

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

**2023**

Open to Public Inspection

**A For the 2023 calendar year, or tax year beginning and ending**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **THE COMMUNITY FOUNDATION OF NORTH LOUISIANA**  
 Doing business as: **THE COMMUNITY FOUNDATION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **401 EDWARDS STREET, SUITE 105**  
 City or town, state or province, country, and ZIP or foreign postal code: **SHREVEPORT, LA 71101**

**D** Employer identification number: **72-6022365**

**E** Telephone number: **3182210582**

**F** Name and address of principal officer: **KRISTI GUSTAVSON SAME AS C ABOVE**

**G** Gross receipts \$: **36,067,547.**

**H(a)** Is this a group return for subordinates? .....  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.CFNLA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1961** **M** State of legal domicile: **LA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>203,909.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>158,881.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>7,558,722.</b>	<b>13,472,576.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,295,263.</b>	<b>3,919,665.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,387,049.</b>	<b>1,132,541.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,241,034.</b>	<b>18,524,782.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>9,181,090.</b>	<b>10,672,577.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>779,641.</b>	<b>822,782.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>214,367.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>690,632.</b>	<b>779,039.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>10,651,363.</b>	<b>12,274,398.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>4,589,671.</b>	<b>6,250,384.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>162,443,222.</b>	<b>183,016,377.</b>
		<b>10,348,363.</b>	<b>11,488,346.</b>
		<b>152,094,859.</b>	<b>171,528,031.</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **PAIGE CARLISLE, CFO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **AIMEE P. MCFARLAND** Preparer's signature: **AIMEE P. MCFARLAND** Date: **11/13/24** Check if self-employed:  PTIN: **P01492592**

Firm's name: **HEARD, MCELROY & VESTAL, LLC** Firm's EIN: **72-0398470**

Firm's address: **333 TEXAS STREET, SUITE 1525 SHREVEPORT, LA 71101** Phone no.: **318-429-1525**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 10,672,577. including grants of \$ 10,672,577. ) (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, INCLUDING POVERTY, HEALTH, AND EDUCATION. CFNLA 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 \$ 214,241. 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 \$22 MILLION FOR NORTH LOUISIANA CHARITIES.

4c (Code: ) (Expenses \$ 64,974. including grants of \$ ) (Revenue \$ ) STEP FORWARD - CFNLA SEEKS SUCCESS FOR EVERY CHILD IN NORTH LOUISIANA WITH THE ULTIMATE GOAL OF ALL CHILDREN OBTAINING A SUSTAINABLE, LIVING-WAGE JOB BY AGE 25. THROUGH A SHARED COMMUNITY VISION, STEP FORWARD AND ITS PARTNERS USE EVIDENCE-BASED DECISION MAKING AND COLLABORATIVE ACTION TO MAKE POSITIVE CHANGES FOR NORTH LOUISIANA CHILDREN.

4d Other program services (Describe on Schedule O.) (Expenses \$ 454,282. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,406,074.

**THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA**

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**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> ? See instructions .....	<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 Rev. Proc. 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> See instructions .....		<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>	

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**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 the 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 line 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 noncash 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 on 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> 16	
<b>b</b> Enter the number of Forms W-2G included on 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	

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**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		12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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 the 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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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 on 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 on 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 on 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTI GUSTAVSON CEO	50.00			X				170,500.	0.	10,230.
(2) PAIGE CARLISLE CFO	42.00			X				114,253.	0.	6,855.
(3) LISA CHILDS DIRECTOR	2.00	X						0.	0.	0.
(4) LISA C. CRONIN VICE CHAIRMAN	2.00			X				0.	0.	0.
(5) STEVE WALKER DIRECTOR	2.00	X						0.	0.	0.
(6) C. DEWITT CARUTHERS SECRETARY	2.00			X				0.	0.	0.
(7) JERRY EDWARDS, JR. CHAIRMAN	2.00			X				0.	0.	0.
(8) GLENN KINSEY DIRECTOR	2.00	X						0.	0.	0.
(9) WANDA H. THOMAS TREASURER	2.00			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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							284,753.	0.	17,085.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							284,753.	0.	17,085.	

**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  
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**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>	261,942.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	470,254.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,740,380.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,824,065.				
	<b>h Total.</b> Add lines 1a-1f .....		13,472,576.				
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 Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,234,912.		203,909.	3031003.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		1,050,717.			1050717.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	400.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	11,274.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-10,874.				
	<b>d</b> Net rental income or (loss) .....		-10,874.			-10,874.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	18,216,244.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	17,531,491.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	684,753.				
<b>d</b> Net gain or (loss) .....		684,753.			684,753.		
<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	92,698.	92,698.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			92,698.			
<b>12 Total revenue.</b> See instructions .....			18,524,782.	92,698.	203,909.	4755599.	

**THE COMMUNITY FOUNDATION OF NORTH  
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**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 ...	10,604,229.	10,604,229.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	68,348.	68,348.		
<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 .....	284,754.	142,377.	99,664.	42,713.
<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 .....	400,778.	200,389.	140,272.	60,117.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,285.	15,142.	10,600.	4,543.
<b>9</b> Other employee benefits .....	54,752.	27,376.	19,163.	8,213.
<b>10</b> Payroll taxes .....	52,213.	26,106.	18,275.	7,832.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	52,115.		52,115.	
<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 .....	48,379.	9,682.	28,110.	10,587.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	96,310.	28,893.	38,524.	28,893.
<b>17</b> Travel .....	10,173.	10,173.		
<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 .....	64,534.		64,534.	
<b>23</b> Insurance .....	32,020.		32,020.	
<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>	191,121.	191,121.		
<b>b</b> <b>EXPENSES-AGENCY FUNDS</b>	94,429.		94,429.	
<b>c</b> <b>PUBLIC RELATIONS</b>	59,796.	36,353.		23,443.
<b>d</b> <b>EQUIPMENT RENTAL AND MA</b>	51,100.	15,330.	20,440.	15,330.
<b>e</b> All other expenses .....	79,062.	30,555.	35,811.	12,696.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,274,398.	11,406,074.	653,957.	214,367.
<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

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**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 .....	295,251.	<b>1</b>	992,143.
	<b>2</b> Savings and temporary cash investments .....	13,640,186.	<b>2</b>	12,617,238.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	23,381.	<b>4</b>	4,193,836.
	<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>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	40,362.	<b>9</b>	39,039.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 887,937.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 606,107.	323,177.	<b>10c</b> 281,830.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,436,221.	<b>12</b>	997,248.
	<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 .....	146,684,644.	<b>15</b>	163,895,043.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	162,443,222.	<b>16</b>	183,016,377.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	368,084.	<b>17</b>	432,615.
	<b>18</b> Grants payable .....	202,072.	<b>18</b>	811,425.
	<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 .....	9,778,207.	<b>25</b>	10,244,306.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,348,363.	<b>26</b>	11,488,346.
<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 .....	75,424,071.	<b>27</b>	87,087,424.
	<b>28</b> Net assets with donor restrictions .....	76,670,788.	<b>28</b>	84,440,607.
	<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 .....	152,094,859.	<b>32</b>	171,528,031.
	<b>33</b> Total liabilities and net assets/fund balances .....	162,443,222.	<b>33</b>	183,016,377.

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THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990 (2023)

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**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	18,524,782.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,274,398.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,250,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	152,094,859.
5	Net unrealized gains (losses) on investments	5	13,700,136.
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	-517,348.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,528,031.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> THE COMMUNITY FOUNDATION OF NORTH LOUISIANA	<b>Employer identification number</b> 72-6022365
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5719195.	9842888.	8756827.	7558722.	13472576.	45350208.
<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 .....	5719195.	9842888.	8756827.	7558722.	13472576.	45350208.
<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) .....						3944078.
<b>6 Public support.</b> Subtract line 5 from line 4.						41406130.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	5719195.	9842888.	8756827.	7558722.	13472576.	45350208.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4268552.	2819015.	6529171.	6051793.	4285629.	23954160.
<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.) .....	74,159.	108,306.	88,827.	99,814.	92,698.	463,804.
<b>11 Total support.</b> Add lines 7 through 10						69768172.
<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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.35	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	55.77	%
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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 - 2023.</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 - 2022.</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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			

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**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	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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).		

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Schedule A (Form 990) 2023

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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) 2023

**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)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0.													
<b>d</b>	Other exempt purpose expenditures	0.													
<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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

**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
<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 not be 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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**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	1	
<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	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<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 expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**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

**2023**

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 .....	111	
2 Aggregate value of contributions to (during year) .....	5,494,356.	
3 Aggregate value of grants from (during year) .....	3,239,596.	
4 Aggregate value at end of year .....	61,653,571.	
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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? .....

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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) 2023



THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

**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 in 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	9,455,350.	10,383,850.	9,267,071.	8,852,010.	8,023,634.
b Contributions	37,987.	368,497.	85,729.	56,682.	76,231.
c Net investment earnings, gains, and losses	963,810.	-856,240.	1,452,642.	774,963.	1,153,260.
d Grants or scholarships	352,018.	349,348.	334,660.	332,169.	318,872.
e Other expenditures for facilities and programs					
f Administrative expenses	94,429.	91,409.	86,932.	84,415.	82,243.
g End of year balance	10,010,700.	9,455,350.	10,383,850.	9,267,071.	8,852,010.

- 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? |     |    |
- 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		556,304.	436,741.	119,563.
d Equipment				
e Other		331,633.	169,366.	162,267.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, line 10c, column (B))</i>				281,830.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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	100,329.
(2) REMAINDER INTEREST IN CRT	181,000.
(3) INVESTMENTS-POOLS	146,564,848.
(4) INVESTMENTS-TRUSTS (EXCLUDING STILES)	16,415,213.
(5) DAWSON PROPERTIES	400,046.
(6) LEASE RIGHT OF USE ASSET	233,607.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	163,895,043.

**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	10,010,699.
(3) LEASE LIABILITY	233,607.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,244,306.

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	30,686,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,700,136.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-66,678.	
e	Add lines 2a through 2d	2e		13,633,458.
3	Subtract line 2e from line 1	3		17,052,731.
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	1,472,051.	
c	Add lines 4a and 4b	4c		1,472,051.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		18,524,782.

**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	11,827,951.
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		11,827,951.
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	446,447.	
c	Add lines 4a and 4b	4c		446,447.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,274,398.

**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	38,000.
STILES TRUST INCOME	-104,681.
ROUNDING	3.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-66,678.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM AGENCY FUNDS	1,001,797.
STILES DISTRIBUTIONS	470,254.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,472,051.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	
EXPENSES FROM AGENCY FUNDS	446,447.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

**2023**

Open to Public  
Inspection

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

Employer identification number  
**72-6022365**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT IN A PASSIVE FOREIGN INVESTMENT COMPANY		23,937,000.
<b>3 a</b> Subtotal .....	0	0			23,937,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			23,937,000.

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

Schedule F (Form 990) 2023

**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 .....

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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 the 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 the 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 the 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 the 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 the 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 the 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 \$23,737,000 WHICH HAS ALREADY BEEN ADJUSTED BY \$200,000 OF INVESTMENT EXPENSES DURING 2023.

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

**2023**

**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 noncash 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
ALLIANCE FOR EDUCATION 400 EDWARDS STREET SHREVEPORT, LA 71101	72-1466587	501(C)3	65,872.	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	9,451.	0.			GIVE FOR GOOD GRANT
BERNSTEIN DEVELOPMENT, INC. 1706 HOLLYWOOD AVE SHREVEPORT, LA 71108	71-1037209	501(C)3	8,550.	0.			CAMP BERNSTEIN SUMMER READING AND STEM PROGRAM, GIVE FOR GOOD GRANT
BIOMEDICAL RESEARCH FOUNDATION OF NORTHWEST LOUISIANA - 2031 KINGS HIGHWAY - SHREVEPORT, LA 71103	58-1711612	501(C)3	39,300.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
B'NAI ZION CONGREGATION 245 SOUTHFIELD ROAD SHREVEPORT, LA 71105	13-1663143	501(C)3	9,000.	0.			GENERAL SUPPORT AND ANNUAL GIFT
4 PAWS RESCUE, INC. 290 RODEO ROAD RUSTON, LA 71270	55-0908828	501(C)3	25,000.	0.			FOR GENERAL SUPPORT

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA, NORWELA COUNCIL - 3508 BEVERLY PLACE - SHREVEPORT, LA 71104	72-0423629	501(C)3	14,956.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR THE GOLDEN EAGLE GIVING CLUB
ACLU FOUNDATION OF LOUISIANA PO BOX 56157 NEW ORLEANS, LA 70156	72-0717944	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
TULANE UNIVERSITY 6325 FRERET STREET NEW ORLEANS, LA 70118	72-0423889	501(C)3	10,000.	0.			FOR GENERAL SUPPORT; FOR THE NEWCOMB ART MUSEUM
C. E. BYRD HIGH SCHOOL ALUMNI ASSOCIATION - 3201 LINE AVENUE - SHREVEPORT, LA 71104	72-1077857	501(C)3	21,719.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
CADDO COUNCIL ON AGING 1700 BUCKNER ST., STE. 240 SHREVEPORT, LA 71101	72-0715821	501(C)3	142,887.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; HOME DELIVERED MEALS (MEALS ON WHEELS)
CADDO LAKE INSTITUTE 400 EDWARDS STREET, SUITE 200 SHREVEPORT, LA 71101	20-3622669	501(C)3	16,953.	0.			GIVE FOR GOOD GRANT
CADDO PARISH SCHOOL BOARD PO BOX 32000 SHREVEPORT, LA 71130	72-6000224	GOVT	600,000.	0.			FOR SCHOLARSHIPS FOR STUDENTS ATTENDING EARLY CHILDHOOD EDUCATION PROGRAM
AMERICAN WILD HORSE PRESERVATION CAMPAIGN - PO BOX 1733 - DAVIS, CA 95617	47-4016989	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
CAREER COMPASS OF LOUISIANA 5441 JONES CREEK ROAD, SUITE H BATON ROUGE, LA 70817	20-4511965	501(C)3	105,000.	0.			SERVICES FOR BOSSIER AND CADDO PARISH SCHOOLS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLEY'S ANGELS 1314 E. KINGS HWY. SHREVEPORT, LA 71105	84-2596860	501(C)3	6,924.	0.			GIVE FOR GOOD GRANT
CATHOLIC CHARITIES OF NORTH LOUISIANA - 331 EAST 71ST STREET - SHREVEPORT, LA 71106	32-0315500	501(C)3	20,457.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
CEDAR CREEK SCHOOL 2400 CEDAR CREEK DRIVE RUSTON, LA 71270	72-0687240	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
CENTENARY COLLEGE OF LOUISIANA P.O. BOX 41188 SHREVEPORT, LA 71134	72-0408915	501(C)3	215,084.	0.			FOR GENERAL SUPORT; FOR ANNUAL SCHOLARSHIPS; FOR MICKLE HALL; GIVE FOR GOOD GRANT; FOR THEIR
ARGENT FOUNDATION 613 S. LAMAR BLVD. OXFORD, MS 38655	86-1771653	501(C)3	5,430.	0.			FOR COMMUNITY SUPPORT
CHILDREN AND ARTHRITIS, INC. 2751 ALBERT L. BICKNELL DRIVE, SUIT SHREVEPORT, LA 71103	72-1170530	501(C)3	19,815.	0.			GIVE FOR GOOD GRANT; FOR CAMP JAMBALAYA JUBILEE
CHIMP HAVEN, INC. 13600 CHIMPANZEE PLACE KEITHVILLE, LA 71047	74-2766663	501(C)3	25,705.	0.			GIVE FOR GOOD GRANT
CHRISTIAN SERVICE PROGRAM INSTITUTE - P. O. BOX 21 - SHREVEPORT, LA 71161	72-0954139	501(C)3	54,693.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR FEEDING SHREVEPORT HOMELESS
BFF OF DESOTO ANIMAL SERVICES PO BOX 281 GRAND CANE, LA 71032	87-2047163	501(C)3	6,313.	0.			GIVE FOR GOOD GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND COMMUNITY, INC. 4830 LINE AVENUE, #117 SHREVEPORT, LA 71106	20-0747912	501(C)3	120,238.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; USE FOR REPAIRS AND MAINTENANCE
COMMUNITY RENEWAL INTERNATIONAL P. O. BOX 4678 SHREVEPORT, LA 71134	72-1213057	501(C)3	196,757.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT; FOR MLK/KCS FRIENDSHIP HOUSE PROJECT
COMMUNITY SUPPORT PROGRAMS INC. 2924 KNIGHT STREET, BUILDING 3, SUI SHREVEPORT, LA 71105	72-1161354	501(C)3	19,236.	0.			GIVE FOR GOOD GRANT; FOR THE PURCHASE OF CHRISTMAS PRESENTS FOR CHILDREN WHO ARE PART OF THE IMPACT
COUNCIL ON ALCOHOLISM & DRUG ABUSE OF NORTHWEST LOUISIANA - 2000 FAIRFIELD AVE. - SHREVEPORT, LA 71104	72-0544581	501(C)3	82,541.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
DRESS FOR SUCCESS SHREVEPORT-BOSSIER - 1520 NORTH HEARNE AVENUE, SUITE 108 - SHREVEPORT, LA 71107	87-0718643	501(C)3	12,172.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
EVERGREEN PRESBYTERIAN MINISTRIES, INC. - 2101 HIGHWAY 80 - HAUGHTON, LA 71037	72-0537029	501(C)3	5,171.	0.			GIVE FOR GOOD GRANT
FILM PRIZE FOUNDATION 401 MARKET ST., SUITE 860 SHREVEPORT, LA 71101	35-2433985	501(C)3	180,150.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
FIRST BAPTIST CHURCH OF RUSTON 200 SOUTH TRENTON STREET RUSTON, LA 71270	72-0475548	501(C)3	10,000.	0.			FOR THE BUILDING FUND
FIRST BAPTIST CHURCH OF SHREVEPORT 543 OCKLEY DRIVE SHREVEPORT, LA 71106	72-0449493	501(C)3	25,542.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR FIRST BAPTIST CHURCH SCHOOL; FOR THE FIRST BAPTIST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH 900 JORDAN STREET SHREVEPORT, LA 71101	72-0423644	501(C)3	16,000.	0.			FOR GENERAL SUPPORT
FIRST METHODIST CHURCH PO BOX 1567 SHREVEPORT, LA 71165	72-0456907	501(C)3	12,000.	0.			FOR GENERAL SUPPORT
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)3	360,132.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR FOOD DISTRIBUTION PROGRAM
C. E. BYRD HIGH SCHOOL 3201 LINE AVENUE SHREVEPORT, LA 71104	72-6000224	GOVT	13,014.	0.			FOR GENERAL SUPPORT; FOR THE LIBRARY; FOR LAB EQUIPMENT
FULLER CENTER FOR HOUSING OF NORTHWEST LOUISIANA, INC. - PO BOX 3173 - SHREVEPORT, LA 71133	20-8226010	501(C)3	23,252.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR SUPPORT OF THE GOLF TOURNAMENT
GEAUX 4 KIDS, INC. 1513 DOCTORS DRIVE, SUITE 100-B BOSSIER CITY, LA 71111	47-4414443	501(C)3	5,462.	0.			GIVE FOR GOOD
GINGERBREAD HOUSE BOSSIER/CADDO CHILDREN'S ADVOCACY CENTER - 1700 BUCKNER ST., STE. 101 - SHREVEPORT, LA 71101	72-1390471	501(C)3	115,032.	0.			FOR GENERAL SUPPORT; FOR THE CHILD ADVOCACY PROGRAM; GIVE FOR GOOD GRANT
CADDO PARISH MAGNET HIGH SCHOOL PTSA - 1601 VIKING DRIVE - SHREVEPORT, LA 71101	72-0898689	501(C)3	25,644.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
GOODWILL INDUSTRIES OF NORTH LOUISIANA INC. - 800 W. 70TH STREET - SHREVEPORT, LA 71106	72-0460816	501(C)3	114,914.	0.			FOR JOB TRAINING AND PLACEMENT PROGRAM; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEMO ANGELS VOLUNTEER GROUP PO BOX 11314 EL DORADO, AR 71730	47-1110275	501(C)3	7,000.	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	10,118.	0.			GIVE FOR GOOD GRANT
HERBERT S. FORD MEMORIAL MUSEUM P. O. BOX 157 HOMER, LA 71040	23-7080353	501(C)3	18,563.	0.			GIVE FOR GOOD GRANT
HIGHLAND CENTER CORPORATION 520 OLIVE STREET SHREVEPORT, LA 71104	27-2489481	501(C)3	129,053.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR THE HIGHLAND CENTER STEPS UP
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE ROAD SHREVEPORT, LA 71106	72-0628035	501(C)3	332,990.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR THE COMMUNITY SCHOOL A DIVISION OF HOLY ANGELS
HOPE CONNECTIONS, INC. 762 AUSTIN PLACE SHREVEPORT, LA 71101	72-1476208	501(C)3	47,720.	0.			FOR HOPE SAFE HAVEN SHELTER; GIVE FOR GOOD GRANT
HUMANE SOCIETY OF NW LOUISIANA 2544 LINWOOD AVE SHREVEPORT, LA 71103	72-1396136	501(C)3	34,851.	0.			GIVE FOR GOOD GRANT
JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. - 3825 GILBERT DRIVE - SHREVEPORT, LA 71104	72-0595081	501(C)3	38,853.	0.			FOR GENERAL SUPPORT; JA - JROTC PARTNERSHIPS FOR ELEMENTARY CLASSROOM PROGRAMS
KREWE OF BARKUS & MEOUX, INC. 9649 CALLIOPE LANE SHREVEPORT, LA 71115	72-1453850	501(C)3	8,526.	0.			GIVE FOR GOOD GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LCTCS FOUNDATION 265 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	20-5432053	501(C)3	5,958.	0.			TO PROVIDE FUNDING FOR SCHOLARSHIPS FOR STUDENTS ENROLLED IN TECHNICAL AND/OR VOCATIONAL
LIFESHARE BLOOD CENTER 8910 LINWOOD AVE. SHREVEPORT, LA 71106	72-0511367	501(C)3	26,134.	0.			GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA, GIVE FOR GOOD GRANT; LIFESHARE
COLORADO GRAND INC. 4915 PASADENA WAY BROOMFIELD, CO 80023	84-1115630	501(C)3	7,500.	0.			FOR GENERAL SUPPORT
LITERACY VOLUNTEERS AT CENTENARY COLLEGE - 2911 CENTENARY BLVD - SHREVEPORT, LA 71134	72-1124343	501(C)3	10,144.	0.			SPONSORSHIP OF ADULT LITERACY STUDENTS; GIVE FOR GOOD GRANT
LITTLE THEATRE OF SHREVEPORT 812 MARGARET PLACE SHREVEPORT, LA 71134	72-0363143	501(C)3	51,874.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
CRIME STOPPERS OF SHREVEPORT, INC. PO BOX 3737 SHREVEPORT, LA 71133	72-0912624	501(C)3	5,349.	0.			GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT
LOUISIANA BABY MOMMAS RESCUE 9649 CALLIOPE LANE SHREVEPORT, LA 71115	46-1131728	501(C)3	5,301.	0.			GIVE FOR GOOD GRANT
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST., SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	77,302.	0.			FOR GENERAL SUPPORT; FOR INCREASING ACCESS FOR NORTH LOUISIANA FAMILIES AND EDUCATORS TO PRIME
LOUISIANA G.U.M.B.O., INC. 2840 MILITARY HIGHWAY PINEVILLE, LA 71360	72-1281183	501(C)3	5,022.	0.			GIVE FOR GOOD GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA TECH UNIVERSITY FOUNDATION - P. O. BOX 3183 - RUSTON, LA 71272-3183	72-6021176	501(C)3	30,000.	0.			FOR THE TWELFTH GATE CORPORATION FOUNDATION INC.
LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT - 920 PIERREMONT ROAD, SUITE 407 - SHREVEPORT, LA 71106	72-1402222	501(C)3	86,457.	0.			FOR THE BENEFIT OF THE MOLLIE E. WEBB SPEECH AND HEARING CENTER; FOR THE DEPARTMENT OF
LSU IN SHREVEPORT FOUNDATION, INC. ONE UNIVERSITY PLACE ADMINISTRATION BUILDING, 272 - SHREVEPORT, LA 71115	72-1031108	501(C)3	80,700.	0.			FOR THE SPRING STREET MUSEUM; FOR THE LSUS CAREER ACADEMIES; FOR EXPANDED LOCAL/REGIONAL
MAIN STREET HOMER 503 SOUTH MAIN STREET HOMER, LA 71040	46-5171565	501(C)3	10,734.	0.			GIVE FOR GOOD GRANT
MARTIN LUTHER KING HEALTH CENTER & PHARMACY - 865 OLIVE STREET - SHREVEPORT, LA 71104	72-1079721	501(C)3	168,860.	0.			FOR GENERAL SUPPORT; FOR HEALTHY FAMILIES; FOR HEALTHY COMMUNITIES; GIVE FOR GOOD GRANT
MARY'S HOUSE OF LOUISIANA, INC. 906 MARGARET PLACE SHREVEPORT, LA 71101	47-2593937	501(C)3	9,702.	0.			GIVE FOR GOOD GRANT
MCNEILL STREET PUMPING STATION PRESERVATION SOCIETY - P. O. BOX 957 - SHREVEPORT, LA 71163	72-1441269	501(C)3	8,934.	0.			FOR GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA; GIVE FOR GOOD GRANT
MED-CAMPS OF LOUISIANA, INC. 102 THOMAS ROAD, SUITE 615 WEST MONROE, LA 71291	72-1320517	501(C)3	10,197.	0.			FOR CAMP ALABAMA IN SIBLEY, LA; GIVE FOR GOOD GRANT
CROSSROADS NOLA, INC. 5290 CANAL BOULEVARD NEW ORLEANS, LA 70124	75-3196441	501(C)3	37,549.	0.			FOR CARING FOR LOUISIANA CHILDREN IN FOSTER CARE AND THEIR FAMILIES; GIVE FOR GOOD GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY P. O. BOX 4125 BATON ROUGE, LA 70821	53-0242652	501(C)3	15,000.	0.			FOR GENERAL SUPPORT
NINNA'S ROAD TO RESCUE 6 STERLING RANCH NORTH HAUGHTON, LA 71037	45-4728067	501(C)3	25,462.	0.			GIVE FOR GOOD GRANT
NOEL MEMORIAL UNITED METHODIST CHURCH - 520 HERNDON STREET - SHREVEPORT, LA 71101	13-5562279	501(C)3	20,000.	0.			TO REFURBISH AND REPAINT THE TROOP15 SCOUT HUT IN HIGHLAND PARK; TO PROVIDE SPIRITUAL, EMOTIONAL AND
NORTH LOUISIANA ECONOMIC PARTNERSHIP - 415 TEXAS STREET, SUITE 320 - SHREVEPORT, LA 71101	72-0936419	501(C)3	56,885.	0.			FOR GENERAL SUPPORT; FOR CAPITAL CAMPAIGN
NORTH LOUISIANA FARM FRESH CORPORATION - PO BOX 13231 - RUSTON, LA 71273	27-3907068	501(C)3	10,704.	0.			GIVE FOR GOOD GRANT
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD NO. 153 CULVER, IN 46511	35-0868071	501(C)3	10,000.	0.			FOR DAY OF GIVING LEAD DONOR
D.A.R.T. (DOMESTIC ABUSE RESISTANCE TEAM) - 108 W. ALABAMA AVENUE - RUSTON, LA 71270	72-1273159	501(C)3	14,163.	0.			GIVE FOR GOOD GRANT; HELP KEEP FAMILIES SAFE
OAKWOOD HOME FOR WOMEN, INC. 1700 HIGHLAND SHREVEPORT, LA 71101	23-7368054	501(C)3	16,103.	0.			GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT
ONE GREAT RIVER OF LOUISIANA, INC. P. O. BOX 44349 SHREVEPORT, LA 71134	72-0981860	501(C)3	9,277.	0.			GIVE FOR GOOD GRANT

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PET SAVERS 632 DUDLEY DRIVE SHREVEPORT, LA 71104	42-1645998	501(C)3	7,712.	0.			GIVE FOR GOOD GRANT
PHILANTHROPY SOUTHEAST 100 PEACHTREE STREET, SUITE 2080 ATLANTA, GA 30303	56-0995114	501(C)3	5,960.	0.			ANNUAL DUES
DAVID RAINES COMMUNITY HEALTH CENTER, INC. - 3041 DR. MARTIN LUTHER KING JR. DRIVE - SHREVEPORT, LA 71107	58-2000630	501(C)3	45,905.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR WELLNESS ON WHEELS
PORT CITY CAT RESCUE 1826 BENTON ROAD BOSSIER CITY, LA 71111	47-4950777	501(C)3	9,237.	0.			GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT
PRAISE ACADEMY AT LAKESIDE 1446 YALE AVE. SHREVEPORT, LA 71103	81-3602868	501(C)3	115,871.	0.			GIVE FOR GOOD GRANT
PROJECT RECLAIM OF MINDEN, INC. PO BOX 444 MINDEN, LA 71058	47-1151633	501(C)3	7,200.	0.			FOR GENERAL SUPPORT
PROVIDENCE HOUSE 814 COTTON ST. SHREVEPORT, LA 71101	72-1205164	501(C)3	422,885.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA - P. O. BOX 14776 - BATON ROUGE, LA 70898	72-0436118	501(C)3	5,989.	0.			FOR A HEALTHY POLICY RESEARCH STAFF POSITION; FOR MEMBERSHIP RENEWAL; FOR GENERAL SUPPORT
RED RIVER FILM SOCIETY INC 617 TEXAS STREET SHREVEPORT, LA 71101	42-1562125	501(C)3	95,728.	0.			FOR GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA; GIVE FOR GOOD GRANT

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RED RIVER REVEL INC. 101 CROCKETT STREET, SUITE C SHREVEPORT, LA 71101	72-0953274	501(C)3	31,053.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
RED RIVER STEM, INC. 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	83-1184822	501(C)3	14,299.	0.			FOR GENERAL SUPPORT
RENESTING PROJECT, INC. 1303 DRIFTWOOD DR. BOSSIER CITY, LA 71111	45-3958008	501(C)3	27,210.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; TO PROVIDE HOUSEHOLD GOODS AND FURNISHINGS TO THE
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT, LA 71101	72-1431506	501(C)3	21,773.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
ROBINSON'S RESCUE 2515 LINE AVENUE SHREVEPORT, LA 71104	42-1717278	501(C)3	51,722.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
ROCKERS RESCUE PO BOX 242 GREENWOOD, LA 71033	47-5114853	501(C)3	5,060.	0.			GIVE FOR GOOD GRANT
ROSS LYNN CHARITABLE FOUNDATION, INC. - P. O. BOX 905 - RUSTON, LA 71273	47-1023395	501(C)3	49,496.	0.			GIVE FOR GOOD GRANT
ROTARY CLUB OF SHREVEPORT FOUNDATION - P. O. BOX 380 - SHREVEPORT, LA 71162-0380	72-1465321	501(C)3	6,738.	0.			FOR GENERAL SUPPORT; TO SUPPORT SCHOLARSHIPS AT CENTENARY COLLEGE; GIVE FOR GOOD GRANT
ROWLAND WARD FOUNDATION 15621 CHEMICAL LANE, BUILDING A HUNTINGTON BEACH, CA 92649	85-3857494	501(C)3	7,500.	0.			FOR GENERAL SUPPORT

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RUSTON GIRLS SOFTBALL ASSOCIATION 207 NORTH SERVICE ROAD, EAST BOX 17 RUSTON, LA 71270	72-1244261	501(C)3	10,000.	0.			FOR VARIOUS PROJECTS
DIXIE CENTER FOR THE ARTS 212 NORTH VIENNA STREET RUSTON, LA 71270	72-1399700	501(C)3	7,000.	0.			FOR GENERAL SUPPORT
FAIRFIELD ELEMENTARY MAGNET FOUNDATION, INC. - P.O. BOX 7166 - SHREVEPORT, LA 71137	83-4303767	501(C)3	6,725.	0.			FOR BUILDING FUND
SAMARITAN COUNSELING CENTER 1525 STEPHENS AVE. SHREVEPORT, LA 71101	72-1014069	501(C)3	43,276.	0.			GIVE FOR GOOD GRANT; R3 PROGRAM: RECLAIM, RENEW, RESTORE
FAITH AND FOSTERING 3004 KNIGHT STREET, BUILDING 6 SUIT SHREVEPORT, LA 71105	84-5001754	501(C)3	34,811.	0.			FOR GENERAL OPERATING SUPPORT; GIVE FOR GOOD GRANT
SETTLED INN VILLAGE PO BOX 53413 SHREVEPORT, LA 71135	84-1816771	501(C)3	17,240.	0.			GIVE FOR GOOD GRANT; ASSIST WITH COSTS OF DEVELOPMENT OF A MASTER PLAN
SHREVEPORT BAR FOUNDATION 625 TEXAS STREET SHREVEPORT, LA 71111	72-1115393	501(C)3	78,390.	0.			FOR LEGAL REPRESENTATION FOR VICTIMS OF DOMESTIC VIOLENCE PROGRAM; FOR THE PRO BONO PROJECT; FOR
SHREVEPORT BOSSIER ANIMAL RESCUE, INC. - 431 KINGS HIGHWAY - SHREVEPORT, LA 71104	46-2460128	501(C)3	8,916.	0.			GIVE FOR GOOD GRANT
SHREVEPORT GREEN 3625 SOUTHERN AVE SHREVEPORT, LA 71104	72-0970610	501(C)3	57,957.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR SHREVECORPS HEALTHY FUTURES HEADSTART; FOR

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SHREVEPORT METROPOLITAN BALLET 1520 NORTH HEARNE AVENUE, SUITE 118 SHREVEPORT, LA 71107	23-7431965	501(C)3	16,825.	0.			GIVE FOR GOOD GRANT; CHANCE TO DANCE
SHREVEPORT OPERA 212 TEXAS ST., STE. 101 SHREVEPORT, LA 71101	72-6021455	501(C)3	54,931.	0.			FOR GENERAL SUPPORT; FOR SHREVEPORT OPERA XPRESS (SOX) EDUCATIONAL MUSICAL PROGRAMMING FOR STUDENTS;
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT STREET SHREVEPORT, LA 71101	72-0805661	501(C)3	62,611.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR 2024 ARTBREAK FESTIVAL: FULL STEAM AHEAD
SHREVEPORT SYMPHONY ORCHESTRA, INC. - P. O. BOX 205 - SHREVEPORT, LA 71162	72-6001334	501(C)3	139,266.	0.			GENERAL OPERATING SUPPORT, GIVE FOR GOOD GRANT; FOR THE 2023/2024 SEASON
SHREVEPORT-BOSSIER RESCUE MISSION P. O. BOX 3949 SHREVEPORT, LA 71133	23-7050551	501(C)3	89,296.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
SHRINERS HOSPITAL FOR CHILDREN 3100 SAMFORD AVE. SHREVEPORT, LA 71103	36-2193608	501(C)3	44,096.	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	70,731.	0.			GIVE FOR GOOD GRANT
SOUTHFIELD SCHOOL 1100 SOUTHFIELD ROAD SHREVEPORT, LA 71106	72-0439760	501(C)3	41,645.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
SPEARSVILLE VOLUNTEER FIRE DEPARTMENT - 2456 HIGHWAY 3121 - SPEARSVILLE, LA 71277	90-1026996	GOVT	10,000.	0.			FOR EQUIPMENT

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ST. JOSEPH CATHOLIC CHURCH 211 ATLANTIC AVE. SHREVEPORT, LA 71105	72-0453616	501(C)3	17,777.	0.			GIVE FOR GOOD GRANT, FOR ST. JOSEPH CATHOLIC SCHOOL
ST. LUKE'S EPISCOPAL MOBILE MEDICAL MINISTRY, INC. - P. O. BOX 53074 - SHREVEPORT, LA 71135	45-3786377	501(C)3	33,481.	0.			FOR STREET OUTREACH PROVIDING HEALTHCARE & EDUCATION FOR UNDERSERVED OF NWLA; GIVE FOR GOOD
ST. MARK'S CATHEDRAL 908 RUTHERFORD SHREVEPORT, LA 71104	72-0876874	501(C)3	18,084.	0.			ST. MARK'S CATHEDRAL SCHOOL; GIVE FOR GOOD GRANT; GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 7275 SOUTHFIELD ROAD SHREVEPORT, LA 71105	72-6002016	501(C)3	6,000.	0.			FOR GENERAL SUPPORT
STAGE CENTER 4830 LINE AVENUE, SUITE 353 SHREVEPORT, LA 71106	45-5123865	501(C)3	39,510.	0.			GIVE FOR GOOD GRANT
STONER AVENUE BRIDGE HOUSE 426 STONER AVENUE SHREVEPORT, LA 71101	81-0926282	501(C)3	14,066.	0.			GIVE FOR GOOD GRANT
TEAMS (TRAINING, EDUCATION AND MEDIATION FOR STUDENTS) - 1545 LINE AVENUE, SUITE 228 - SHREVEPORT, LA 71101	80-0204842	501(C)3	12,054.	0.			GIVE FOR GOOD GRANT; FOR EDUCATION FOR ALL
THE ARC CADDO-BOSSIER 351 JORDAN STREET SHREVEPORT, LA 71101-4897	72-0482891	501(C)3	237,391.	0.			GIVE FOR GOOD GRANT; FOR THE GOLDMAN SCHOOL; FOR THE GOLDMAN SCHOOL AT THE HIGHLAND CENTER; FOR THE
THE BETTY AND LEONARD PHILLIPS DEAF ACTION CENTER OF NORTHWEST LOUISIANA, - 601 JORDAN STREET - SHREVEPORT, LA 71101	72-0934321	501(C)3	48,612.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT

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THE BRIDGE ALZHEIMER'S & DEMENTIA RESOURCE CENTER - P. O. BOX 4038 - SHREVEPORT, LA 71104	20-5619478	501(C)3	135,408.	0.			FOR GENERAL SUPPORT; FOR A COMPREHENSIVE SUPPORTY SYSTEM FOR PERSONS AFFECTED BY ALZHEIMER'S
GREATER SHREVEPORT CHAMBER FOUNDATION - 400 EDWARDS STREET - SHREVEPORT, LA 71101	72-1271049	501(C)3	100,000.	0.			FOR BUILDING RENOVATIONS
HARK PO BOX 29274 SHREVEPORT, LA 71149	84-1756292	501(C)3	11,587.	0.			GIVE FOR GOOD GRANT
THE GLEN RETIREMENT SYSTEM 403 E. FLOURNOY LUCAS SHREVEPORT, LA 71115	72-0428013	501(C)3	14,349.	0.			GIVE FOR GOOD GRANT; GENERAL SUPPORT
THE HUB: URBAN MINISTRIES 4110 YOUREE DRIVE SHREVEPORT, LA 71105	26-4794709	501(C)3	39,038.	0.			GIVE FOR GOOD GRANT; FOR GENERAL SUPPORT
THE PHILADELPHIA CENTER 2020 CENTENARY BLVD. SHREVEPORT, LA 71104-2437	72-1204252	501(C)3	44,057.	0.			FOR GENERAL SUPPORT; FOR NORTHWEST LOUISIANA HIV RESOURCE CENTER; GIVE FOR GOOD GRANT
THE SALVATION ARMY OF SHREVEPORT 200 E. STONER AVE. SHREVEPORT, LA 71101	58-0660607	501(C)3	84,241.	0.			GENERAL SUPPORT; THE BOYS AND GIRLS CLUB, GIVE FOR GOOD GRANT
THE STRAND THEATRE OF SHREVEPORT CORPORATION - 619 LOUISIANA AVENUE STE 200 - SHREVEPORT, LA 71101	72-0800065	501(C)3	49,484.	0.			FOR GENERAL SUPPORT TO ONLY BE USED FOR PURPOSES STATED IN THE DESIGNATED AGENCY ENDOWMENT FUND
THEATRE OF THE PERFORMING ARTS OF SHREVEPORT - 4005 LAKESHORE DRIVE - SHREVEPORT, LA 71109	72-0808937	501(C)3	21,806.	0.			FOR THE YAZZY (YOUTH CELEBRATING JAZZ) SUMMER MORNING MIX; FOR ARTS EDUCATION FOR UNDERSERVED

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THINKFIRST OF ARK-LA-TEX, INC. 960 SHERIDAN AVE., SUITE A SHREVEPORT, LA 71104	72-1326847	501(C)3	14,366.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
TOWN OF HAYNESVILLE 1711 MAIN STREET HAYNESVILLE, LA 71038	72-6000510	GOVT	7,500.	0.			FOR SUPPORT OF CLEANLINESS AND BEAUTIFICATION EFFORTS IN HAYNESVILLE
HIGHLAND AREA PARTNERSHIP PO BOX 44292 SHREVEPORT, LA 71134	58-1995073	501(C)3	5,889.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR HIGHLAND JAZZ AND BLUES FESTIVAL
TRINITY UNIVERSITY ONE TRINITY PLACE #49 SAN ANTONIO, TX 78212-7200	74-1109633	501(C)3	160,000.	0.			GENERAL SUPPORT
UNION MUSUEM OF HISTORY AND ART 211 N. MAIN STREET FARMERVILLE, LA 71241	46-4128368	501(C)3	8,000.	0.			FOR GENERAL SUPPORT
UNION PARISH HIGH SCHOOL PO BOX 308 FARMERVILLE, LA 71241	72-6001418	GOVT	18,485.	0.			FOR THE SCHOOL BAND; FOR THE READING INTERVENTION PROGRAM/ADAPTIVE PE; FOR MINOR SPORTS PROGRAMS;
UNION RESERVE DEPUTY ASSOCIATION 710 HOLDER ROAD FARMERVILLE, LA 71241	82-2354766	501(C)3	10,000.	0.			FOR EQUIPMENT
UNITED WAY OF NORTHWEST LOUISIANA 402 EDWARDS STREET SHREVEPORT, LA 71101	72-0503930	501(C)3	36,470.	0.			FOR GENERAL SUPPORT
JUNCTION CITY YOUTH SOFTBALL 170 SW SHERWOOD DR. EL DORADO, AR 71730	88-2696577	501(C)3	11,000.	0.			FOR GENERAL SUPPORT; FOR OPERATING EXPENSES OR EQUIPMENT

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VILLAGE OF SPEARVILLE 2511 HWY 3121 SPEARVILLE, LA 71277	36-4770701	GOVT	10,000.	0.			FOR UPDATES PER STATE REGULATIONS
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT, LA 71101	72-1057695	501(C)3	330,554.	0.			FOR THE HARBOR SCHOOL-BASED RESOURCE CENTER; GENERAL SUPPORT; FOR TRUANCY ASSESSMENT
VOLUNTEERS OF AMERICA OF NORTH LOUISIANA - 360 JORDAN STREET - SHREVEPORT, LA 71101	72-0506820	501(C)3	1,077,079.	0.			FOR COMMUNITIES IN SCHOOLS AND LIGHTHOUSE EXPANSION; FOR GENERAL SUPPORT; GIVE FOR GOOD
WIDEMAN INTERNATIONAL PIANO COMPETITION, INC. - 2900 WHELESS AVENUE - SHREVEPORT, LA 71104	87-2713420	501(C)3	9,663.	0.			TO BE USED AS PRIZE MONEY; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT
WILDLIFE EDUCATION AND REHABILITATION OF LOUISIANA - PO BOX 7462 - SHREVEPORT, LA 71137	46-4035568	501(C)3	5,010.	0.			GIVE FOR GOOD GRANT
WOODY'S HOME INC. 442 JORDAN STREET SHREVEPORT, LA 71101	83-0367619	501(C)3	11,390.	0.			GIVE FOR GOOD GRANT
YMCA OF NORTHWEST LOUISIANA 400 MCNEILL STREET SHREVEPORT, LA 71101	72-0408997	501(C)3	401,092.	0.			FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR ANNUAL CAMPAIGN; FOR THE DESIGN AND CONSTRUCTION
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE, STE. 207 SHREVEPORT, LA 71106-1533	58-1727972	501(C)3	38,578.	0.			FOR YEP PLUS; FOR SCHOLARSHIPS FOR CHILDREN IN THE YEP PROGRAM
YWCA OF NORTHWEST LOUISIANA 850-B OLIVE STREET SHREVEPORT, LA 71104	72-0423896	501(C)3	38,393.	0.			GIVE FOR GOOD GRANT; FOR TEEN EMPOWERMENT PROGRAM

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LOUISIANA BAPTIST CHILDRENS HOME AND FAMILY MINISTRIES - PO BOX 4196 - MONROE, LA 71211-4196	72-6000696	501(C)3	9,746.	0.			FOR GENERAL SUPPORT
LOUISIANA CHAMBER OF COMMERCE FOUNDATION, INC. - 2020 ST. CHARLES AVE, 5TH FLOOR - NEW ORLEANS, LA 70130	83-2128501	501(C)3	15,000.	0.			FOR STRENGTHENING NORTHERN LOUISIANA'S MINORITY BUSINESS COMMUNITY
LOUISIANA KEY ACADEMY 3172 GOVERNMENT STREET BATON ROUGE, LA 70806	45-5616292	501(C)3	140,521.	0.			FOR GENERAL SUPPORT OF THE SHREVEPORT CAMPUS, GIVE FOR GOOD GRANT, FOR EDUCATING DYSLEXIC
LOUISIANA STATE UNIVERSITY SHREVEPORT - ONE UNIVERSITY PLACE - SHREVEPORT, LA 71115	72-0702001	GOVT	100,000.	0.			FALL SEMESTER 2023 NOEL FOUNDATION SCHOLARSHIP CONTRIBUTION
LOUISIANA TECH CHRISTIAN STUDENT CENTER - 2300 WOODWARD AVENUE - RUSTON, LA 71270	81-4732932	501(C)3	15,000.	0.			FOR OPERATING EXPENSES
MERCY CHRISTIAN ACADEMY 352 PENNSYLVANIA AVENUE SHREVEPORT, LA 71105	86-3239207	501(C)3	23,239.	0.			GIVE FOR GOOD GRANT
NORTH LOUISIANA MILITARY MUSEUM 201 MEMORIAL DRIVE RUSTON, LA 71270	72-1278350	501(C)3	7,000.	0.			FOR GENERAL SUPPORT
NORTHWESTERN STATE UNIVERSITY FOUNDATION, INC. - 535 UNIVERSITY PARKWAY - NATCHITOCHEs, LA 71457	72-6021495	501(C)3	61,444.	0.			TO PROVIDE NEED-BASED GRANT-IN-AID TO ONE OR MORE NORTHWESTERN STATE UNIVERSITY COLLEGE OF
NSU CHILD AND FAMILY NETWORK 200 SAM SIBLEY DRIVE NATCHITOCHEs, LA 71457	72-6000783	501(C)3	51,000.	0.			SCHOLARSHIPS FOR STUDENTS ATTENDING EARLY CHILDHOOD EDUCATION PROGRAMS IN BOSSIER PARISH

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OAKLAND CEMETERY PRESERVATION SOCIETY, INC. - PO BOX 52131 - SHREVEPORT, LA 71135	72-1457312	501(C)3	117,257.	0.			GIVE FOR GOOD GRANT, FOR THE CONSTRUCTION OF THE YELLOW FEVER MEMORIAL, FOR GENERAL SUPPORT
PEER INITIATIVE 4107 LONGPINE LANE LAKE CHARLES, LA 70611	87-4601455	501(C)3	8,000.	0.			FOR FOUR SCREENINGS OF THE FILM MY ASCENSION
PLANT A SEED IN OUR YOUTH FOUNDATION - 1518 COX STREET - BOSSIER CITY, LA 71111	72-1496381	501(C)3	30,398.	0.			FOR YOUTH DEVELOPMENT PROGRAM; GIVE FOR GOOD GRANT
PROVENANCE INSTITUTE FOR THE ARTS CULTURE AND ENVIRONMENT - 330 MARSHALL STREET, SUITE 200 - SHREVEPORT, LA 71101	82-4523069	501(C)3	15,000.	0.			FOR GENERAL SUPPORT
PROVIDENCE CLASSICAL ACADEMY INC. 4525 OLD BROWNLEE ROAD BOSSIER CITY, LA 71111	72-1602116	501(C)3	29,257.	0.			GIVE FOR GOOD GRANT
RANDALL'S ISLAND PARK ALLIANCE, INC. - 10 CENTRAL ROAD - NEW YORK, NY 10035	13-3787630	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ARKANSAS - 1501 W 10TH STREET - LITTLE ROCK, AR 72202	71-0525252	501(C)3	31,074.	0.			RONALD MCDONALD HOUSE SHREVEPORT-BOSSIER, GIVE FOR GOOD GRANT
SHREVEPORT FIRE DEPARTMENT 263 NORTH COMMON STREET SHREVEPORT, LA 71101	72-6001326	GOVT	8,500.	0.			TO ACQUIRE AN INFLATABLE FIRE HOUSE PROP, FOR TRAINING DONATION FOR CIT
SHREVEPORT YOUTH BOXING CLUB 624 TEXAS STREET, SUITE 102 SHREVEPORT, LA 71101	81-0692044	501(C)3	12,568.	0.			FOR GENERAL SUPPORT; 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC. - 300 S WEST AVE - EL DORADO, AR 71730-5936	71-0582373	501(C)3	15,000.	0.			FOR THE NURSING PROGRAM
SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER STREET EL DORADO, AR 71730-4019	71-0705708	501(C)3	7,000.	0.			FOR GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
SOUTHERN UNIVERSITY AT SHREVEPORT FOUNDATION - PO BOX 1134 - SHREVEPORT, LA 71163	72-1454141	501(C)3	41,645.	0.			FOR SCHOLARSHIPS FOR NURSING STUDENTS, GIVE FOR GOOD GRANT, FOR GENERAL SUPPORT
THE ADVOCATE 10705 RIEGER ROAD BATON ROUGE, LA 70809	72-0146160		299,500.	0.			FOR LOCAL INVESTIGATIVE AND IN-DEPTH JOURNALISM
THE HEARTWORK FOUNDATION 212 PIPER DR. SHREVEPORT, LA 71106	81-3896117	501(C)3	7,500.	0.			FOR THE HEARTWORK INSTITUTE
THE UNIVERSITY OF ALABAMA 801 CAMPUS DRIVE TUSCALOOSA, AL 35487	63-6001138	501(C)3	25,000.	0.			FOR THE DKE BUILDING FUND 11989
THE VOTER PARTICIPATION CENTER 1707 L STREET NW, SUITE 700 WASHINGTON, DC 20036	55-0889748	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
TOWN OF DUBACH 7833 ANNIE LEE STREET DUBACH, LA 71235	72-6015222	GOVT	7,580.	0.			FOR BEAUTIFICATION EFFORTS AND BALLPARK IMPROVEMENTS, FOR RESTORING AND MAINTAINING

Schedule I (Form 990)

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
SCHOLARSHIPS FOR STUDENTS	26	68,348.	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: CENTENARY COLLEGE OF LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPORT; FOR ANNUAL SCHOLARSHIPS; FOR MICKLE HALL; GIVE FOR GOOD GRANT; FOR THEIR CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SUPPORT PROGRAMS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE FOR GOOD GRANT; FOR THE PURCHASE OF CHRISTMAS PRESENTS FOR CHILDREN WHO ARE PART OF THE IMPACT

**Part IV** Supplemental Information

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH OF SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR FIRST BAPTIST CHURCH SCHOOL; FOR THE FIRST BAPTIST CHURCH SCHOOL SPORTS COMPLEX; FOR THE CHILDREN'S BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: LCTCS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR SCHOLARSHIPS FOR STUDENTS ENROLLED IN TECHNICAL AND/OR VOCATIONAL TRAINING AT ITS SHREVEPORT CAMPUS

NAME OF ORGANIZATION OR GOVERNMENT: LIFESHARE BLOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF SERVICES IN NORTH LOUISIANA, GIVE FOR GOOD GRANT; LIFESHARE PHLEBOTOMY SCHOOL SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA ENDOWMENT FOR THE HUMANITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR INCREASING ACCESS FOR NORTH LOUISIANA FAMILIES AND EDUCATORS TO PRIME TIME READING

NAME OF ORGANIZATION OR GOVERNMENT: CROSS OF RUSTON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A 120 FOOT HIGH STRUCTURE (CROSS) ON OR NEAR INTERSTATE 20 IN OR NEAR RUSTON THAT DEMONSTRATES AND PROMOTES CHRISTIANITY

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

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 DEPARTMENT OF OTOLARYNGOLOGY MEDICAL LECTURE BY AN EXPERT ON HYPNO-THERAPY, FOR THE DAVIS PROFESSORSHIP, FOR THE FEIST WEILLER CANCER CENTER FOR CANCER SURVIVOR PROGRAMS OR CLINICAL RESEARCH, IN HONOR OF TERRY C. DAVIS, PH.D., GIVE FOR GOOD GRANT, FOR THE WHITE COAT SCHOLARSHIP CAMPAIGN

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SPRING STREET MUSEUM; FOR THE LSUS CAREER ACADEMIES; FOR EXPANDED LOCAL/REGIONAL NEWS AND CULTURAL AFFAIRS PROGRAMING; FOR RED RIVER RADIO; FOR TECHNICAL ASSISTANCE TO NONPROFIT ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT: NOEL MEMORIAL UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REFURBISH AND REPAINT THE TROOP15 SCOUT HUT IN HIGHLAND PARK; TO PROVIDE SPIRITUAL, EMOTIONAL AND MATERIAL ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: RENESTING PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; TO PROVIDE HOUSEHOLD GOODS AND FURNISHINGS TO THE POOR

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; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT GREEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR SHREVECORPS HEALTHY FUTURES HEADSTART; FOR THE QUERBES PARK FOUNDATION FOR IMPROVEMENTS TO QUERBES GOLF AND TENNIS GROUNDS

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT OPERA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR SHREVEPORT OPERA XPRESS (SOX) EDUCATIONAL MUSICAL PROGRAMMING FOR STUDENTS; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STREET OUTREACH PROVIDING HEALTHCARE & EDUCATION FOR UNDERSERVED OF NWLA; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC CADDO-BOSSIER

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE FOR GOOD GRANT; FOR THE GOLDMAN SCHOOL; FOR THE GOLDMAN SCHOOL AT THE HIGHLAND CENTER; FOR THE GREAT PROGRAM; THE HAP HOUSE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

THE BRIDGE ALZHEIMER'S & DEMENTIA RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR A COMPREHENSIVE SUPPORTY SYSTEM FOR PERSONS AFFECTED BY ALZHEIMER'S AND DEMENTIA AND THEIR CAREGIVERS; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

THE STRAND THEATRE OF SHREVEPORT CORPORATION

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

THEATRE OF THE PERFORMING ARTS OF SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE YAZZY (YOUTH CELEBRATING JAZZ) SUMMER MORNING MIX; FOR ARTS EDUCATION FOR UNDERSERVED YOUTH; GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT: UNION PARISH HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOOL BAND; FOR THE READING INTERVENTION PROGRAM/ADAPTIVE PE; FOR MINOR SPORTS PROGRAMS; FOR HONORS SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS FOR YOUTH JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HARBOR SCHOOL-BASED RESOURCE CENTER; GENERAL SUPPORT; FOR TRUANCY ASSESSMENT SERVICE CENTER (TASC), GIVE FOR GOOD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS OF AMERICA OF NORTH LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITIES IN SCHOOLS AND LIGHTHOUSE EXPANSION; FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR A CHALLENGE GIFT FOR VOA'S CHERISH THE CHILDREN OF GOD BREAKFAST FUNDRAISING EVENT;

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF NORTHWEST LOUISIANA

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; GIVE FOR GOOD GRANT; FOR ANNUAL CAMPAIGN; FOR THE DESIGN AND CONSTRUCTION OF NEW BASEBALL/SOFTBALL FIELDS AND THEIR ATTENDING STRUCTURES AT THE CURRENTLY EXISTING SHREVEPORT LITTLE LEAGUE BASEBALL/SOFTBALL FIELDS

NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA KEY ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT OF THE SHREVEPORT CAMPUS, GIVE FOR GOOD GRANT, FOR EDUCATING DYSLEXIC CHILDREN, FOR INSPIRING SCHOOLS, FOR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWESTERN STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NEED-BASED GRANT-IN-AID TO ONE OR MORE NORTHWESTERN STATE UNIVERSITY COLLEGE OF NURSING STUDENTS, FOR SCHOLARSHIPS FOR NURSING STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF DUBACH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BEAUTIFICATION EFFORTS AND BALLPARK IMPROVEMENTS, FOR RESTORING AND MAINTAINING HISTORIC STRUCTURES, FOR BEAUTIFYING THE TOWN WITH FLOWERS, AND RESTORING THE CITY PARK

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 checked="" 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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- 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>		<input checked="" type="checkbox"/>
<b>2</b>	<input checked="" type="checkbox"/>	
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2023

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

72-6022365

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRISTI GUSTAVSON CEO	(i)	170,500.	0.	0.	10,230.	0.	180,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

THE CEO IS REIMBURSED FOR DUES TO THE SHREVEPORT CLUB.

PART I, LINE 1B:

THE CEO IS REIMBURSED FOR HER DUES ONCE SHE PROVIDES THE STATEMENT.

PART I, LINE 3:

THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS DETERMINED  
BY USE OF A COMPENSATION SURVEY OR STUDY AND THE APPROVAL BY THE BOARD OR  
COMPENSATION COMMITTEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	10	1,824,065.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2023

**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)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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.

AN ADDITIONAL PROGRAM IS "COMMUNITY COUNTS". 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, ECONOMIC WELL-BEING, HUMAN CAPITAL, EDUCATION, HEALTH, AS WELL AS SOCIAL AND PHYSICAL ENVIRONMENT. THIS DATA GUIDES THE FOUNDATION'S GRANT-MAKING AND WE ENCOURAGE ALL TO USE THE REPORT TO START COMMUNITY DISCUSSIONS, AS A ROAD-MAP FOR SOCIAL CAPITAL INVESTMENT, OR AS A CALL TO ACTION FOR PHILANTHROPY AND VOLUNTEERISM.

OVER 50% OF CHILDREN IN NORTHWEST LOUISIANA ARE NOT KINDERGARTEN READY WHEN THEY START KINDERGARTEN. RESEARCH HAS SHOWN KINDERGARTEN READINESS IS AN INDICATOR OF LONG-TERM EDUCATIONAL SUCCESS. THE FOUNDATION HAS INCREASED FUNDRAISING EFFORTS TO PROVIDE SCHOLARSHIPS TO EXPAND ACCESS AND ENROLLMENT IN QUALITY EARLY CHILDREN EDUCATION FOR CHILDREN IN CADDO AND BOSSIER PARISHES. IN ADDITION, THE FOUNDATION IS

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	THE COMMUNITY FOUNDATION OF NORTH LOUISIANA	Employer identification number	72-6022365
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EVALUATING THE IMPACT OF THIS INITIATIVE BY TRACKING AND MEASURING THE  
PROGRESS OF CHILDREN RECEIVING SCHOLARSHIPS RELATIVE TO THEIR PEERS  
THAT DO NOT ATTEND EARLY CHILDHOOD EDUCATION CENTERS.  
EXPENSES \$ 454,282. 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  
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.

Name of the organization THE COMMUNITY FOUNDATION OF NORTH LOUISIANA	Employer identification number 72-6022365
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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	-555,350.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	38,000.
ROUNDING	2.
TOTAL TO FORM 990, PART XI, LINE 9	-517,348.

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

**2023**

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	1,014,421.	19,728,415.	
CFNLA PROPERTIES II, LLC - 83-1898167 401 EDWARDS ST., STE. 105 SHREVEPORT, LA 71101	HOLD PROPERTIES RECEIVED	LOUISIANA	121,369.	1,348,472.	

**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			<b>X</b>

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

Schedule R (Form 990) 2023

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**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	470,254.	
(2)			
(3)			
(4)			
(5)			
(6)			

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	





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

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

Department of the Treasury Internal Revenue Service

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

Form header section A-F containing organization name (THE COMMUNITY FOUNDATION OF NORTH LOUISIANA), address (401 EDWARDS STREET, SUITE 105), and book value of assets (183,016,377).

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (PAIGE CARLISLE, 318) 221-0582).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 203,909 to 158,881.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 33,365 to 33,365.

Table for Part III: Tax and Payments. Rows 1a-5 showing credits, tax due, and liability paid, ending with a total tax of 33,365.

<b>Part III Tax and Payments</b> <i>(continued)</i>				
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		<b>1,990.</b>
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>STATEMENT 7</b> .....	<b>9</b>		<b>35,355.</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> <i>(see instructions)</i>			
<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	<b>Yes</b>	<b>No</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>43,997.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900001	\$ 290,908.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	_____ Signature of officer	_____ Date	CFO _____ Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	AIMEE P. MCFARLAND	AIMEE P. MCFARLAND	11/13/24	P01492592
	Firm's name	Firm's address		Firm's EIN
HEARD, MCELROY & VESTAL, LLC	333 TEXAS STREET, SUITE 1525 SHREVEPORT, LA 71101		72-0398470	
			Phone no.	318-429-1525

FORM 990-T		LATE PAYMENT INTEREST				STATEMENT 1	
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
TAX DUE	05/15/24	33,365.	33,365.	.0800	184	1,369.	
DATE FILED	11/15/24		34,734.				
TOTAL LATE PAYMENT INTEREST						1,369.	

FORM 990-T		LATE PAYMENT PENALTY			STATEMENT 2	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	05/15/24	33,365.	33,365.	6	1,001.	
DATE FILED	11/15/24		33,365.			
TOTAL LATE PAYMENT PENALTY					1,001.	

FORM 990-T		CONTRIBUTIONS		STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CHARITABLE CONTRIBUTIONS - RCP SECONDARY OPPORTUNITY FUND III, LP	N/A	31.		
TOTAL TO FORM 990-T, PART I, LINE 4				31.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	31	
TOTAL CONTRIBUTIONS AVAILABLE	31	
TAXABLE INCOME LIMITATION AS ADJUSTED	15,891	
EXCESS CONTRIBUTIONS	0	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	0	
ALLOWABLE CONTRIBUTIONS DEDUCTION		31
TOTAL CONTRIBUTION DEDUCTION		31

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 5

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 43,997.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 43,997.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE  
 1 0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 43,997.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 159,881.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 0.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	231,512.	231,512.	0.	0.
12/31/10	205,186.	205,186.	0.	0.
12/31/11	46,546.	46,546.	0.	0.
12/31/15	54,060.	54,060.	0.	0.
12/31/16	52,432.	52,432.	0.	0.
12/31/17	82,330.	38,333.	43,997.	43,997.
NOL CARRYOVER AVAILABLE THIS YEAR			43,997.	43,997.

FORM 990-T INTEREST AND PENALTIES STATEMENT 7

TAX FROM FORM 990-T, PART IV 33,365.  
 UNDERPAYMENT PENALTY 1,990.  
 LATE PAYMENT INTEREST 1,369.  
 LATE PAYMENT PENALTY 1,001.  
 TOTAL AMOUNT DUE 37,725.

**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).

1  
OMB No. 1545-0047

**2023**

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>900001</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</b> Unrelated Trade or Business Income	(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 Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 58,324.		58,324.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<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 8</b>	<b>5</b> 603,537.		603,537.
<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>STMT 9</b>	<b>12</b> 9,336.		9,336.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 671,197.		671,197.

**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>	4,611.
<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 10</b>	<b>5</b>	203.
<b>6</b> Taxes and licenses	<b>6</b>	353.
<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>	73,943.
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	212.
<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 11</b>	<b>14</b>	97,058.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	176,380.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	494,817.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 12 STMT 14</b>	<b>17</b>	290,908.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	203,909.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <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		
				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	



**Part IX Advertising Income**

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 8

DESCRIPTION	NET INCOME OR (LOSS)
AMBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS)	227.
AMBERBROOK VI, LLC - NET RENTAL REAL ESTATE INCOME	-7.
AMBERBROOK VI, LLC - INTEREST INCOME	7.
AMBERBROOK VI, LLC - DIVIDEND INCOME	7.
AMBERBROOK VI, LLC - ROYALTIES	1.
AMBERBROOK VI, LLC - OTHER PORTFOLIO INCOME (LOSS)	3.
AMBERBROOK VI, LLC - OTHER INCOME (LOSS)	-65.
RCP SECONDARY OPPORTUNITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	5,330.
RCP SECONDARY OPPORTUNITY FUND III, LP - NET RENTAL REAL ESTATE INCOME	-474.
RCP SECONDARY OPPORTUNITY FUND III, LP - OTHER NET RENTAL INCOME (LOSS)	3.
RCP SECONDARY OPPORTUNITY FUND III, LP - INTEREST INCOME	43.
RCP SECONDARY OPPORTUNITY FUND III, LP - OTHER INCOME (LOSS)	-722.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)	757,619.
NGP NATURAL RESOURCES XI, LP - NET RENTAL REAL ESTATE INCOME	50.
NGP NATURAL RESOURCES XI, LP - OTHER NET RENTAL INCOME (LOSS)	146.
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME	681.
NGP NATURAL RESOURCES XI, LP - DIVIDEND INCOME	7,351.
NGP NATURAL RESOURCES XI, LP - ROYALTIES	35,077.
NGP NATURAL RESOURCES XI, LP - OTHER PORTFOLIO INCOME (LOSS)	2,967.
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)	-182,305.
WCP REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	23,658.
WCP REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME	-1,285.
WCP REAL ESTATE FUND III, LP - INTEREST INCOME	10.
THACKERAY PARTNERS REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME	-6,647.
GREYSTAR-THACKERAY REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME	-8,771.
GREYSTAR-THACKERAY REALTY FUND VI, LP - INTEREST INCOME	43.
GREYSTAR-THACKERAY REALTY FUND VI, LP - OTHER INCOME (LOSS)	-29,410.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>603,537.</b>

FORM 990-T (A)	OTHER INCOME	STATEMENT 9
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - WCP REAL ESTATE FUND III, LP		9,336.
TOTAL TO SCHEDULE A, PART I, LINE 12		9,336.

FORM 990-T (A)	INTEREST PAID	STATEMENT 10
DESCRIPTION		AMOUNT
NGP UBTI FOOTNOTE		117.
AMBERBROOK VI UBTI FOOTNOTE		10.
RCP UBTI FOOTNOTE		76.
TOTAL TO SCHEDULE A, PART II, LINE 5		203.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION		AMOUNT
MANAGEMENT FEES		97,043.
OTHER DEDUCTIONS - PORTFOLIO FROM NGP NATURAL RESOURCES XI, LP		15.
TOTAL TO SCHEDULE A, PART II, LINE 14		97,058.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 12
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
290,908.	290,908.	0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 13

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	271,655.	0.	271,655.	271,655.
12/31/19	10,694.	0.	10,694.	10,694.
12/31/20	8,559.	0.	8,559.	8,559.
NOL CARRYOVER AVAILABLE THIS YEAR			290,908.	290,908.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 14

TAXABLE INCOME FROM ALL ENTITIES	494,817.
THIS ENTITIES PORTION OF TAXABLE INCOME	494,817.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	43,997.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	450,820.
80% INCOME LIMITATION	360,656.
POST-2017 AVAILABLE	290,908.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	290,908.