

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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

Form 990 header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue, expenses, and net assets.

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.

Signature block section containing officer signature, preparer name, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions [X] 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

1 Briefly describe the organization's mission:  
**TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY**

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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 7,753,107. including grants of \$ 7,753,107.) (Revenue \$ \_\_\_\_\_)  
**COMMUNITY FOUNDATION OF NORTH LOUISIANA SERVES AS A POWERFUL CATALYST FOR PROMOTING CHARITABLE GIVING AND EFFECTING POSITIVE CHANGE IN OUR AREA. WE FUND A VARIETY OF PROGRAMS THAT ADDRESS CRITICAL NEEDS IN OUR COMMUNITY, INLCUDING POVERTY, HEALTH, AND EDUCATION. THE FOUNDATION IS A STEWARD OF THE PHILANTHROPIC INTERESTS OF PAST DONORS, REMAINS FLEXIBLE TO RESPOND TO CHANGING NEEDS IN OUR REGION, AND IS COMMITTED TO CREATING A MORE VIBRANT NORTH LOUISIANA FOR GENERATIONS TO COME.**

4b (Code: \_\_\_\_\_) (Expenses \$ 193,925. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**GIVE FOR GOOD IS A 24-HOUR ONLINE GIVING CHALLENGE THAT RAISES UNRESTRICTED DOLLARS FOR NONPROFITS IN NORTH LOUISIANA. THE EVENT ENCOURAGES COMMUNITY MEMBERS FROM ALL BACKGROUNDS TO BECOME INVOLVED IN PHILANTHROPY AND EDUCATES PARTICIPANTS ON THE VITAL SERVICES THAT AREA NONPROFITS PROVIDE. SINCE ITS CREATION IN 2014, GIVE FOR GOOD HAS RAISED OVER \$14 MILLION FOR NORTH LOUISIANA CHARITIES.**

4c (Code: \_\_\_\_\_) (Expenses \$ 24,000. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**TO HELP DRIVE CHANGE IN OUR AREA, THE COMMUNITY FOUNDATION HAS BEEN TRACKING DATA AND PUBLISHING AN ANNUAL REPORT CARD, "COMMUNITY COUNTS", SINCE 2008. DATA FOR THE SHREVEPORT-BOSSIER METROPOLITAN STATISTICAL AREA (MSA) IS COLLECTED AND TRACKED IN SIX CATEGORIES: POPULATION, ECONOMICS, POVERTY, EDUCATION, HEALTH, AND COMMUNITY. THIS DATA GUIDES THE FOUNDATION'S GRANTMAKING AND WE ENCOURAGE ALL TO USE THE REPORT TO START COMMUNITY DISCUSSIONS, AS A ROADMAP FOR SOCIAL CAPITAL INVESTMENT, OR AS A CALL TO ACTION FOR PHILANTHROPY AND VOLUNTEERISM.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 324,574. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **8,295,606.**

**THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

Form 990 (2020)

72-6022365 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	12
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 5

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		10
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2020)

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>16b</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 **PAIGE CARLISLE - (318) 221-0582**  
**401 EDWARDS STREET, SUITE 105, SHREVEPORT, LA 71101**

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 7

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) KRISTI GUSTAVSON CEO	50.00			X				145,700.	0.	8,742.
(2) PAIGE CARLISLE CFO	42.00			X				104,000.	0.	6,246.
(3) JERRY EDWARDS, JR. DIRECTOR	2.00	X						0.	0.	0.
(4) LISA C. CRONIN DIRECTOR	2.00	X						0.	0.	0.
(5) THOMAS H. MURPHY DIRECTOR	2.00	X						0.	0.	0.
(6) MARGARET M. THOMPSON SECRETARY	2.00	X		X				0.	0.	0.
(7) TERRY DAVIS TREASURER	2.00	X		X				0.	0.	0.
(8) GLENN KINSEY VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
(9) RAND FALBAUM CHAIRMAN	2.00	X		X				0.	0.	0.

**THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Subtotal</b> .....							249,700.	0.	14,988.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							249,700.	0.	14,988.	

**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 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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



THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 9

**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	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>	942,080.		
	<b>e</b>	Government grants (contributions)	<b>1e</b>	109,902.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,790,906.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 146,102.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		9,842,888.		
	Program Service Revenue	<b>2 a</b>		<b>Business Code</b>		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>		All other program service revenue				
<b>g</b>		<b>Total.</b> Add lines 2a-2f				
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,493,143.	-8,559.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties		331,822.		331,822.
	<b>6 a</b>	Gross rents	(i) Real	6,891.		
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses		13,133.		
	<b>6 c</b>	Rental income or (loss)		-6,242.		
	<b>d</b>	Net rental income or (loss)		-6,242.		-6,242.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	23,040,798.		
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses		19,521,609.		
	<b>7 c</b>	Gain or (loss)		3,519,189.		
<b>d</b>	Net gain or (loss)		3,519,189.		3,519,189.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
<b>b</b>	Less: direct expenses	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b>	Less: direct expenses	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b>	Less: cost of goods sold	<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>	900099	108,306.	108,306.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			108,306.	
<b>12</b>	<b>Total revenue.</b> See instructions			16,289,106.	108,306.	-8,559.
						6,346,471.

**THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

Form 990 (2020)

72-6022365 Page **10**

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,683,402.	7,683,402.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	69,705.	69,705.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	249,700.	124,850.	87,395.	37,455.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	328,064.	164,032.	114,822.	49,210.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,355.	14,178.	9,924.	4,253.
<b>9</b> Other employee benefits .....	53,920.	26,960.	18,872.	8,088.
<b>10</b> Payroll taxes .....	44,114.	22,057.	15,440.	6,617.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	45,719.		45,719.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	28,631.	9,543.	9,544.	9,544.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	93,930.	28,179.	37,572.	28,179.
<b>17</b> Travel .....	2,884.	1,154.	865.	865.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	13,054.		13,054.	
<b>23</b> Insurance .....	16,576.		16,576.	
<b>24</b> 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.)				
<b>a</b> <b>COMMUNITY PROGRAMS</b>	93,190.	93,190.		
<b>b</b> <b>EXPENSES-AGENCY FUNDS</b>	84,415.		84,415.	
<b>c</b> <b>PUBLIC RELATIONS</b>	75,593.	29,735.		45,858.
<b>d</b> <b>EQUIPMENT RENTAL AND MA</b>	45,403.	13,621.	18,161.	13,621.
<b>e</b> All other expenses	64,139.	15,000.	33,990.	15,149.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	9,020,794.	8,295,606.	506,349.	218,839.
<b>26</b> <b>Joint costs.</b> 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)				

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 11

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	239,342.	<b>1</b>	378,024.
	<b>2</b> Savings and temporary cash investments .....	11,371,086.	<b>2</b>	13,903,253.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	40,864.	<b>4</b>	537,006.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	18,061.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	51,744.	<b>9</b>	32,776.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 570,400.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 523,462.	36,299.	<b>10c</b> 46,938.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	362,309.	<b>12</b>	996,757.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	130,255,925.	<b>15</b>	138,621,968.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	142,357,569.	<b>16</b>	154,534,783.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	276,490.	<b>17</b>	330,036.
	<b>18</b> Grants payable .....	780,424.	<b>18</b>	629,636.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	8,852,009.	<b>25</b>	9,267,070.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,908,923.	<b>26</b>	10,226,742.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	70,546,729.	<b>27</b>	72,040,276.
	<b>28</b> Net assets with donor restrictions .....	61,901,917.	<b>28</b>	72,267,765.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	132,448,646.	<b>32</b>	144,308,041.
	<b>33</b> Total liabilities and net assets/fund balances .....	142,357,569.	<b>33</b>	154,534,783.

Form 990 (2020)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2020)

72-6022365 Page 12

**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	16,289,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,020,794.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,268,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	132,448,646.
5	Net unrealized gains (losses) on investments	5	4,964,142.
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	-373,059.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	144,308,041.

**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 in 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
b 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	
c 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
b 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 _____		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF NORTH LOUISIANA** Employer identification number **72-6022365**

**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 or 990-EZ).)
- 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 in 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		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8614744.	4824553.	8439536.	5719195.	9842888.	37440916.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8614744.	4824553.	8439536.	5719195.	9842888.	37440916.
<b>5</b> 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) .....						5830478.
<b>6 Public support.</b> Subtract line 5 from line 4.						31610438.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	8614744.	4824553.	8439536.	5719195.	9842888.	37440916.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2344107.	3052703.	1909505.	4268552.	2819015.	14393882.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	125,918.	53,549.	29,929.	74,159.	108,306.	391,861.
<b>11 Total support.</b> Add lines 7 through 10						52226659.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.53 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	53.66 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 in 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.

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 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2020. 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

b 33 1/3% support tests - 2019. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described in 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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

THE COMMUNITY FOUNDATION OF NORTH

Schedule A (Form 990 or 990-EZ) 2020 LOUISIANA

72-6022365 Page 7

**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	<b>Total annual distributions.</b> 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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

THE COMMUNITY FOUNDATION OF NORTH

**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.)

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE COMMUNITY FOUNDATION OF NORTH LOUISIANA</b>	Employer identification number <b>72-6022365</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	.....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	.....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	.....	0.													
<b>d</b> Other exempt purpose expenditures	.....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	.....	0.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	.....	0.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-	.....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	.....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	.....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** THE COMMUNITY FOUNDATION OF NORTH LOUISIANA  
**Employer identification number** 72-6022365

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	85	
2 Aggregate value of contributions to (during year)	5,578,447.	
3 Aggregate value of grants from (during year)	2,071,713.	
4 Aggregate value at end of year	47,684,958.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2020



**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	8,852,010.	8,023,634.	8,610,800.	7,889,521.	6,945,679.
b Contributions	56,682.	76,231.	54,144.	255,249.	666,537.
c Net investment earnings, gains, and losses	774,963.	1,153,260.	-268,202.	940,992.	620,247.
d Grants or scholarships	332,169.	318,872.	293,752.	275,490.	271,323.
e Other expenditures for facilities and programs				123,885.	
f Administrative expenses	84,415.	82,243.	79,356.	75,587.	71,619.
g End of year balance	9,267,071.	8,852,010.	8,023,634.	8,610,800.	7,889,521.

- 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 %
  - 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		342,161.	342,161.	0.
d Equipment				
e Other		228,239.	181,301.	46,938.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				46,938.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) CASH VALUE LIFE INSURANCE	107,288.
(2) REMAINDER INTEREST IN CRT	983,000.
(3) INVESTMENTS-POOLS	119,354,116.
(4) INVESTMENTS-TRUSTS (EXCLUDING STILES)	16,907,822.
(5) DAWSON PROPERTIES	1,269,742.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	138,621,968.

**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) FUNDS HELD AS AGENCY ENDOWMENTS	9,267,070.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,267,070.

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	21,131,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,964,142.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,652,257.	
e	Add lines 2a through 2d	2e		6,616,399.
3	Subtract line 2e from line 1		3	14,515,384.
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	1,773,722.	
c	Add lines 4a and 4b	4c		1,773,722.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,289,106.

**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	8,604,210.
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		0.
3	Subtract line 2e from line 1		3	8,604,210.
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	416,584.	
c	Add lines 4a and 4b	4c		416,584.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,020,794.

**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 X, LINE 2:**

THE FOUNDATION, TRUST, AND COMPANY ARE NONPROFIT ORGANIZATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS FURTHER DETERMINED THAT THE TRUST IS A SUPPORTING ORGANIZATION AS DESCRIBED IN SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE. THE COMPANY HAS BEEN DEEMED A DISREGARDED ENTITY AND ALL TRANSACTIONS HAVE BEEN RECORDED BY THE FOUNDATION. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS, BUT THE FOUNDATION IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS PENALTIES EXPENSE IN THE FOUNDATION'S ACCOUNTING RECORDS.

**Part XIII** Supplemental Information (continued)

THE FOUNDATION FILES U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES.

THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY  
THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE  
FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	42,000.
STILES TRUST INCOME	1,610,257.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,652,257.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM AGENCY FUNDS	831,645.
STILES DISTRIBUTIONS	942,080.
ROUNDING	-3.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,773,722.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	
EXPENSES FROM AGENCY FUNDS	416,584.



**THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART I, LINE 3(F)

AMOUNT OF THE INVESTMENTS' BOOK VALUE IS \$15,089,000 WHICH HAS ALREADY BEEN ADJUSTED BY \$195,000 OF INVESTMENT EXPENSES AND A \$2,650,000 TRANSFERS IN AND \$303,235 OF TRANSFERS OUT DURING 2020.

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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

**Employer identification number  
72-6022365**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACLU FOUNDATION OF LOUISIANA P. O. BOX 56157 NEW ORLEANS, LA 70156	72-0717944	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
ALLIANCE FOR EDUCATION 400 EDWARDS STREET SHREVEPORT, LA 71101	72-1466587	501(C)3	61,957.	0.			FOR GENERAL SUPPORT, TEACHER MINI GRANTS
AMERICAN RED CROSS OF NORTH LOUISIANA - 805 BROOK HOLLOW DRIVE - SHREVEPORT, LA 71105	53-0196605	501(C)3	6,520.	0.			GIVE FOR GOOD GRANT
BERNSTEIN DEVELOPMENT INC. 1706 HOLLYWOOD AVE. SHREVEPORT, LA 71108	71-1037209	501(C)3	19,646.	0.			PROGRAM SUPPORT
BEYOND BELIEF FOUNDATION INC. 1533 MARSHALL ST. SHREVEPORT, LA 71101	83-3203817	501(C)3	6,118.	0.			GIVE FOR GOOD GRANT
BIOMEDICAL RESEARCH FOUNDATION OF NORTHWEST LOUISIANA - 2031 KINGS HIGHWAY - SHREVEPORT, LA 71103	58-1711612	501(C)3	185,166.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR THE CENTER FOR MOLECULAR IMAGING AND THERAPY

- 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.

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Schedule I (Form 990) 2020**

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'NAI ZION CONGREGATION 245 SOUTHFIELD ROAD SHREVEPORT, LA 71105	13-1663143	501(C)3	7,400.	0.			IN MEMORY OF DR. IKE MUSLOW, ABRY CAHN, JR., DONALD ZADECK, AND LEONARD SELBER; GENERAL
BOSSIER ARTS COUNCIL 630 BARKSDALE BLVD. BOSSIER CITY, LA 71111	72-0895929	501(C)3	6,079.	0.			FOR GENERAL OPERATING SUPPORT AND GIVE FOR GOOD GRANT
BOY SCOUTS OF AMERICA, NORWELA COUNCIL - 3508 BEVERLY PLACE - SHREVEPORT, LA 71104	72-0423629	501(C)3	13,750.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
BOSSIER PARISH SCHOOL BOARD P. O. BOX 2000 BENTON, LA 71006	72-6000185	170(C)(1)	10,000.	0.			PPE AND DISINFECTING SUPPLIES
C. E. BYRD HIGH SCHOOL ALUMNI ASSOCIATION - 3201 LINE AVENUE - SHREVEPORT, LA 71104	72-1077857	501(C)3	10,846.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
BOYS AND GIRLS CLUBS OF NORTH CENTRAL LOUISIANA - P. O. BOX 1844 - RUSTON, LA 71273	72-1375839	501(C)3	12,674.	0.			COVID-19 RESPONSE; GIVE FOR GOOD; GENERAL SUPPORT
CADDO COUNCIL ON AGING 1700 BUCKNER ST., STE. 240 SHREVEPORT, LA 71101	72-0715821	501(C)3	95,089.	0.			FOR GENERAL SUPPORT; FOR MEALS ON WHEELS PROGRAM; GIVE FOR GOOD GRANT
CADDO LAKE INSTITUTE 400 EDWARDS STREET, SUITE 200 SHREVEPORT, LA 71101	20-3622669	501(C)3	32,103.	0.			FOR GENERAL SUPPORT AND GIVE FOR GOOD GRANT
BROADMOOR UNITED METHODIST CHURCH 3715 YOUREE DRIVE SHREVEPORT, LA 71105	72-0464884	501(C)3	6,125.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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CAPTAIN SHREVE HIGH SCHOOL ACADEMIC FOUNDATION - 6115 EAST KINGS HIGHWAY - SHREVEPORT, LA 71105	20-0216249	501(C)3	12,384.	0.			GIVE FOR GOOD GRANT
CARE PREGNANCY CENTER P. O. BOX 5087 SHREVEPORT, LA 71135	58-2010775	501(C)3	5,996.	0.			GIVE FOR GOOD GRANT
CAREER COMPASS OF LOUISIANA 5441 JONES CREEK ROAD, SUITE H BATON ROUGE, LA 70817	20-4511965	501(C)3	80,519.	0.			SERVICES FOR BOSSIER AND CADDO PARISH SCHOOLS
CATHOLIC CHARITIES OF NORTH LOUISIANA - 331 EAST 71ST STREET - SHREVEPORT, LA 71106	32-0315500	501(C)3	86,911.	0.			FOR FAMILY STRENGTHENING PROGRAM; GIVE FOR GOOD GRANT; GENERAL SUPPORT
CENTENARY COLLEGE OF LOUISIANA P.O. BOX 41188 SHREVEPORT, LA 71134	72-0408915	501(C)3	13,960.	0.			FOR RECONCILIATION DINNER; TO PROVIDE SCHOLARSHIPS AND NEED-BASED GRANT-IN-AID;
CHILDREN AND ARTHRITIS, INC. 2751 ALBERT L. BICKNELL DRIVE, SUIT SHREVEPORT, LA 71103	72-1170530	501(C)3	9,034.	0.			GIVE FOR GOOD GRANT
CHIMP HAVEN, INC. 13600 CHIMPANZEE PLACE KEITHVILLE, LA 71047	74-2766663	501(C)3	22,805.	0.			GIVE FOR GOOD GRANT; IN MEMORY OF BILL ROBINSON
CHRIST FIT GYM 1658 BENTON ROAD BOSSIER CITY, LA 71111	46-0777336	501(C)3	7,482.	0.			GIVE FOR GOOD GRANT
CHRISTIAN SERVICE PROGRAM INSTITUTE - P. O. BOX 21 - SHREVEPORT, LA 71161	72-0954139	501(C)3	86,003.	0.			FOR GENERAL SUPPORT; CHRISTIAN SERVICE HOSPITALITY HOUSE; GIVE FOR GOOD GRANT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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CITY OF RUSTON PO BOX 2069 RUSTON, LA 71273	72-6001168	170(C)(1)	28,572.	0.			DEBRIS REMOVAL AND DISPOSAL SERVICES POST TORNADO
CITY OF SHREVEPORT P.O. BOX 31109 SHREVEPORT, LA 71130	76-2001236	170(C)(1)	15,000.	0.			THE WEST POINT EVENT; FOR THE PUBLIC WORKS DEPARTMENT FOR INFRARED THERMOMETERS, SANITIZING
COMMON GROUND COMMUNITY, INC. 4830 LINE AVENUE, #117 SHREVEPORT, LA 71106	20-0747912	501(C)3	165,358.	0.			GENERAL SUPPORT; GIVE FOR GOOD GRANT; TO HELP COVER THE COST TO FINISH THE RENOVATIONS TO THE "TWO
COMMUNITY RENEWAL INTERNATIONAL P. O. BOX 4678 SHREVEPORT, LA 71134	72-1213057	501(C)3	116,489.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT; TO HELP COMBAT THE CHALLENGES PRESENTED BY
COMMUNITY SUPPORT PROGRAMS INC. 2924 KNIGHT STREET, BUILDING 3, SUI SHREVEPORT, LA 71105	72-1161354	501(C)3	8,147.	0.			GIVE FOR GOOD GRANT
COUNCIL ON ALCOHOLISM & DRUG ABUSE OF NORTHWEST LOUISIANA - 2000 FAIRFIELD AVE. - SHREVEPORT, LA 71104	72-0544581	501(C)3	96,851.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA - 1625 RYAN STREET, SUITE C - LAKE CHARLES, LA 70601	72-1508036	501(C)3	21,367.	0.			EXPENSES RELATED TO HURRICANE LAURA
DRESS FOR SUCCESS SHREVEPORT-BOSSIER - 1520 NORTH HEARNE AVENUE, SUITE 108 - SHREVEPORT, LA 71107	87-0718643	501(C)3	6,975.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708	56-0532129	501(C)3	11,000.	0.			FOR THE ANNUAL FUND FOR UNRESTRICTED USE; GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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EVERY WARRIOR NETWORK 110 ARCHER AVENUE SHREVEPORT, LA 71105	47-3884301	501(C)3	6,108.	0.			GIVE FOR GOOD GRANT
FILM PRIZE FOUNDATION 401 MARKET ST., SUITE 860 SHREVEPORT, LA 71101	35-2433985	501(C)3	156,155.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
D.A.R.T. (DOMESTIC ABUSE RESISTANCE TEAM) - 108 W. ALABAMA AVE. - RUSTON, LA 71270	72-1273159	501(C)3	6,587.	0.			GIVE FOR GOOD
DAVID RAINES COMMUNITY HEALTH CENTER, INC. - 3041 MARTIN LUTHER KING JR. DRIVE - SHREVEPORT, LA 71107	58-2000630	501(C)3	30,421.	0.			AYUDA CORONA; GIVE FOR GOOD; FOR DAVID RAINES SCHOOL-BASED HEALTH CENTERS
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)3	398,438.	0.			FOR GENERAL SUPPORT; FOR THE "BUILD TODAY FEED TOMORROW" CAPITAL CAMPAIGN; FOR EMERGENCY
FRIENDS OF THE LOUISIANA STATE EXHIBIT MUSEUM INC. - P. O. BOX 38356 - SHREVEPORT, LA 71133	72-0960820	501(C)3	52,289.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
FRIENDS OF THE SPRING STREET HISTORICAL MUSEUM - 6121 FERN AVE., UNIT 108 - SHREVEPORT, LA 71105	26-0786366	501(C)3	5,356.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD
EASTER SEALS LOUISIANA, INC. 935 GRAVER STREET, SUITE 720 NEW ORLEANS, LA 70112	72-0694376	501(C)3	55,561.	0.			EXIT NELA; GIVE FOR GOOD GRANT
GINGERBREAD HOUSE BOSSIER/CADDO CHILDREN'S ADVOCACY CENTER - 1700 BUCKNER ST., STE. 101 - SHREVEPORT, LA 71101	72-1390471	501(C)3	88,049.	0.			FOR GENERAL SUPPORT; FOR THE CHILD ADVOCACY PROGRAM; GIVE FOR GOOD GRANT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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GIRLS ON THE RUN OF SHREVEPORT 900 PIERREMONT ROAD, SUITE 206 SHREVEPORT, LA 71106	46-3746451	501(C)3	6,174.	0.			GIVE FOR GOOD GRANT
GOODWILL INDUSTRIES OF NORTH LOUISIANA INC. - 800 W. 70TH STREET - SHREVEPORT, LA 71106	72-0460816	501(C)3	173,760.	0.			FOR JOB PLACEMENT PROGRAM; FOR GENERAL SUPPORT; FOR EXIT-NELA; TO HELP ADDRESS COVID-19
EVERGREEN PRESBYTERIAN MINISTRIES INC. - 2101 HIGHWAY 80 - HAUGHTON, LA 71037	72-0537029	501(C)3	17,085.	0.			EVERGREENCARES; GIVE FOR GOOD
FOUNDATION FOR THE CHARLOTTE JEWISH COMMUNITY - 220 NORTH TYRON STREET - CHARLOTTE, NC 28202	31-1501858	501(C)3	119,489.	0.			FOR THE MORTIMER AND JOSEPHINE COHEN FUND
HERBERT S. FORD MEMORIAL MUSEUM P. O. BOX 157 HOMER, LA 71040	23-7080353	501(C)3	11,338.	0.			GIVE FOR GOOD GRANT
FRONTLINE INCIDENT RESPONSE SOLUTIONS AND TRAINING - P. O. BOX 5310 - SHREVEPORT, LA 71135	81-0947861	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
HIGHLAND CENTER MINISTRIES, LLC 520 OLIVE STREET SHREVEPORT, LA 71104	27-2489481	501(C)3	6,473.	0.			FOR COMMUNITY CENTER MEALS; GIVE FOR GOOD
HIGHLAND CLUB, INC. 1700 TULANE AVENUE SHREVEPORT, LA 71103	72-1306960	501(C)3	12,000.	0.			FOR A NEW SECURITY FENCE AND OTHER IMPROVEMENTS.
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE ROAD SHREVEPORT, LA 71106	72-0628035	501(C)3	334,184.	0.			FOR THE SENSORY PROGRAM; THE ANGEL RUN; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; GENERAL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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HOPE CONNECTIONS, INC. 762 AUSTIN PLACE SHREVEPORT, LA 71101	72-1476208	501(C)3	20,218.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
HUMANE SOCIETY OF NW LOUISIANA 2544 LINWOOD AVE SHREVEPORT, LA 71103	72-1396136	501(C)3	35,190.	0.			CHOP, CHOP, SNIP, SNIP OH WHAT A RELIEF IT IS; GIVE FOR GOOD GRANT
JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. - 3825 GILBERT DRIVE - SHREVEPORT, LA 71104	72-0595081	501(C)3	28,152.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
FULLER CENTER FOR HOUSING OF NORTHWEST LOUISIANA, INC. - PO BOX 3173 - SHREVEPORT, LA 71133	20-8226010	501(C)3	22,584.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD
LITERACY VOLUNTEERS AT CENTENARY COLLEGE - 2911 CENTENARY BLVD - SHREVEPORT, LA 71134	72-1124343	501(C)3	11,879.	0.			GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
LITTLE THEATRE OF SHREVEPORT 812 MARGARET PLACE SHREVEPORT, LA 71134	72-0363143	501(C)3	46,240.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
LOUISIANA ASSOCIATION FOR THE BLIND - 1750 CLAIBORNE AVENUE - SHREVEPORT, LA 71103	72-0408981	501(C)3	8,888.	0.			OLDER BLIND PROGRAM; GIVE FOR GOOD GRANT
GEAUX 4 KIDS, INC. 1513 DOCTORS DRIVE, SUITE 100-B BOSSIER CITY, LA 71111	47-4414443	501(C)3	10,962.	0.			GIVE FOR GOOD
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST., SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	75,907.	0.			FOR GENERAL SUPPORT FOR SERVICES PROVIDED IN NORTHWEST LOUISIANA; DEEPENING AND SUSTAINING

Schedule I (Form 990)



THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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LOUISIANA TECH CHRISTIAN STUDENT CENTER - 2300 WOODWARD AVE. - RUSTON, LA 71270	81-4732932	501(C)3	12,000.	0.			FOR GENERAL SUPPORT
LOUISIANA TECH UNIVERSITY FOUNDATION - P. O. BOX 3183 - RUSTON, LA 71272-3183	72-6021176	501(C)3	16,155.	0.			THE TWELFTH GATE CORPORATION FOUNDATION INC.; GIVE FOR GOOD GRANT
LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT - 920 PIERREMONT ROAD, SUITE 407 - SHREVEPORT, LA 71106	72-1402222	501(C)3	140,745.	0.			FOR THE BENEFIT OF THE MOLLIE E. WEBB SPEECH AND HEARING CENTER; FOR THE CENTER FOR MEDICAL
LSU IN SHREVEPORT FOUNDATION, INC. ONE UNIVERSITY PLACE ADMINISTRATION BUILDING, 272 - SHREVEPORT, LA 71115	72-1031108	501(C)3	105,247.	0.			FOR THE SPRING STREET MUSEUM; FOR GENERAL SUPPORT; FOR LAPREP AND ITS ASSOCIATED PROGRAMS;
MAIN STREET HOMER 503 SOUTH MAIN STREET HOMER, LA 71040	46-5171565	501(C)3	7,079.	0.			GIVE FOR GOOD GRANT
MARTIN LUTHER KING HEALTH CENTER & PHARMACY - 865 OLIVE STREET - SHREVEPORT, LA 71104	72-1079721	501(C)3	146,656.	0.			FOR GENERAL SUPPORT; PHARMACY EXPENSES; FOR HEALTHY COMMUNITIES HEALTHY TOMORROWS; GIVE
MARY'S HOUSE OF LOUISIANA, INC. 906 MARGARET PLACE SHREVEPORT, LA 71101	47-2593937	501(C)3	5,420.	0.			GIVE FOR GOOD GRANT
MCNEILL STREET PUMPING STATION PRESERVATION SOCIETY - P. O. BOX 957 - SHREVEPORT, LA 71163	72-1441269	501(C)3	7,981.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
MILITARY RELIGIOUS FREEDOM FOUNDATION, INC. - 13170-B CENTRAL AVENUE, S.E., SUITE 255 - ALBUQUERQUE, NM 87123	20-3967302	501(C)3	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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MT. CANAAN BAPTIST CHURCH 1666 ALSTON STREET SHREVEPORT, LA 71101	72-0997356	501(C)3	17,754.	0.			FOR GENERAL SUPPORT
NATURE CONSERVANCY P. O. BOX 4125 BATON ROUGE, LA 70821	53-0242652	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
NINNA'S ROAD TO RESCUE 6 STERLING RANCH NORTH HAUGHTON, LA 71037	45-4728067	501(C)3	21,475.	0.			GIVE FOR GOOD GRANT
NOEL MEMORIAL UNITED METHODIST CHURCH - 520 HERNDON STREET - SHREVEPORT, LA 71101	13-5562279	501(C)3	22,476.	0.			FOR GENERAL SUPPORT; FOR THE NOEL COMMUNITY ARTS PROGRAM; GIVE FOR GOOD
GRAMBLING UNIVERSITY FOUNDATION INC. - P. O. BOX 587 - GRAMBLING, LA 71245	05-0624523	501(C)3	8,955.	0.			GIVE FOR GOOD GRANT
NORTH LOUISIANA ECONOMIC PARTNERSHIP - 415 TEXAS STREET, SUITE 320 - SHREVEPORT, LA 71101	72-0936419	501(C)3	36,042.	0.			FOR GENERAL SUPPORT
NORTH LOUISIANA FARM FRESH CORPORATION - 220 EAST MISSISSIPPI AVENUE - RUSTON, LA 71270	27-3907068	501(C)3	5,234.	0.			GIVE FOR GOOD GRANT
NORTHWEST LOUISIANA WAR VETERANS HOME FUND, INC. - 4300 OLD BROWNLEE RD. - BOSSIER CITY, LA 71111	20-5051228	501(C)3	9,140.	0.			FOR GENERAL SUPPORT
HEART OF HOPE MINISTRIES-A SANCTUARY FOR WOMEN - 10420 HEART OF HOPE WAY - KEITHVILLE, LA 71047	41-2187038	501(C)3	9,106.	0.			GIVE FOR GOOD

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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OAKWOOD HOME FOR WOMEN, INC. 1700 HIGHLAND SHREVEPORT, LA 71101	23-7368054	501(C)3	23,229.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT; HOUSE IMPROVEMENTS
HIGHLAND RESTORATION ASSOCIATION 520 OLIVE STREET SHREVEPORT, LA 71104	72-0865871	501(C)3	6,808.	0.			GIVE FOR GOOD GRANT; HIGHLAND PLANNING PROJECT TO PROVIDE FUNDING FOR 2 SCHOLARSHIP ON THE CLTCC SABINE VALLY CAMPUS (\$4,000 PER STUDENT) TO
LCTCS FOUNDATION 265 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	20-5432053	501(C)3	16,000.	0.			
PET SAVERS 632 DUDLEY DRIVE SHREVEPORT, LA 71104	42-1645998	501(C)3	10,596.	0.			GIVE FOR GOOD GRANT
PRAISE ACADEMY AT LAKESIDE 1446 YALE AVE. SHREVEPORT, LA 71103	81-3602868	501(C)3	89,233.	0.			GIVE FOR GOOD
PRINCETON UNIVERSITY BOX 5357 PRINCETON, NJ 08543	21-0634501	501(C)3	10,000.	0.			FOR THE ANNUAL FUND FOR UNRESTRICTED USE
PROVIDENCE HOUSE 814 COTTON ST. SHREVEPORT, LA 71101	72-1205164	501(C)3	274,538.	0.			FOR GENERAL SUPPORT; TO HELP FAMILIES
PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA - P. O. BOX 14776 - BATON ROUGE, LA 70898	72-0436118	501(C)3	6,260.	0.			FOR GENERAL SUPPORT; TO SUPPORT A HEALTHY POLICY RESEARCH POSITION; FOR JUDGE WIENER DUES
RED RIVER FILM SOCIETY INC 617 TEXAS STREET SHREVEPORT, LA 71101	42-1562125	501(C)3	78,280.	0.			FOR GENERAL SUPPORT; DIALOGUES ON FAITH, DIVERSITY, THE ARTS AND SOCIAL CHANGE; GIVE FOR

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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RED RIVER REVEL INC. 101 CROCKETT STREET, SUITE C SHREVEPORT, LA 71101	72-0953274	501(C)3	10,950.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD
RED RIVER STEM, INC. 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	83-1184822	501(C)3	91,843.	0.			FAMILY PASSES, THE SCIENCE MUSEUM, INTERACTIVE CADDO SWAMP EXHIBIT, GIVE FOR GOOD,
RENESTING PROJECT, INC. 1303 DRIFTWOOD DR. BOSSIER CITY, LA 71111	45-3958008	501(C)3	29,570.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT, LA 71101	72-1431506	501(C)3	23,262.	0.			FOR AFTER SCHOOL PROGRAM; GIVE FOR GOOD GRANT
LIFESHARE BLOOD CENTER 8910 LINWOOD AVE. SHREVEPORT, LA 71106	72-0511367	501(C)3	36,472.	0.			GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA, CONVALESCENT PLASMA FOR COVID-19
ROBINSON'S RESCUE 2515 LINE AVENUE SHREVEPORT, LA 71104	42-1717278	501(C)3	56,462.	0.			GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT; FOR LOW-COST OR SUBSIDIZED SPAY-NEUTER INCENTIVE
LOUISIANA G.U.M.B.O., INC. 2840 MILITARY HIGHWAY PINEVILLE, LA 71360	72-1281183	501(C)3	5,944.	0.			GIVE FOR GOOD GRANT
ROSS LYNN CHARITABLE FOUNDATION, INC. - P. O. BOX 905 - RUSTON, LA 71273	47-1023395	501(C)3	29,064.	0.			GIVE FOR GOOD GRANT
ROTARY CLUB OF SHREVEPORT FOUNDATION - P. O. BOX 380 - SHREVEPORT, LA 71162-0380	72-1465321	501(C)3	6,374.	0.			FOR GENERAL SUPPORT; TO SUPPORT SCHOLARSHIPS AT CENTENARY COLLEGE; GIVE FOR GOOD GRANT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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LOUISIANA WILDLIFE AND FISHERIES FOUNDATION - P. O. BOX 80378 - BATON ROUGE, LA 70898	72-1314968	501(C)3	9,500.	0.			GENERAL SUPPORT
RUSTON GIRLS SOFTBALL ASSOCIATION 207 NORTH SERVICE ROAD, EAST BOX 17 RUSTON, LA 71270	72-1244261	501(C)3	5,500.	0.			FOR GENERAL OPERATING SUPPORT
SAMARITAN COUNSELING CENTER 1525 STEPHENS AVE. SHREVEPORT, LA 71101	72-1014069	501(C)3	37,483.	0.			GIVE FOR GOOD GRANT
SHREVEPORT BOSSIER ANIMAL RESCUE, INC. - 431 KINGS HIGHWAY - SHREVEPORT, LA 71104	46-2460128	501(C)3	5,687.	0.			GIVE FOR GOOD GRANT
SHREVEPORT GREEN 3625 SOUTHERN AVE SHREVEPORT, LA 71104	72-0970610	501(C)3	22,283.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; MOBILE MARKET DOORSTEP DELIVERY; QUERBES PARK TENNIS
LSU HEALTH SHREVEPORT P. O. BOX 33932 SHREVEPORT, LA 71130	72-0702002	501(C)3	10,000.	0.			UTILIZING AUTOSAMPLING FOR WASTEWATER-BASED SURVEILLANCE IN SHREVEPORT
SHREVEPORT METROPOLITAN BALLET 1520 NORTH HEARNE AVENUE, SUITE 118 SHREVEPORT, LA 71107	23-7431965	501(C)3	24,535.	0.			AILEY II VISIT TO TRANSFORMATION ZONE SCHOOLS, GENERAL OPERATING SUPPORT, GIVE
SHREVEPORT OPERA 212 TEXAS ST., STE. 101 SHREVEPORT, LA 71101	72-6021455	501(C)3	51,325.	0.			FOR GENERAL SUPPORT; FOR SHREVEPORT OPERA XPRESS (SOX); GIVE FOR GOOD GRANT
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT STREET SHREVEPORT, LA 71101	72-0805661	501(C)3	46,875.	0.			FOR GENERAL SUPPORT; FOR ARTBREAK AT ARTSPACE; SUNDAYS IN THE PARK; GIVE FOR GOOD GRANT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHREVEPORT SYMPHONY GUILD, INC. 3112 ALEXANDER STREET SHREVEPORT, LA 71104	72-1511687	501(C)3	6,662.	0.			FOR THE NENA PLANT WIDEMAN PIANO COMPETITION; GIVE FOR GOOD GRANT
SHREVEPORT SYMPHONY ORCHESTRA, INC. - P. O. BOX 205 - SHREVEPORT, LA 71162	72-6001334	501(C)3	147,981.	0.			GENERAL SUPPORT, GIVE FOR GOOD, MUSICAL DISCOVERY SERIES, DRIVE-IN CONCERTS, AND THE SIMONE
SHREVEPORT-BOSSIER RESCUE MISSION P. O. BOX 3949 SHREVEPORT, LA 71133	23-7050551	501(C)3	48,594.	0.			FOR GENERAL SUPPORT; FOR FOOD, SHELTER, EDUCATION AND CLOTHING; GIVE FOR GOOD GRANT
SHRINERS HOSPITAL FOR CHILDREN 3100 SAMFORD AVE. SHREVEPORT, LA 71103	36-2193608	501(C)3	26,427.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
SOCIETY OF ST. VINCENT DE PAUL, DIOCESAN COUNCIL OF SHREVEPORT - P. O. BOX 3911 - SHREVEPORT, LA 71133	71-1413771	501(C)3	36,256.	0.			GIVE FOR GOOD GRANT
MAKING A NEW WAY 1732 SPENCER CIRCLE SHREVEPORT, LA 71006	83-3679193	501(C)3	7,427.	0.			GIVE FOR GOOD
SOUTHFIELD SCHOOL 1100 SOUTHFIELD ROAD SHREVEPORT, LA 71106	72-0439760	501(C)3	92,321.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; IN MEMORY OF JAMES PATRICK BEAIRD, JR.
ST. LUKE'S EPISCOPAL MOBILE MEDICAL MINISTRY, INC. - P. O. BOX 53074 - SHREVEPORT, LA 71135	45-3786377	501(C)3	37,235.	0.			MEDICAL AND ENVIRONMENTAL ASSISTANCE FOR THE HOMELESS POPULATION IN THE SHREVEPORT BOSSIER
STAGE CENTER 4830 LINE AVENUE, SUITE 353 SHREVEPORT, LA 71106	45-5123865	501(C)3	27,111.	0.			GIVE FOR GOOD GRANT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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STEP FORWARD NLA 401 EDWARDS STREET, SUITE 125 SHREVEPORT, LA 71101	81-3564548	501(C)3	97,068.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT
THE ARC CADD0-BOSSIER 351 JORDAN STREET SHREVEPORT, LA 71101-4897	72-0482891	501(C)3	104,851.	0.			GIVE FOR GOOD GRANT; FOR THE GOLDMAN SCHOOL AND CHILD DEVELOPMENT CENTER; THE GREAT PROGRAM; IN
THE BETTY AND LEONARD PHILLIPS DEAF ACTION CENTER OF NORTHWEST LOUISIANA, - 601 JORDAN STREET - SHREVEPORT, LA 71101	72-0934321	501(C)3	9,785.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT
THE BRIDGE ALZHEIMER'S & DEMENTIA RESOURCE CENTER - P. O. BOX 4038 - SHREVEPORT, LA 71104	20-5619478	501(C)3	35,730.	0.			FOR GENERAL SUPPORT; FOR ALZHEIMER'S PATIENTS AND THEIR CAREGIVERS; HOLISTIC SUPPORT CENTER
NORTHWEST LOUISIANA YOUTH GOLF AND EDUCATION FOUNDATION - 2200 MILAM STREET - SHREVEPORT, LA 71103	41-2063016	501(C)3	6,000.	0.			TO SUPPORT THE TUTORIAL PROGRAM AT JERRY TIM BROOKS GOLF COURSE
THE GLEN RETIREMENT SYSTEM 403 E. FLOURNOY LUCAS SHREVEPORT, LA 71115	72-0428013	501(C)3	14,947.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT
THE HUB: URBAN MINISTRIES 4110 YOUREE DRIVE SHREVEPORT, LA 71105	26-4794709	501(C)3	31,761.	0.			THE LOVEWELL CENTER; GIVE FOR GOOD GRANT
THE PHILADELPHIA CENTER 2020 CENTENARY BLVD. SHREVEPORT, LA 71104-2437	72-1204252	501(C)3	58,199.	0.			FOR GENERAL SUPPORT; FOR NORTHWEST LOUISIANA REGION 7 HIV RESOURCE CENTER; GIVE FOR GOOD
THE SALVATION ARMY 200 E. STONER AVE. SHREVEPORT, LA 71101	58-0660607	501(C)3	117,920.	0.			GENERAL SUPPORT, COVID-19 EMERGENCY RESPONSE, MERKLE CENTER OF HOPE SHELTER, THE SALVATION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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SHREVEPORT BAR FOUNDATION 625 TEXAS STREET SHREVEPORT, LA 71111	72-1115393	501(C)3	66,212.	0.			FOR LEGAL REPRESENTATION FOR VICTIMS OF DOMESTIC VIOLENCE PROGRAM; FOR THE PRO BONO PROJECT; GIVE
THE STRAND THEATRE OF SHREVEPORT CORPORATION - 619 LOUISIANA AVENUE STE 200 - SHREVEPORT, LA 71101	72-0800065	501(C)3	48,724.	0.			FOR GENERAL SUPPORT TO ONLY BE USED FOR PURPOSES STATED IN THE DESIGNATED AGENCY ENDOWMENT FUND
THINKFIRST OF ARK-LA-TEX, INC. 960 SHERIDAN AVE., SUITE A SHREVEPORT, LA 71104	72-1326847	501(C)3	11,765.	0.			FOR GENERAL SUPPORT SERVICES IN LOUISIANA AND THE ARK-LA-TEX; GIVE FOR GOOD GRANT
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY #BH-240 NEW ORLEANS, LA 70121	72-0502505	501(C)3	10,000.	0.			MASKING FOR COMMUNITY HEALTH
UNION PARISH SCHOOL BOAD PO BOX 308 FARMERVILLE, LA 71241	72-6001418	170(C)(1)	12,000.	0.			FOR UNION PARISH HIGH SCHOOL JUNIOR NATIONAL HONORS; THE UNION PARISH HIGH SCHOOL BAND
ONE GREAT RIVER OF LOUISIANA, INC. P. O. BOX 44349 SHREVEPORT, LA 71134	72-0981860	501(C)3	5,826.	0.			GIVE FOR GOOD
UNITED WAY OF NORTHWEST LOUISIANA 402 EDWARDS STREET SHREVEPORT, LA 71101	72-0503930	501(C)3	20,773.	0.			FOR GENERAL SUPPORT
ONE HUNDRED MEN OF SHREVEPORT 4137 WALLER DRIVE SHREVEPORT, LA 71119	72-1264003	501(C)3	10,500.	0.			OHMOS COVID-19 PROJECT, FOR COVID TESTING OUTREACH
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT, LA 71101	72-1057695	501(C)3	258,644.	0.			GUMBO GLADIATORS, GENERAL SUPPORT, VYJ COVID 19 RESPONSE TASK FORCE, TRUANCY ASSESSMENT

Schedule I (Form 990)



THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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VOLUNTEERS OF AMERICA OF NORTH LOUISIANA - 360 JORDAN STREET - SHREVEPORT, LA 71101	72-0506820	501(C)3	714,856.	0.			CHERISH THE CHILDREN, GENERAL SUPPORT OF SERVICES FOR FAMILIES AND CHILDREN, GENERAL SUPPORT
WOODY'S HOME INC. 442 JORDAN STREET SHREVEPORT, LA 71101	83-0367619	501(C)3	16,964.	0.			FOOD AND DRINK SUPPLIES; GIVE FOR GOOD GRANT
PLANT A SEED IN OUR YOUTH FOUNDATION - 1518 COX STREET - BOSSIER CITY, LA 71111	72-1496381	501(C)3	19,000.	0.			GIVE FOR GOOD; YOUTH DEVELOPMENT PROGRAM
YMCA OF NORTHWEST LOUISIANA 400 MCNEILL STREET SHREVEPORT, LA 71101	72-0408997	501(C)3	181,760.	0.			GENERAL SUPPORT, EQUIPMENT UPGRADE FOR THE DOWNTOWN YMCA, SWIM FOR LIFE, GIVE FOR GOOD
PROJECT RECLAIM OF MINDEN, INC. PO BOX 444 MINDEN, LA 71058	47-1151633	501(C)3	5,100.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE, STE. 207 SHREVEPORT, LA 71106-1533	58-1727972	501(C)3	14,484.	0.			FOR YEP PLUS; FOR SCHOLARSHIPS FOR CHILDREN PARTICIPATING IN THE YOUTH ENRICHMENT PROGRAM;
YWCA OF NORTHWEST LOUISIANA 850-B OLIVE STREET SHREVEPORT, LA 71104	72-0423896	501(C)3	16,254.	0.			GIVE FOR GOOD GRANT; PARENT EDUCATION AND SUPPORT
RANDALL'S ISLAND PARK ALLIANCE, INC. - 24 WEST 61ST STREET, 4TH FLOOR - NEW YORK, NY 10023	13-3787630	501(C)3	10,000.	0.			UNRESTRICTED USE
SANCTUARY ARTS SCHOOL 5860 S. LAKESHORE DRIVE, SUITE 6 SHREVEPORT, LA 71119	83-3011785	501(C)3	5,565.	0.			GENERAL SUPPORT; GIVE FOR GOOD

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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SHREVE MEMORIAL LIBRARY 885 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LA 71118	72-6001326	170(C)(1)	50,000.	0.			WIDE AREA WI-FI NETWORK
SOUTHEASTERN COUNCIL OF FOUNDATIONS - 100 PEACHTREE STREET, SUITE 2080 - ATLANTA, GA 30303	56-0995114	501(C)3	5,150.	0.			ANNUAL DUES
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)3	10,000.	0.			GENERAL SUPPORT
SOUTH HIGHLANDS FOUNDATION INC. 831 ERIE SHREVEPORT, LA 71106	20-0193920	501(C)3	6,244.	0.			GIVE FOR GOOD
ST. MARK'S CATHEDRAL 908 RUTHERFORD SHREVEPORT, LA 71104	72-0876874	501(C)3	9,027.	0.			ST. MARK'S CATHEDRAL SCHOOL; GIVE FOR GOOD; GENERAL SUPPORT
TEAMS (TRAINING, EDUCATION AND MEDIATION FOR STUDENTS) - 1545 LINE AVENUE, SUITE 228 - SHREVEPORT, LA 71101	80-0204842	501(C)3	12,366.	0.			EDUCATION FOR ALL: GRADES K-12; GIVE FOR GOOD
THEATRE OF THE PERFORMING ARTS OF SHREVEPORT - 4005 LAKESHORE DRIVE - SHREVEPORT, LA 71109	72-0808937	501(C)3	18,750.	0.			GENERAL OPERATING SUPPORT
TOWN OF HAYNESVILLE 1711 MAIN STREET HAYNESVILLE, LA 71038	72-6000510	170(C)(1)	15,000.	0.			NEEDS AND IMPROVEMENTS
TRINITY UNITED METHODIST CHURCH 1000 WOODWARD AVENUE RUSTON, LA 71270	72-0562030	501(C)3	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule I (Form 990)

72-6022365

Page 1

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

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TRINITY UNIVERSITY ONE TRINITY PLACE #49 SAN ANTONIO, TX 78212-7200	74-1109633	501(C)3	260,000.	0.			GENERAL SUPPORT
WILDLIFE EDUCATION AND REHABILITATION OF LOUISIANA, INC. - P. O. BOX 7462 - SHREVEPORT, LA 71137	46-4035568	501(C)3	5,943.	0.			GIVE FOR GOOD

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

**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
SCHOLARSHIP FOR STUDENTS	43	69,705.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI ZION CONGREGATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF DR. IKE MUSLOW, ABRY CAHN, JR., DONALD ZADECK, AND LEONARD SELBER; GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CENTENARY COLLEGE OF LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RECONCILIATION DINNER; TO PROVIDE SCHOLARSHIPS AND NEED-BASED GRANT-IN-AID; BEAST FEAST; GIVE FOR GOOD; GENERAL SUPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WEST POINT EVENT; FOR THE PUBLIC WORKS DEPARTMENT FOR INFRARED THERMOMETERS, SANITIZING EQUIPMENT, AND SANITIZING SUPPLIES; FOR THE PURCHASE OF BODY CAMERAS FOR THE POLICE.

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GROUND COMMUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; GIVE FOR GOOD GRANT; TO HELP COVER THE COST TO FINISH THE RENOVATIONS TO THE "TWO STORY" AND "OLD SANCTUARY" OF THE COMMUNITY CENTER AND/OR FOR ANY NEEDED EQUIPMENT OR FURNISHINGS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RENEWAL INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT; TO HELP COMBAT THE CHALLENGES PRESENTED BY COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF NORTHWEST LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR THE "BUILD TODAY FEED TOMORROW" CAPITAL CAMPAIGN; FOR EMERGENCY FOOD AND MEAL DISTRIBUTION; TO HELP FEED CHILDREN OF CADDO PARISH DURING THE COVID-19 EMERGENCY; PRODUCE DISTRIBUTION PROGRAM; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF NORTH LOUISIANA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR JOB PLACEMENT PROGRAM; FOR GENERAL SUPPORT; FOR EXIT-NELA; TO HELP ADDRESS COVID-19 RELATED UNEMPLOYMENT CHALLENGES; GIVE FOR GOOD GRANT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOLY ANGELS RESIDENTIAL FACILITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SENSORY PROGRAM; THE ANGEL  
RUN; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; GENERAL SUPPORT OF HOLY  
ANGEL'S TASTE OF SHREVEPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA ENDOWMENT FOR THE HUMANITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT FOR SERVICES  
PROVIDED IN NORTHWEST LOUISIANA; DEEPENING AND SUSTAINING IMPACTS; AND  
FOR PRIME TIME FULL CIRCLE PRESCHOOL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF THE MOLLIE E.  
WEBB SPEECH AND HEARING CENTER; FOR THE CENTER FOR MEDICAL EDUCATION AND  
WELLNESS; GIVE FOR GOOD GRANT; FOR THE FEIST-WEILLER CANCER CENTER IN  
MEMORY OF DONALD ZADECK; THE NEW BUILDING; EAT RIGHT AND MOVE -  
DECREASING CARDIOVASCULAR RISK FACTORS IN THE BLACK POPULATION DURING  
COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: LSU IN SHREVEPORT FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SPRING STREET MUSEUM; FOR  
GENERAL SUPPORT; FOR LAPREP AND ITS ASSOCIATED PROGRAMS; GIVE FOR GOOD  
GRANT; FOR RED RIVER RADIO FOR LOCAL/REGIONAL NEWS; CULTURAL AFFAIRS AND  
COMMUNITY CONNECTIONS PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

MARTIN LUTHER KING HEALTH CENTER & PHARMACY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; PHARMACY EXPENSES; FOR HEALTHY COMMUNITIES HEALTHY TOMORROWS; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT: LCTCS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR 2 SCHOLARSHIP ON THE CLTCC SABINE VALLY CAMPUS (\$4,000 PER STUDENT) TO STUDENTS TRAINING FOR CAREERS IN THE WELDING, ELECTRICIAN TECHNOLOGY AND PATIENT CARE TECHNOLOGY PROGRAMS, AND THE CLTCC NATCHITOCES CAMPUS FOR 2 SCHOLARSHIPS (\$4,000 PER STUDENT) TO STUDENTS PURSING CAREERS IN THE INDUSTRIAL MANUFACTURING TECHNOLOGY, WELDING AND CDL TRAINING PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: RED RIVER FILM SOCIETY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; DIALOGUES ON FAITH, DIVERSITY, THE ARTS AND SOCIAL CHANGE; GIVE FOR GOOD GRANT; ART AND INDIE FILM CENTER PROGRAMMING; IN MEMORY OF BILL ROBINSON

NAME OF ORGANIZATION OR GOVERNMENT: RED RIVER STEM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY PASSES, THE SCIENCE MUSEUM, INTERACTIVE CADDO SWAMP EXHIBIT, GIVE FOR GOOD, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LIFESHARE BLOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA, CONVALESCENT PLASMA FOR COVID-19 PATIENTS; GIVE FOR GOOD; COVID-19 EMERGENCY RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: ROBINSON'S RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT; FOR LOW-COST OR SUBSIDIZED SPAY-NEUTER INCENTIVE PROGRAMS OF

**Part IV** Supplemental Information

DOGS AND CATS; IN MEMORY OF BILL ROBINSON

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT GREEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; GIVE FOR GOOD  
GRANT; MOBILE MARKET DOORSTEP DELIVERY; QUERBES PARK TENNIS CENTER; THE  
QUERBES PARK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT METROPOLITAN BALLET

(H) PURPOSE OF GRANT OR ASSISTANCE: AILEY II VISIT TO TRANSFORMATION  
ZONE SCHOOLS, GENERAL OPERATING SUPPORT, GIVE FOR GOOD 2020, 2020  
VIRTUAL/HYBRID "NUTCRACKER"

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT SYMPHONY ORCHESTRA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE FOR GOOD,  
MUSICAL DISCOVERY SERIES, DRIVE-IN CONCERTS, AND THE SIMONE DINNERSTEIN  
PLAYS BACH CONCERT, THE CONCERT SEASON FUND DRIVE

NAME OF ORGANIZATION OR GOVERNMENT:

ST. LUKE'S EPISCOPAL MOBILE MEDICAL MINISTRY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL AND ENVIRONMENTAL ASSISTANCE  
FOR THE HOMELESS POPULATION IN THE SHREVEPORT BOSSIER CITY AREA IMPACTED  
BY THE COVID-19 VIRUS, HEALTH CARE SERVICES FOR THE MEDICALLY UNDERSERVED  
IN NORTHWEST LA, GIVE FOR GOOD

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC CADDO-BOSSIER

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE FOR GOOD GRANT; FOR THE GOLDMAN  
SCHOOL AND CHILD DEVELOPMENT CENTER; THE GREAT PROGRAM; IN MEMORY OF BILL  
CAWTHORNE; THE HAP HOUSE PROGRAM



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE BRIDGE ALZHEIMER'S & DEMENTIA RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR ALZHEIMER'S PATIENTS AND THEIR CAREGIVERS; HOLISTIC SUPPORT CENTER FOR INDIVIDUALS WITH DEMENTIA/ALZHEIMER'S AND THEIR CAREGIVERS; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT: THE PHILADELPHIA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR NORTHWEST LOUISIANA REGION 7 HIV RESOURCE CENTER; GIVE FOR GOOD GRANT; SYRINGE SERVICE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, COVID-19 EMERGENCY RESPONSE, MERKLE CENTER OF HOPE SHELTER, THE SALVATION ARMY BOYS AND GIRLS CLUB, GIVE FOR GOOD, GENERAL SUPPORT, BOYS & GIRLS CLUB COVID-19 RESPONSE, THE BOYS AND GIRLS CLUB

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT BAR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LEGAL REPRESENTATION FOR VICTIMS OF DOMESTIC VIOLENCE PROGRAM; FOR THE PRO BONO PROJECT; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

THE STRAND THEATRE OF SHREVEPORT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT TO ONLY BE USED FOR PURPOSES STATED IN THE DESIGNATED AGENCY ENDOWMENT FUND AGREEMENT DATED APRIL 6, 2016; GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS FOR YOUTH JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GUMBO GLADIATORS, GENERAL SUPPORT,  
VYJ COVID 19 RESPONSE TASK FORCE, TRUANCY ASSESSMENT SERVICE CENTER  
(TASC), GIVE FOR GOOD, TBRI PRACTITIONER CERTIFICATION TRAINING

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS OF AMERICA OF NORTH LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHERISH THE CHILDREN, GENERAL  
SUPPORT OF SERVICES FOR FAMILIES AND CHILDREN, GENERAL SUPPORT  
COMMUNITIES IN SCHOOLS/LIGHTHOUSE EXPANSION, CIS AND THE LIGHTHOUSE, GIVE  
FOR GOOD

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ENRICHMENT PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR YEP PLUS; FOR SCHOLARSHIPS FOR  
CHILDREN PARTICIPATING IN THE YOUTH ENRICHMENT PROGRAM; GIVE FOR GOOD  
GRANT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION OF NORTH LOUISIANA** Employer identification number **72-6022365**

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

72-6022365

**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 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) KRISTI GUSTAVSON CEO	(i)	145,700.	0.	0.	0.	8,742.	154,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE COMMUNITY FOUNDATION OF NORTH LOUISIANA** Employer identification number **72-6022365**

**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	5	146,102.	MARKET PRICE OF STOC
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**

- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD THROUGH THE LOCAL RAYMOND JAMES OFFICE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>THE COMMUNITY FOUNDATION OF NORTH LOUISIANA</b>	Employer identification number <b>72-6022365</b>
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE SUPPORT OF NONPROFITS THROUGH NETWORKING

OPPORTUNITIES, PUBLIC EVENTS AND WORKSHOPS. WE SERVE AS A

PHILANTHROPIC EXPERT AND HUB AS WELL AS A CONVENER THAT BRINGS TOGETHER

EXPERTS TO IDENTIFY PROBLEMS AND DEVELOP COMMON AGENDAS TO EFFECT REAL

AND LASTING CHANGE. WE WORK WITH DONORS TO UNDERSTAND AND IMPLEMENT

HIS OR HER PERSONAL VISION FOR A BETTER AND BRIGHTER COMMUNITY AND

PROVIDE A LASTING LEGACY THAT TRANSCENDS GENERATIONS.

EXPENSES \$ 324,574. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE DIRECTORS SHALL CONSTITUTE MEMBERS OF THE FOUNDATION, ACCORDING TO

ARTICLE VIII OF THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE BOARD MEMBERS TO REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS OVERSEES THE POLICIES OF THE ORGANIZATION AND

ENFORCES COMPLIANCE WITH THEM.

FORM 990, PART VI, SECTION B, LINE 15:

OUR BOARD IS MADE AWARE OF COMPARABILITY DATA FROM OTHER FOUNDATIONS ACROSS

THE NATION. THE BOARD OF DIRECTORS APPROVES THE BUDGET ANNUALLY, TYPICALLY

IN DECEMBER. SALARIES OF ALL EMPLOYEES ARE DISCUSSED AND APPROVED BY THE

BOARD OF DIRECTORS. DOCUMENTED AUTHORIZATION OF SALARIES IS MAINTAINED IN

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

Schedule O (Form 990 or 990-EZ) 2020



Name of the organization	THE COMMUNITY FOUNDATION OF NORTH LOUISIANA	Employer identification number	72-6022365
--------------------------	--	--------------------------------	------------

EACH EMPLOYEE'S FILE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023, 990, AND 990-T AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE FORM 990 AND AUDIT REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THROUGH GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE BY REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY ENDOWMENT FUND CONTRIBUTIONS, INVESTMENT	
INCOME, EXPENSES	-415,061.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	42,000.
ROUNDING	2.
TOTAL TO FORM 990, PART XI, LINE 9	-373,059.

FORM 990, PART XI, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT MEETS AT LEAST TWICE ANNUALLY PRECEDING AND UPON COMPLETION OF THE AUDIT. THIS COMMITTEE REVIEWS THE ANNUAL AUDITED FINANCIAL STATEMENTS AND OVERSEES THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF NORTH LOUISIANA** Employer identification number **72-6022365**

**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
CFNLA PROPERTIES LLC - 47-2540019 401 EDWARDS ST., STE. 105 SHREVEPORT, LA 71101	HOLD PROPERTIES RECEIVED	LOUISIANA	122,221.	270,289.	
CFNLA PROPERTIES II, LLC - 83-1898167 401 EDWARDS ST., STE. 105 SHREVEPORT, LA 71101	HOLD PROPERTIES RECEIVED	LOUISIANA	124,772.	1,269,741.	

**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
ANNIE LOWES STILES TRUST - 58-1759035 333 TEXAS STREET, LASH30202J SHREVEPORT, LA 71101	TO SUPPORT THE CHARITABLE AND EDUCATIONAL PROGRAMS OF THE COMMUNITY FOUND.	LOUISIANA	501(C)(3)	LINE 12B, II			X

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

Schedule R (Form 990) 2020



**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) ANNIE LOWE STILES TRUST	C	942,080.	
(2)			
(3)			
(4)			
(5)			
(6)			





Form **990-T**

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

OMB No. 1545-0047

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed.

**B** Exempt under section  
 501(c)(3) )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529S

Print or Type

Name of organization (  Check box if name changed and see instructions.)

**THE COMMUNITY FOUNDATION OF NORTH LOUISIANA**

Number, street, and room or suite no. If a P.O. box, see instructions.

**401 EDWARDS STREET, NO. 105**

City or town, state or province, country, and ZIP or foreign postal code

**SHREVEPORT, LA 71101-5508**

**D** Employer identification number

**72-6022365**

**E** Group exemption number (see instructions)

**F**  Check box if an amended return.

**C** Book value of all assets at end of year ..... ▶ **154,534,783.**

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**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) ..... ▶ **1**

**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 ▶ **PAIGE CARLISLE** Telephone number ▶ **(318) 221-0582**

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>-8,559.</b>
<b>2</b>	Reserved .....	<b>2</b>	
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	<b>-8,559.</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>0.</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>-8,559.</b>
<b>6</b>	Deduction for net operating loss. See instructions .....	<b>6</b>	<b>0.</b>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>-8,559.</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>0.</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>0.</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> 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) .....	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>0.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)





**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](http://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).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>THE COMMUNITY FOUNDATION OF NORTH LOUISIANA</b>	<b>B</b> Employer identification number <b>72-6022365</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E Describe the unrelated trade or business ▶ INVESTMENT IN PARTNERSHIPS**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b> 323.		323.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b> -15,810.		-15,810.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b> 178,331.		178,331.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 162,844.		162,844.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions) <b>SEE STATEMENT 2</b>	<b>5</b>		731.
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		
<b>9</b> Depletion	<b>9</b>		35,456.
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>	<b>14</b>		135,216.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		171,403.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		-8,559.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		-8,559.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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	<b>Total deductions.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
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	<b>Total gross income</b> (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	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	<b>Total dividends-received deductions</b> 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			6. Deductions directly connected with income in column 5
			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	
(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)		
<b>Totals</b>			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)
<b>Totals</b>		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	



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
AMBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS)		-1,511.
AMBERBROOK VI, LLC - NET RENTAL REAL ESTATE INCOME		-7.
AMBERBROOK VI, LLC - INTEREST INCOME		18.
AMBERBROOK VI, LLC - DIVIDEND INCOME		12.
AMBERBROOK VI, LLC - ROYALTIES		25.
AMBERBROOK VI, LLC - OTHER PORTFOLIO INCOME (LOSS)		97.
AMBERBROOK VI, LLC - OTHER INCOME (LOSS)		39.
RCP SECONDARY OPPORTUNITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)		48,187.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)		144,066.
NGP NATURAL RESOURCES XI, LP - OTHER NET RENTAL INCOME (LOSS)		22.
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME		575.
NGP NATURAL RESOURCES XI, LP - ROYALTIES		5,328.
NGP NATURAL RESOURCES XI, LP - OTHER PORTFOLIO INCOME (LOSS)		478.
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)		9.
WCP REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)		-18,705.
WCP REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME		863.
THACKERAY PARTNERS REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME		-1,165.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		178,331.

FORM 990-T (A)	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
AMBERBROOK UBTI FOOTNOTE		159.
NGP UBTI FOOTNOTE		572.
TOTAL TO SCHEDULE A, PART II, LINE 5		731.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

OTHER DEDUCTIONS - AMBERBROOK UBTI FOOTNOTE

366.

OTHER DEDUCTIONS - NGP UBTI FOOTNOTE

134,797.

OTHER DEDUCTIONS

53.

TOTAL TO SCHEDULE A, PART II, LINE 14

135,216.