - New Iberia, LA 70563	**-***7930	501(c)(3)	5,220.	0.			Annual appeal, general support
Iberia Homeless Shelter, Inc. P O Box 13364 New Iberia, LA 70562	**-***2051	501(c)(3)	7,391.	0.			Annual appeal, general support
Innocence Project New Orleans P O Box 792808 New Orleans, LA 70179	**-***1261	501(c)(3)	9,050.	0.			general support
International Fellowship of Christians and Jews - P O Box 96105 - Washington, LA 20090	**-***6096	501(c)(3)	11,200.	0.			general support
J. W. Faulk Elementary School 711 E. Willow St Scott, LA 70501			7,636.	0.			general support
King University 1350 King College Road Bristol, TN 37620	**-***3100	501(c)(3)	7,000.	0.			scholarships, general support
Lafayette Central Park, Inc. 2901 Johnston St., Ste. 304 Lafayette, LA 70503	**-***2778	501(c)(3)	1,349,000.	0.			capital expenditures, general support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette Middle School 1301 W. University Lafayette, LA 70506			5,812.	0.			general support
Lafourche Parish School Board P O Box 879 Thibodaux, LA 70302	**-***0636		8,000.	0.			compensation subsidy
Live Like Liam 2712 Blue Haven New Iberia, LA 70563	**-***4511	501(c)(3)	11,200.	0.			scholarships, general support
Louisiana 4-H Foundation 104 G Efferson Hall Baton Rouge, LA 70803	**-***7519	501(c)(3)	5,080.	0.			general support
Louisiana Association of Sports Outdoor Adventury & Recreation - 322-B Heymann Blvd - Lafayette, LA 70503	**-***5077	501(c)(3)	6,847.	0.			general support
Louisiana Leadership Institute 5763 Hooper Rd Baton Rouge, LA 70811	**-***1653	501(c)(3)	25,000.	0.			general support
Louisiana Tech University P O Box 3168 Ruston, LA 71272	**-***1176	501(c)(3)	5,250.	0.			scholarships
Louisiana Trooper Foundation P O Box 65076 Baton Rouge, LA 70896	**-***8404	501(c)(3)	62,500.	0.			Assistance Program
Love a Child, Inc. P O Box 60063 Fort Myers, FL 33906	**-***2303	501(c)(3)	33,500.	0.			Haiti efforts

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSU Eunice Foundation P O Box 1551 Eunice, LA 70535	**-***8025	501(c)(3)	5,799.	0.			Scholarships, general support
McNeese Foundation P O Box 91989 Lake Charles, LA 70609	**-***9144	501(c)(3)	5,050.	0.			Athletics, general support
MD Anderson Cancer Center P O Box 4486 Houston, TX 77210	**-***1118		19,100.	0.			Annual appeal, general support
Mission Possible 1320 Little Hamilton Ave Nashville, TN 37203	**-***3525	501(c)(3)	65,000.	0.			general support
Myrtle Place Elementary 1100 Myrtle Place Lafayette, LA 70506			19,097.	0.			General support
NC State Engineering Foundation NCSU, Campus Box 7207 Raleigh, NC 27695	**-***6987	501(c)(3)	55,500.	0.			General support
New Hope Community Development of Acadiana - P O Box 53654 - Lafayette, LA 70505	**-***7648	501(c)(3)	5,997.	0.			General support
Northshore Community Foundation 807 N Columbia St Covington, LA 70433	**-***7784	501(c)(3)	6,100.	0.			Disaster relief
Northside High School 301 Dunand Street Lafayette, LA 70501	**-***9198	501(c)(3)	6,186.	0.			General Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Opelousas Pregnancy Center P O Box 1997 Opelousas, LA 70570	**-***5214	501(c)(3)	12,675.	0.			General support
Our Lady of the Lake Foundation P O Box 84357 Baton Rouge, LA 70884	**-***4324	501(c)(3)	6,000.	0.			Capital campaign, general support
Patrick Williamson Memorial Foundation, Inc. - P O Box 454 - Broussard, LA 70518	**-***2161	501(c)(3)	6,500.	0.			General support
Paul and Lulu Hilliard University Art Museum - P O Box 42571 - Lafayette, LA 70504	**-***3836	501(c)(3)	53,000.	0.			Expansion project, general support
Restore or Retreat P O box 2048-NSU Thibodaux, LA 70310	**-***4850	501(c)(3)	7,500.	0.			General support
Ridge Elementary School 2901 S. Fieldspan Road Duson, LA 70529	**-***0625		5,118.	0.			General support
Sacred Heart of Jesus Catholic Church - 200 W. Main Street - Broussard, LA 70518	**-***6617	501(c)(3)	47,615.	0.			One Heart campaign, general support
Sacred Heart School Foundation 708 E Main St Ville Platte, LA 70586	**-***8213	501(c)(3)	6,394.	0.			General support
SafeHouse by Landmark, Inc. P O Box 62833 Lafayette, LA 70596	**-***6395	501(c)(3)	28,678.	0.			General support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Luc French Immersion and Cultural Campus - 225 Guidroz Street - Arnaudville, LA 70512	**-***9388	501(c)(3)	56,884.	0.			General support
Sts. Leo-Seton Catholic School 502 St. Leo Street Lafayette, LA 70501	**-***7696		12,000.	0.			Scholarships
Sts. Peter and Paul Catholic School - 1301 Old Spanish Trail - Scott, LA 70583	**-***3427		13,619.	0.			Tuition assistance, general support
Teche Center for the Arts, LLC 210 East Bridge St Breaux Bridge, LA 70517	**-***7162	501(c)(3)	6,084.	0.			Scholarships, general support
Texas Children's Hospital P O Box 300630 Houston, TX 77230	**-***0555	501(c)(3)	15,000.	0.			Expansion project
The ARC of Acadiana 6400 Highway 90 West New Iberia, LA 70560	**-***1284	501(c)(3)	6,103.	0.			Bike trail, general support
The Culture Project International P O Box 86 Wynnewood, PA 19096	**-***0049	501(c)(3)	5,500.	0.			General support
The Current Media, LLC 106 Memory Lane Lafayette, LA 70506	**-***1272	501(c)(3)	14,488.	0.			General support
The Extra Mile, Region IV, Inc. 720 St. John Street Lafayette, LA 70501	**-***6339	501(c)(3)	235,000.	0.			W&C Home, general support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Healing Place Church 19202 Highland Road Baton Rouge, LA 70809	**-***7744	501(c)(3)	47,500.	0.			General support
The Hub Lafayette - Urban Ministries - 4400-A Ambassador Caffery Box 134 - Lafayette, LA 70508	**-***5792	501(c)(3)	16,695.	0.			General Support
The Iota First Organization 210 Cypress Street Iota, LA 70543	**-***6287	501(c)(3)	290,000.	0.			Park construction
The National Restaurant Association Educational Foundation - 2055 L St. NW - Washington, DC 20036	**-***3388	501(c)(3)	11,000.	0.			General support
The Olive Tree Sober Living 106 Rebecca Drive Lafayette, LA 70508	**-***4206	501(c)(3)	20,000.	0.			General support
The University of Texas M.D. Anderson Cancer Center - P O Box 4486 - Houston, TX 77210	**-***0816	501(c)(3)	6,000.	0.			General support
Trinity Bible Church 130 E. Broussard Road Lafayette, LA 70503	**-***9546	501(c)(3)	8,000.	0.			General support
Turning Point At Sunrise, Inc. P O Box 383 Westmoreland, TX 37186	**-***1630	501(c)(3)	10,000.	0.			General support
University of Houston 4800 Calhoun Rd Houston, TX 77204	**-***1411	501(c)(3)	10,000.	0.			Scholarships

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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University of Kentucky Alumni Association - 400 Rose St - Lexington, KY 40508	**-***9015	501(c)(3)	5,500.	0.			Scholarships
University of North Texas Mayborn School of Journalism - 1155 Union Circle #311460 - Denton, TX 76203			7,500.	0.			Scholarships, general support
Wesley United Campus Ministry 238 General Gardner Ave Lafayette, LA 70501			6,103.	0.			General support
Wild Cat Inc. 1640 North Bertrand Drive Lafayette, LA 70501	**-***7617	501(c)(3)	10,052.	0.			General support
Woodberry Forest School 898 Woodberry Forest Rd Woodberry Forest, VA 22989	**-***9590	501(c)(3)	10,000.	0.			Scholarships
Young Life P O Box 51952 Lafayette, LA 70505	**-***5934	501(c)(3)	19,391.	0.			General support
Westminster Christian Academy 186 Westminster Drive Opelousas, LA 70570	**-***0629	501(c)(3)	6,812.	0.			Building fund, scholarships
Iberia Humane Society, Inc. dba Angel Paws - P O Box 11422 - New Iberia, LA 70562	**-***4871	501(c)(3)	6,957.	0.			General support

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Cash Assistance Schumacher Clinical Partners Employee Emergency Relief Fund	19	20,673.	0.		
Cash assistance MacLaff Inc. Employee Emergency Relief Fund	24	45,336.	0.		
Cash Assistance Acadiana Companies Employee Disaster Relief Fund	251	169,750.	0.		
Cash assistance NAIFA Family Response Fund	2	2,688.	0.		
Cash Assistance VieMed Employee Emergency Relief Fund	5	1,855.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

All grants or requests for assistance are reviewed to insure that the entity is a valid governmental entity or IRS approved public charity. Records are kept of this compliance check, along with support for any grants that are denied.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation of Acadiana

Employer identification number
**** - *** 3023**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Raymond J. Hebert Executive Director	(i)	169,929.	0.	0.	5,098.	28,990.	204,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **Community Foundation of Acadiana** Employer identification number: ****-***3023**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	47	3,133,194.	AVG FMV DATE OF DONA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Community Foundation of Acadiana

Employer identification number

** - ***3023

Form 990, Part I, Line 1, Description of Organization Mission:

Foundation achieves this goal by increasing charitable giving, creating meaningful and effective giving opportunities for our donors, and providing leadership in our region. These efforts are grounded in the belief that through philanthropy the Foundation can positively impact our community. The Foundation is committed to servicing and benefitting the geographic area of south-central Louisiana. It has positioned itself as a "tool" for individual donors, families and corporations to increase and enhance their charitable and philanthropic interests. It has also positioned itself as a "tool" for other entities (including local government entities) to help realize objectives and/or projects that may need an objective third party.

Form 990, Part III, Line 4d, Other Program Services:

Various grants and expenses for other charitable programs
Expenses \$ 13,071,178. including grants of \$ 11,919,140. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

A draft of the Form 990 is provided to the entire board of directors for review prior to filing.

Form 990, Part VI, Section B, Line 12c:

Annually each board and committee member is asked to review and update his/her conflict of interest disclosure.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990) 2021

Name of the organization

Community Foundation of Acadiana

Employer identification number

** - ***3023

The Executive Committee of the board of directors reviews key employee salaries annually. A comparison with the published Council on Foundations salary survey is used to provide comparative compensation data.

Form 990, Part VI, Section C, Line 19:

A copy of the annual report for Community Foundation of Acadiana is provided on its website. In addition, copies of governing documents, conflict of interest policy, and financial statements are available upon request by calling or emailing the foundation.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Community Foundation of Acadiana

Employer identification number

-*3023

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFA Alpha Properties, L.L.C., - 20-1991510 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Holds royalty interests	Louisiana		34,000.	Community Foundation of Acadiana

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CFA Real Estate Holding - 86-1068132 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Inactive/merged into Community Foundation of Acadiana on 11/30/2010	Louisiana	501(c)(2)		Community Foundation of Acadiana		X
Louisiana Real Estate Foundation - 20-3951303, 1035 Camellia Blvd, Ste 100, Lafayette, LA 70508	Facilitates contribution of real estate and manages real estate owned	Louisiana	501(c)(3)	Supporting Type I	Community Foundation of Acadiana		X
Louisiana Parks Foundation - 27-3675223 1035 Camellia Blvd, Ste 100 Lafayette, LA 70508	Supports parks of the State of Louisiana	Louisiana	501(c)(3)	Line 7	Community Foundation of Acadiana		X

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Primary 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Ruled area for supplemental information with horizontal lines.

Unrelated Business Income

CARRYOVER DATA TO 2022

Name Community Foundation of Acadiana	Employer Identification Number ** - *** 3023
---	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

Section 1231 Loss - Investments in Partnerships with UBTI _____ 1.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) Form 990-T

2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,056.
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	Adjusted To	2,080.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			2,080.
13	2021 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			2,080.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Community Foundation of Acadiana</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1035 Camellia Blvd, Ste 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code Lafayette, LA 70508</p> <p>C Book value of all assets at end of year ▶ 154,976,502.</p>	<p>D Employer identification number ** - ** 3023</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
---	------------------------------	--	--

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **Raymond Hebert** Telephone number ▶ **(337) 769-4840**

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	11,026.
2 Reserved	2	
3 Add lines 1 and 2	3	11,026.
4 Charitable contributions (see instructions for limitation rules) Stmt 1 Stmt 2	4	235.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	10,791.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	10,791.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	9,791.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,056.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,056.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			2,056.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			2,056.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 estimated tax payments. Check if section 643(g) election applies	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g			
<input type="checkbox"/> Form 4136				
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			31.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			2,087.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶	11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here ▶ \$			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.							
	Signature of officer	Date	Treasurer	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN			
	Carlinna L. Bertrand				P01418229			
	Firm's name ▶ Broussard Poche, LLP	Firm's EIN ▶ **-***8016						
	P.O. Box 61400							
	Firm's address ▶ Lafayette, LA 70596-1400			Phone no. (337) 988-4930				

Form 990-T	Contributions	Statement	1
Description/Kind of Property	Method Used to Determine FMV	Amount	
Charitable contributions - Healthcare Innovation Fund II LLC	N/A	235.	
Total to Form 990-T, Part I, line 4		235.	

Form 990-T	Contributions Summary	Statement	2
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Qualified Contributions Subject to 100% Limit
Qualified Contributions Subject to 25% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2016
For Tax Year 2017
For Tax Year 2018
For Tax Year 2019
For Tax Year 2020

Total Carryover

Total Current Year 10% Contributions 235

Total Contributions Available 235

Taxable Income Limitation as Adjusted 1,003

Excess Contributions 0

Excess 100% Contributions 0

Total Excess Contributions 0

Allowable Contributions Deduction 235

Total Contribution Deduction 235

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Community Foundation of Acadiana	B Employer identification number ** - *** 3023
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **Investments in Partnerships with UBTI**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	-1.		-1.
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 3	5	10,898.		10,898.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	10,897.		10,897.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1
2 Salaries and wages			2
3 Repairs and maintenance			3
4 Bad debts			4
5 Interest (attach statement). See instructions			5
6 Taxes and licenses			6
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion			9
10 Contributions to deferred compensation plans			10
11 Employee benefit programs			11
12 Excess exempt expenses (Part VIII)			12
13 Excess readership costs (Part IX)			13
14 Other deductions (attach statement)			14
15 Total deductions. Add lines 1 through 14			15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16 10,897.
17 Deduction for net operating loss. See instructions			17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16			18 10,897.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11 Total dividends-received deductions included in line 10 ▶	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D	
2	Gross advertising income					
	Add columns A through D. Enter here and on Part I, line 11, column (A)					0.

a						
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and on Part I, line 11, column (B)					0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Form 990-T (A)	Income (Loss) from Partnerships	Statement	3
<u>Description</u>		<u>Net Income or (Loss)</u>	
Healthcare Innovation Fund II LLC - Ordinary Business Income (loss)			10,898.
Total Included on Schedule A, Part I, line 5			10,898.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

Community Foundation of Acadiana

** - *** 3023

1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	Healthcare Innovation Fund II LLC						-1.

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

7

-1.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

11

(1)

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

-1.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Community Foundation of Acadiana	B Employer identification number ** - *** 3023
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ **Investments in Partnerships with UBTI**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 4	5	129.		129.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	129.		129.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 129.
17 Deduction for net operating loss. See instructions				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 129.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11 Total dividends-received deductions included in line 10 ▶	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with columns A, B, C, D for Gross advertising income. Total: 0.

Table with columns A, B, C, D for Direct advertising costs by periodical. Total: 0.

Table with columns A, B, C, D for Advertising gain (loss), Readership costs, Circulation income, Excess readership costs.

Table with columns A, B, C, D for Excess readership costs allowed as a deduction. Total: 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Total: 0.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

Form 990-T (A)	Income (Loss) from Partnerships	Statement	4
<u>Description</u>		<u>Net Income or (Loss)</u>	
Salient MLP Total Return TE Fund, LP - Ordinary Business Income (loss)			129.
Total Included on Schedule A, Part I, line 5			129.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. Form 990-T

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **Community Foundation of Acadiana** Employer identification number **** - *** 3023**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	2,056.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	2,056.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	1,209.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,209.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	04/15/21	06/15/21	09/15/21	12/15/21
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	302.	303.	302.	302.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		302.	605.	907.
15	Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		302.	605.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	302.	303.	302.	302.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	See Attached Worksheet		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 31.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) Community Foundation of Acadiana					Identifying Number **-***3023
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/21	302.	302.	61	.000082192	2.
06/15/21	303.	605.	92	.000082192	5.
09/15/21	302.	907.	91	.000082192	7.
12/15/21	302.	1,209.	106	.000082192	11.
03/31/22	0.	1,209.	45	.000109589	6.
Penalty Due (Sum of Column F).					31.

* Date of estimated tax payment, withholding credit date or installment due date.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

Community Foundation of Acadiana

** - *** 3023

1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	Healthcare Innovation Fund II LLC						-1.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
11 Loss, if any, from line 7	11 (1)
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17 -1.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Louisiana Department of Revenue
 Post Office Box 91011
 Baton Rouge, LA 70821-9011

Enter your LA Revenue Account Number here (Not FEIN):

5 0 6 0 7 8 5 0 0 1

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Mark box if:

- Name change.
- Address change.
- Amended return.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return

LA Corporation Income Tax Return for 2021	LA Corporation Franchise Tax Return for 2022																								
Mark box if:																									
Calendar Year filer	<input checked="" type="checkbox"/>																								
Fiscal Year filer <i>(Enter dates below)</i>	<input type="checkbox"/>																								
Short period return <i>(Enter dates below)</i>	<input type="checkbox"/>																								
Income (MMDDYY)	Franchise (MMDDYY)																								
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A.	Federal Employer Identification Number	7 2 1 4 9 3 0 2 3
B.	Federal taxable income	9 7 9 1
C.	Federal income tax	2 0 5 6
D.	Income tax apportionment percentage	1 0 0 . 0 %
E.	Gross revenues	1 1 0 2 6
F.	Total assets	1 5 4 9 7 6 5 0 2
G.	NAICS code	E X E M P T
H.	Enter the state abbreviation for location of the principal place of business.	L A
I.	Does the income of this corporation include the income of any disregarded entities?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
J.	Was the income of this corporation included in a consolidated federal income tax return?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
K.	If answered yes to J, enter FEIN of consolidated federal income tax return.	
L.	Do the books of the corporation contain intercompany debt?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
M.	Enter the code for the federal form filed.	9
N.	Enter the code for the type of entity.	1
O.	Pass-through Entity Tax Election	<input type="checkbox"/>

Legal Name COMMUNITY FOUNDATION OF ACADIANA		
Trade Name		
Mailing Address 1035 CAMELLIA BLVD		
Unit Type SUITE	Unit Number 100	
City LAFAYETTE	State LA	ZIP 70508
Foreign Nation, if not United States <i>(do not abbreviate)</i>		

Computation of Income Tax - See instructions.		
1A.	Louisiana net income before loss adjustments and income tax deduction	9 7 9 1
1B.	Subchapter S corporation exclusion	
1C.	Loss carryforward [\$.00] less federal tax refund applicable to loss [\$.00] Attach schedule.	
1C1.	Loss carryforward utilized	
1D.	Federal income tax deduction	2 0 5 6
1D1.	Federal Disaster Relief Credits	
1E.	Louisiana taxable income	7 7 3 5
2.	Louisiana income tax	3 0 9
3.	Nonrefundable income tax credits from Schedule NRC-P1	
4.	Income tax after priority 1 credits	3 0 9

Computation of Franchise Tax - See instructions.		
5A.	Total capital stock, surplus, & undivided profits	
5B.	Franchise tax apportionment percentage	%
5C.	Franchise taxable base	
6.	Amount of assessed value of real and personal property in Louisiana in 2021	
7.	Louisiana franchise tax	
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	
9.	Franchise tax after priority 1 credits	

IMPORTANT!

All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



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Field Flag

Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
10. Tax liability after priority 1 credits	10. [][][][][] 3 0 9	10. [][][][][]	
11. Refundable credits from Schedule RC-P2	11. [][][][][]	11. [][][][][]	
12. Tax liability after priority 2 credits	12. [][][][][] 3 0 9	12. [][][][][]	
13. Overpayment after priority 2 credits	13. [][][][][]	13. [][][][][]	
14. Nonrefundable credits from Schedule NRC-P3	14. [][][][][]	14. [][][][][]	
15. Tax liability after priority 3 credits	15. [][][][][] 3 0 9	15. [][][][][]	15. [][][][][][][][][]
16A. Overpayment after priority 2 credits	16A. [][][][][]	16A. [][][][][]	
16B. Refundable credits from Schedule RC-P4	16B. [][][][][]	16B. [][][][][]	
16C. Credit carryforward from prior year return	16C. [][][][][]	16C. [][][][][]	
16D. Estimated payments	16D. [][][][][]	16D. [][][][][]	
16E. Payment made with extension	16E. [][][][][]	16E. [][][][][]	
16F. Total refundable credits and payments	16F. [][][][][]	16F. [][][][][]	
17. Overpayment	17. [][][][][]	17. [][][][][]	17. [][][][][][][][][]
18. Tax due	18. [][][][][] 3 0 9	18. [][][][][]	
19. Amount of Income tax overpayment applied to franchise tax		19. [][][][][]	
20. Net Tax due		20. [][][][][]	
21. Interest	21. [][][][][]	21. [][][][][]	
22. Delinquent filing penalty	22. [][][][][]	22. [][][][][]	
23. Delinquent payment penalty	23. [][][][][]	23. [][][][][]	
24. Additional donation to The Military Family Assistance Fund	24. [][][][][]	24. [][][][][]	
25. Total amount due	25. [][][][][] 3 0 9	25. [][][][][]	25. [][][][][][][][][] 3 0 9

↓ PAY THIS AMOUNT ↓



IMPORTANT!
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WEB 22222

Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26.	
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			
28. Amount of overpayment to be refunded			
29. Amount of overpayment to be credited to 2022			

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

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

Signature of Officer	Title of Officer	
Print Name of Officer	Telephone	Date (mm/dd/yyyy)

PAID PREPARER USE ONLY	Print Preparer's Name CARLINNA BERTRAND CPA	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	BROUSSARD POCHE LLP		Firm's FEIN ▶ 72-0538016
	Firm's Address ▶	103 N AVE F CROWLEY, LA 70526		Telephone ▶ (337) 783-5693

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PTIN, FEIN, or LDR Account Number of Paid Preparer

7 2 - 0 5 3 8 0 1 6

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Enter your LA Revenue Account Number here. ▶

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Schedule NRC-P1 – Nonrefundable Priority 1 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			
7. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.			
8. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8.			

Description	Code
Premium Tax	100
Bone Marrow	120

Description	Code
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations to Public Schools	170
Conversion of Vehicle to Alternative Fuel	185

Description	Code
Other	199

Schedule RC-P4 – Refundable Priority 4 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		
6. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1.			
7. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter here and on CIFT-620, Line 16B, Col. 2.			

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F



Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			

Description	Code
Previously Unemployed	208
New Jobs Credit	224
Eligible Re-entrants	228
Apprenticeship	236
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310

Description	Code
Other	399
Refunds by Utilities	412
Donation to School Tuition Organization	424
QMC Music Job Creation Credit	454
Neighborhood Assistance	457
Research and Development	458

Description	Code
Ports of Louisiana Import Export Cargo	459
LA Import	460
LA Work Opportunity	461
Youth Jobs	462
Inventory Tax Credit Carried Forward & ITEP	500

Description	Code
Ad Valorem Natural Gas Credit Carried Forward	502
Atchafalaya Trace	504
Cane River Heritage Area	506
Ports of Louisiana Investor	508
Enterprise Zone	510
Recycling Credit	550
Other	599

Schedule NRC-P3 – Part II - Transferable, Nonrefundable Priority 3 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
7.			
7A.			
8.			
8A.			
9.			
9A.			
10. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1.			
11. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 2.			

IMPORTANT! These codes must be claimed on Lines 7 through 9.

Description	Code
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI Credit	258

Description	Code
New Markets	259
Motion Picture Infrastructure	261
Angel Investor	262

Description	Code
Other	299



Enter your LA Revenue Account Number here. ▶

5 0 6 0 7 8 5 0 0 1

Schedule RC-P2 – Part I – Refundable Priority 2 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.	F		
2.	F		
3.	F		
4.	F		
5.	F		

Schedule RC-P2 – Part II – Transferable, Refundable Priority 2 Tax Credits

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
6. Musical and Theatrical Production	6 2 F		
6A.			
7. Musical and Theatrical Production	6 2 F		
7A.			
8. Musical and Theatrical Production	6 2 F		
8A.			
9. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.			
10. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2.			

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Mentor-Protégé	57F
Milk Producers	58F

Description	Code
Technology Commercialization	59F
School Readiness Child Care Provider	65F
School Readiness Business - Supported Child Care	67F

Description	Code
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

Description	Code
Digital Interactive Media and Software	73F
Other Refundable	80F



All applicable schedules must be completed.

Schedule A – Required Information				
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN	Percentage
		2		
	No <input type="checkbox"/>	3		
		4		
		5		
	2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN/SSN
2				
No <input type="checkbox"/>		3		
		4		
		5		
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.		Yes <input type="checkbox"/>	1	FEIN
	2			
	No <input type="checkbox"/>	3		
		4		
		5		

Schedule B – Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales			
B. Charges for services			
C. Other gross apportionable income			
D. Total – Add the amounts in Columns 1 and 2.			
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input type="checkbox"/>			
3. For certain oil & gas businesses only (see instructions). Income tax property ratio – Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input type="checkbox"/>			
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			
5. Total of percents in Column 3			
6. Average of percents — Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			



Schedule C – Computation of Corporate Income Tax Property Ratio For Certain Oil & Gas Companies				
	Located Everywhere		Located in Louisiana	
	1. Beginning of year	2. End of year	3. Beginning of year	4. End of year
Intangible Assets				
1. Cash				
2. Notes and accounts receivable				
3. Reserve for bad debts	()	()		
4. Investment in U.S. govt. obligations				
5. Stock and obligations of subsidiaries				
6. Other investments – Attach schedule				
7. Loans to stockholders				
8. Other intangible assets – Attach schedule				
9. Accumulated depreciation	()	()		
10. Total intangible assets – Add Lines 1 through 9				
Real and Tangible Assets				
11. Inventories				
12. Bldgs. and other depreciable assets				
13. Accumulated depreciation	()	()	()	()
14. Depletable assets				
15. Accumulated depletion	()	()	()	()
16. Land				
17. Other real & tangible assets – Attach schedule				
18. Excessive reserves, assets not reflected on books, or undervalued assets				
19. Total real and tangible assets – Add Lines 11 through 18				
20. Less real and tangible assets not used in production of net apportionable income – Attach schedule				
21. Balance – Subtract Line 20 from Line 19				
22. Beginning of year balance				
23. Total – Add Lines 21 and 22.				
24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2)				



Enter your LA Revenue Account Number here. ▶

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Schedule D – Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts		.00	22. Other employee benefit plans		.00
1B. Less returns and allowances		.00	23. Other deductions – Attach schedule.	\$ 1,000	.00
1C. Balance. Subtract Line 1B from Line 1A.		.00	24. Total deductions – Add Lines 10 through 23.	\$ 1,235	.00
2. Less: Cost of goods sold and/or operations – Attach schedule.		.00	25. Net income from all sources – Subtract Line 24 from Line 9.	\$ 9,791	.00
3. Gross profit – Subtract Line 2 from Line 1C.		.00	26. Allocable income from all sources:		
4. Gross rents		.00	26A. Net rents and royalties from immovable or corporeal movable property		.00
5. Gross royalties		.00	26B. Royalties from the use of patents, trademarks, etc.		.00
6. Income from estates, trusts, partnerships	\$ 11,026	.00	26C. Income from estates, trusts, and partnerships		.00
7. Income from construction, repair, etc.		.00	26D. Income from construction, repair, etc.		.00
8. Other income – Attach schedule.		.00	26E. Other allocable income		.00
9. Total income – Add Lines 3 through 8.	\$ 11,026	.00	26F. Allocable expenses	()	.00
10. Compensation of officers		.00	26G. Net allocable income from all sources		.00
11. Salaries and wages (not deducted elsewhere)		.00	27. Net income subject to apportionment – Subtract Line 26G from Line 25.		.00
12. Repairs		.00	28. Net income apportioned to Louisiana	\$ 9,791	.00
13. Bad debts		.00	29. Allocable income from Louisiana sources:		
14. Rent		.00	29A. Net rents and royalties from immovable or corporeal movable property		.00
15. Taxes and licenses – Attach schedule.		.00	29B. Royalties from the use of patents, trademarks, etc.		.00
16. Interest		.00	29C. Income from estates, trusts, and partnerships		.00
17. Charitable Contributions	\$ 235	.00	29D. Income from construction, repair, etc.		.00
18. Depreciation – Attach schedule.		.00	29E. Other allocable income		.00
19. Depletion – Attach schedule.		.00	29F. Allocable expenses	()	.00
20. Advertising		.00	29G. Net allocable income from Louisiana sources		.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00	30. Louisiana net income before loss adjustments and federal income tax deduction – Add Line 28 and Line 29G.	\$ 9,791	.00



Schedule E – Reconciliation of Income Per Books with Income Per Return

1. Net income per books		6. Total – Add Lines 1 through 5c.	
2. Louisiana income tax		7. Income recorded on books this year, but not included in this return – Attach Schedule.	
3. Excess of capital loss over capital gains		8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year – Attach schedule		a. Depreciation	
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	
a. Depreciation		c. Other – Attach Schedule	
b. Depletion		9. Total – Add Lines 7 through 8c.	
c. Other – Attach schedule.		10. Net income from all sources per return – Subtract Line 9 from Line 6.	

Schedule G – Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable		
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred		
3. Other current liabilities – Attach schedule.		
4. Loans from stockholders – Attach schedule.		
5. Due to subsidiaries and affiliates		
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred		
7. Other liabilities – Attach schedule.		
8. Capital stock: a. Preferred stock		
b. Common stock		
9. Paid-in or capital surplus		
10. Surplus reserves – Attach schedule.		
11. Earned surplus and undivided profits		
12. Excessive reserves or undervalued assets		
13. Totals – Add Lines 1 through 12.		



Enter your LA Revenue Account Number here. ▶

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All applicable schedules must be completed.

Schedule F – Reconciliation of Federal and Louisiana Net Income See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	
2. Additions to federal net income:	
a. Louisiana income tax	
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
c. Donation to School Tuition Organization Credit (see instructions).	
d. Other additions – Attach schedule.	
e. Total additions – Add Lines 2a through 2d.	
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	
b. All other dividends	
c. Interest	
d. Road Home – The amount included in federal taxable income.	
e. Louisiana depletion in excess of federal depletion	
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
h. Compensation for disaster services (see instructions).	
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E	
j. COVID-19 Relief Benefits	
k. Other subtractions – Attach schedule.	
l. Total subtractions – Add Lines 3a through 3k.	
4. Louisiana net income from all sources – The amount should agree with Schedule D, Line 25.	



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock – Include paid-in or Capital Surplus	
1B. Preferred Stock – Include paid-in or Capital Surplus	
2. Total Capital stock – Add Lines 1A and 1B.	
3. Surplus and undivided profits	
4. Surplus reserves – Include any excessive reserves or undervalued assets	
5. Total – Add Lines 2, 3, and 4	
6. Due to subsidiaries and affiliates (Do not net with receivables)	
7. Deposit liabilities to affiliates – Included in the amount on Line 6	
8. Accounts payable less than 180 days old – Included in the amount on Line 6	
9. Adjusted debt to affiliates – Subtract Lines 7 and 8 from Line 6	
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	
11. Additional Surplus and Undivided Profits – See instructions	
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	
Preferred Stock	
13. Paid-in or capital surplus – Include items of paid-in capital in excess of par value	
14. Surplus reserves – Attach schedule	
15. Earned surplus and undivided profits	
16. Excessive reserves or undervalued assets	
17. Additional surplus and undivided profits – From Line 11 above	
18. Allowable deductions – See instructions	
19. Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Schedule H – Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash		
2. Notes and accounts receivable		
3. Reserve for bad debts	()	()
4. Investment in U.S. gov. obligations		
5. Stock and obligations of subsidiaries		
6. Other investments – Attach schedule		
7. Loans to stockholders		
8. Other intangible assets – Attach schedule		
9. Accumulated depreciation	()	()
10. Total intangible assets – Add Lines 1-9		
11. Inventories		
12. Bldgs. and other depreciable assets		
13. Accumulated depreciation	()	()
14. Depletable assets		
15. Accumulated depletion	()	()
16. Land		
17. Other real & tangible assets – Attach schedule		
18. Excessive reserves, assets not reflected on books, or undervalued assets		
19. Total real and tangible assets – Add Lines 11 through 18		
20. Total Assets – Add Lines 10 and 19		
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		



Schedule I – Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales			
B. Charges for services			
C. Other Revenues:			
(i) Rents and royalties			
(ii) Dividends and interest from subsidiaries			
(iii) Other dividends and interest			
(iv) All other revenues			
D. Total – If the ratio is not used, check the box. <input type="checkbox"/>			
2. Franchise tax property ratio – Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			
3. Total of applicable percents in Column 3			
4. Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			



Enter your LA Revenue Account Number here. ▶

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Schedule J – Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			7,735.00
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income	7,735.00	x 4% =	309.00
b. Next \$25,000		x 5% =	
c. Next \$50,000		x 6% =	
d. Next \$100,000		x 7% =	
e. Over \$200,000		x 8% =	
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			309.00

Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income		x 2% =	
b. Next \$75,000		x 4% =	
c. Over \$100,000		x 6% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

Schedule K – Summary of Estimated Tax Payments			
	Check number	Date	Amount
1. Credit from prior year return			
2. First quarter estimated payment			
3. Second quarter estimated payment			
4. Third quarter estimated payment			
5. Fourth quarter estimated payment			
6. Payment made with extension request			



