

EXTENDED TO NOVEMBER 15, 2018

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE COMMUNITY FOUNDATION OF NORTH LOUISIANA Doing business as THE COMMUNITY FOUNDATION		<b>D Employer identification number</b> 72-6022365
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 401 EDWARDS STREET 105	<b>E Telephone number</b> (318) 221-0582	
	City or town, state or province, country, and ZIP or foreign postal code SHREVEPORT, LA 71101-5508		<b>G Gross receipts \$</b> 22,600,624.
	<b>F Name and address of principal officer:</b> KRISTI GUSTAVSON SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶

**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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-82,330.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-82,330.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,614,734.	4,975,983.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,146,730.	4,469,489.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	305,022.	233,728.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,066,486.	9,679,200.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,664,094.	6,544,170.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	517,876.	665,078.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 173,287.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	915,867.	603,793.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,097,837.	7,813,041.
19 Revenue less expenses. Subtract line 18 from line 12	2,968,649.	1,866,159.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 120,726,088.	End of Year 130,393,037.
	21 Total liabilities (Part X, line 26)	9,054,246.	9,228,253.
	22 Net assets or fund balances. Subtract line 21 from line 20	111,671,842.	121,164,784.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	PAIGE CARLISLE, DIRECTOR OF FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AIMEE P. MCFARLAND	Preparer's signature <i>Aimee McFarland</i> AIMEE P. MCFARLAND	Date 10/06/18	Check if self-employed <input type="checkbox"/>	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 \$ 6,544,170. including grants of \$ 6,544,170. ) (Revenue \$ ) THE COMMUNITY FOUNDATION OF NORTH LOUISIANA SERVES AS A POWERFUL CATALYST FOR BUILDING CHARITABLE GIVING AND EFFECTING POSITIVE CHANGE IN OUR AREA.

THE FOUNDATION HAS SUCCESSFULLY STEWARDED THE PHILANTHROPIC INTERESTS OF PAST DONORS AND IS POISED TO LEAD THE NEXT GENERATION OF GIVERS TO ADDRESS THE CHALLENGES FACING OUR REGION.

4b (Code: ) (Expenses \$ 194,147. including grants of \$ ) (Revenue \$ ) GIVE FOR GOOD: A 24-HOUR ONLINE GIVING CHALLENGE TO RAISE UNRESTRICTED DOLLARS FOR THE NONPROFITS IN OUR COMMUNITY.

4c (Code: ) (Expenses \$ 29,000. including grants of \$ ) (Revenue \$ ) COMMUNITY COUNTS SERVES AS A SCORECARD ON THE QUALITY OF LIFE FOR THE SHREVEPORT-BOSSIER CITY AREA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 329,536. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,096,853.

**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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<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> .....		X
<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> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<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> .....	X	
<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> .....		X
<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> .....		X
<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> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<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> .....	X	
<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> .....		X
<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> .....		X
<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> .....	X	
<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> .....	X	
<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> .....	X	
<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> .....		X
<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> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<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> .....	X	
<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> .....		X
<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> .....		X
<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> .....		X
<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> .....		X
<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> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<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> .....	X	
<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> .....		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> .....		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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>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> .....		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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....	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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>36</b> <b>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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<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>4b</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>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</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>6b</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>7a</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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</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>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</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>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</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.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in 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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in 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, or 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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: **THE COMMUNITY FOUNDATION - (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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN KINSEY TREASURER	2.00	X		X				0.	0.	0.
(2) MARGARET THOMPSON SECRETARY	2.00	X		X				0.	0.	0.
(3) JERRY EDWARDS BOARD MEMBER	2.00	X						0.	0.	0.
(4) JANIE D. RICHARDSON BOARD MEMBER	2.00	X						0.	0.	0.
(5) THOMAS H. MURPHY CHAIRMAN	2.00	X		X				0.	0.	0.
(6) TERRY DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(7) RAND FALBAUM VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
(8) PAULA HICKMAN EXECUTIVE DIRECTOR	50.00			X				130,930.	0.	7,856.
(9) PAIGE CARLISLE DIRECTOR OF FINANCE	42.00			X				86,746.	0.	5,205.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							217,676.	0.	13,061.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							217,676.	0.	13,061.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	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> .....	4	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> .....	5	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
<b>NONE</b>		

**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**



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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	558,329.				
	<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>	4,417,654.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,128,092.				
	<b>h Total.</b> Add lines 1a-1f .....		4,975,983.				
	<b>Program Service Revenue</b>	<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 .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,861,818.		-82,330.	2,944,148.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		189,463.			189,463.	
	<b>6 a</b> Gross rents .....	(i) Real	1,422.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	10,706.				
		<b>c</b> Rental income or (loss) .....	-9,284.				
	<b>d</b> Net rental income or (loss) .....		-9,284.			-9,284.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	14,518,389.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	12,910,718.				
		<b>c</b> Gain or (loss) .....	1,607,671.				
	<b>d</b> Net gain or (loss) .....		1,607,671.			1,607,671.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</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>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....	900099	53,549.			53,549.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		53,549.					
<b>12 Total revenue.</b> See instructions. ....		9,679,200.	0.	-82,330.	4,785,547.		

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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	6,544,170.	6,544,170.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<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	217,676.	111,015.	76,187.	30,474.
<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	329,015.	169,882.	115,555.	43,578.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,661.	10,616.	7,246.	2,799.
<b>9</b> Other employee benefits	54,362.	27,932.	19,066.	7,364.
<b>10</b> Payroll taxes	43,364.	22,281.	15,209.	5,874.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	43,951.		43,951.	
<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	23,145.	7,715.	7,715.	7,715.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	88,750.	26,625.	35,500.	26,625.
<b>17</b> Travel	13,874.	4,618.	5,792.	3,464.
<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	73,364.		73,364.	
<b>23</b> Insurance	10,947.		10,947.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in 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>	107,778.	107,778.		
<b>b</b> <b>EXPENSES-AGENCY FUNDS</b>	75,876.		75,876.	
<b>c</b> <b>PUBLIC RELATIONS</b>	58,876.	33,606.		25,270.
<b>d</b> <b>EQUIPMENT RENTAL AND MA</b>	25,180.	7,554.	10,072.	7,554.
<b>e</b> All other expenses	82,052.	23,061.	46,421.	12,570.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,813,041.	7,096,853.	542,901.	173,287.
<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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	521,621.	<b>1</b>	188,810.
	<b>2</b> Savings and temporary cash investments .....	10,071,123.	<b>2</b>	10,263,095.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	692.	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<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 .....	31,896.	<b>9</b>	26,737.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 547,076.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 379,391.	235,554.	<b>10c</b> 167,685.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	490,936.	<b>12</b>	450,509.
	<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 .....	109,374,266.	<b>15</b>	119,296,201.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	120,726,088.	<b>16</b>	130,393,037.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	277,200.	<b>17</b>	244,394.
	<b>18</b> Grants payable .....	887,526.	<b>18</b>	373,349.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<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 .....	7,889,520.	<b>25</b>	8,610,510.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	9,054,246.	<b>26</b>	9,228,253.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	68,882,936.	<b>27</b>	67,447,742.
	<b>28</b> Temporarily restricted net assets .....	5,015,932.	<b>28</b>	4,655,184.
	<b>29</b> Permanently restricted net assets .....	37,772,974.	<b>29</b>	49,061,858.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	111,671,842.	<b>33</b>	121,164,784.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	120,726,088.	<b>34</b>	130,393,037.	

**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	9,679,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,813,041.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,866,159.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,671,842.
5	Net unrealized gains (losses) on investments	5	8,274,777.
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 in Schedule O)	9	-647,994.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	121,164,784.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,066,465.	12,055,121.	18,886,848.	8,614,744.	4,824,553.	51,447,731.
<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 .....	7,066,465.	12,055,121.	18,886,848.	8,614,744.	4,824,553.	51,447,731.
<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) .....						20,252,718.
<b>6 Public support.</b> Subtract line 5 from line 4.						31,195,013.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	7,066,465.	12,055,121.	18,886,848.	8,614,744.	4,824,553.	51,447,731.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,306,795.	1,617,109.	2,203,775.	2,344,107.	3,052,703.	11,524,489.
<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.) .....	76,665.	77,961.	63,286.	125,918.	53,549.	397,379.
<b>11 Total support.</b> Add lines 7 through 10						63,369,599.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First five 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>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	49.23 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	48.61 %

**16a 33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 in 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 five 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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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</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</b> <b>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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) 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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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 (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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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**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>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

THE COMMUNITY FOUNDATION OF NORTH

Schedule A (Form 990 or 990-EZ) 2017 LOUISIANA

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**Part VI**

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

Horizontal lines for supplemental information input.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

**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 (grass roots 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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 be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (83), aggregate value of contributions (1,994,399), aggregate value of grants (1,726,064), aggregate value at end of year (34,354,025), and two yes/no questions regarding donor property and grant fund usage.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
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.
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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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Schedule D (Form 990) 2017



**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 are a 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 programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,889,521.	6,945,679.	7,262,484.	6,991,392.	6,449,535.
b Contributions	255,249.	666,537.	127,958.	79,970.	85,462.
c Net investment earnings, gains, and losses	940,992.	620,247.	-114,957.	502,618.	728,204.
d Grants or scholarships	275,490.	271,323.	261,767.	246,890.	211,701.
e Other expenditures for facilities and programs	123,885.				
f Administrative expenses	75,587.	71,619.	68,039.	64,606.	60,108.
g End of year balance	8,610,800.	7,889,521.	6,945,679.	7,262,484.	6,991,392.

- 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  100.00 %
  - c Temporarily restricted 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		340,662.	240,686.	99,976.
d Equipment				
e Other		206,414.	138,705.	67,709.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				167,685.

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule D (Form 990) 2017

72-6022365 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CASH VALUE LIFE INSURANCE	110,248.
(2) REMAINDER INTEREST IN CRT	871,000.
(3) INVESTMENTS-POOLS	103,728,642.
(4) INVESTMENTS-TRUSTS (EXCLUDING STILES)	14,257,050.
(5) BENEFICIAL INTEREST IN ESTATE	329,261.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	119,296,201.

**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	8,610,510.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,610,510.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	16,765,532.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	8,274,777.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	566,128.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,840,905.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,924,627.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,754,573.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,754,573.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,679,200.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,337,790.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,337,790.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	475,251.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	475,251.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,813,041.

**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	73,000.
STILES TRUST INCOME	493,128.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	566,128.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM AGENCY FUNDS	1,196,241.
STILES DISTRIBUTIONS	558,329.
ROUNDING	3.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,754,573.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	
EXPENSES FROM AGENCY FUNDS	475,251.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

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		12,401,000.
<b>3 a</b> Sub-total .....	0	0			12,401,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			12,401,000.

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

Schedule F (Form 990) 2017

# Public Inspection Copy

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

72-6022365

Schedule F (Form 990) 2017

Page 2

**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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 tax-exempt 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 ..... ▶ \_\_\_\_\_

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THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

72-6022365

Schedule F (Form 990) 2017

Page 3

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



**Part V** Supplemental Information

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

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

AMOUNT OF THE INVESTMENTS' BOOK VALUE IS \$12,401,000 WHICH HAS ALREADY BEEN ADJUSTED BY \$159,000 OF INVESTMENT EXPENSES DURING 2017.

Multiple horizontal lines for supplemental information.

# Public Inspection Copy

**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

# 2017

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BERNSTEIN DEVELOPMENT, INC. 1706 HOLLYWOOD AVE. SHREVEPORT, LA 71108	71-1037209	501(C)3	15,100.	0.			FOR CAMP BERNSTEIN SUMMER READING AND STEM PROGRAM
ALLIANCE FOR EDUCATION 400 EDWARDS STREET SHREVEPORT, LA 71101	72-1466587	501(C)3	57,720.	0.			FOR GENERAL SUPPORT, TEACHER MINI GRANTS
BIOMEDICAL RESEARCH FOUNDATION OF NORTHWEST LOUISIANA - 2031 KINGS HIGHWAY - SHREVEPORT, LA 71103	58-1711612	501(C)3	33,919.	0.			FOR GENERAL SUPPORT
BOSSIER PARISH COMMUNITY COLLEGE FOUNDATION, INC. - 6220 EAST TEXAS - BOSSIER CITY, LA 71111	72-1393535	501(C)3	47,499.	0.			FOR GENERAL SUPPORT, FOR SCHOLARSHIP AWARDS FOR STUDENTS PURSUING MANUFACTURING,
BOY SCOUTS OF AMERICA, NORWELA COUNCIL - 3508 BEVERLY PLACE - SHREVEPORT, LA 71104	72-0423629	501(C)3	24,377.	0.			FOR GENERAL SUPPORT, ASSISTANCE TO AT RISK YOUTH; FOR THE SPORTING CLAYS CLASSIC
CENTENARY COLLEGE OF LOUISIANA P.O. BOX 41188 SHREVEPORT, LA 71134	72-0408915	501(C)3	28,068.	0.			FOR GENERAL SUPPORT, FOR SCHOLARSHIPS, FOR THE REGIONAL HIGH SCHOOL THEATRE FESTIVAL, AND FOR

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 138.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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## THE COMMUNITY FOUNDATION OF NORTH LOUISIANA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN SERVICE PROGRAM INSTITUTE - P. O. BOX 21 - SHREVEPORT, LA 71161	72-0954139	501(C)3	14,517.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS OF NORTHWEST LOUISIANA - 805 BROOK HOLLOW DRIVE - SHREVEPORT, LA 71105	53-0196605	501(C)3	7,138.	0.			FOR GENERAL SUPPORT
ALZHEIMERS AGENCY OF SHREVEPORT/BOSSIER, INC. - P. O. BOX 4038 - SHREVEPORT, LA 71134	20-5619478	501(C)3	7,100.	0.			FOR GENERAL SUPPORT
COMMON GROUND COMMUNITY, INC. 4830 LINE AVENUE, #117 SHREVEPORT, LA 71106	20-0747912	501(C)3	52,980.	0.			FOR GENERAL SUPPORT
COMMUNITY RENEWAL INTERNATIONAL P. O. BOX 4678 SHREVEPORT, LA 71134	72-1213057	501(C)3	129,228.	0.			FOR GENERAL SUPPORT; FOR THE HIGHLAND FRIENDSHIP HOUSES; FOR THE BENEFIT OF REFORM SHREVEPORT; FOR
ACLU FOUNDATION OF LOUISIANA P. O. BOX 56157 NEW ORLEANS, LA 70156	72-0717944	501(C)3	5,000.	0.			FOR THE LOUISIANA DISASTER RECOVERY ALLIANCE
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD., NO. 156 CULVER, IN 46511	35-0868071	501(C)3	25,000.	0.			FOR FINANCIAL AID FOR STUDENTS ATTENDING CULVER MILITARY ACADEMY
GOODWILL INDUSTRIES OF NORTH LOUISIANA INC. - 800 W. 70TH STREET - SHREVEPORT, LA 71106	72-0460816	501(C)3	157,109.	0.			FOR GENERAL SUPPORT; FOR A MATCHING GRANT TO PROVIDE VOUCHERS FOR DISASTER RELIEF FOR THOSE
HAP HOUSE P. O. BOX 5089 BOSSIER CITY, LA 71171	72-0953817	501(C)3	8,338.	0.			FOR GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. - 3825 GILBERT DRIVE - SHREVEPORT, LA 71104	72-0595081	501(C)3	25,439.	0.			FOR GENERAL SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC INC. D/B/A ALZHEIME - 910 PIERREMONT ROAD, SUITE 410 - SHREVEPORT, LA 71106	13-3039601	501(C)3	5,504.	0.			FOR SCHOLARSHIPS
BOSSIER ARTS COUNCIL 630 BARKSDALE BLVD. BOSSIER CITY, LA 71111	72-0895929	501(C)3	12,646.	0.			FOR DIGIFEST SOUTH AND GENERAL SUPPORT
C. E. BYRD HIGH SCHOOL ALUMNI ASSOCIATION - 3201 LINE AVENUE - SHREVEPORT, LA 71104	72-1077857	501(C)3	6,557.	0.			FOR GENERAL SUPPORT
LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT - 920 PIERREMONT ROAD, SUITE 407 - SHREVEPORT, LA 71106	72-1402222	501(C)3	48,500.	0.			FOR GENERAL SUPPORT, FOR THE FEIST-WEILLER CANCER CENTER, FOR THE MOLLIE E. WEBB SPEECH AND HEARING
LSU IN SHREVEPORT FOUNDATION, INC. ONE UNIVERSITY PLACE ADMINISTRATION BUILDING, 272 - SHREVEPORT, LA 71115	72-1031108	501(C)3	189,232.	0.			FOR GENERAL SUPPORT; FOR RED RIVER RADIO; FOR SCHOLARSHIPS FOR STUDENTS PURSUING DEGREES IN THE
MARTIN LUTHER KING HEALTH CENTER & PHARMACY - 865 OLIVE STREET - SHREVEPORT, LA 71104	72-1079721	501(C)3	128,070.	0.			FOR GENERAL SUPPORT; FOR HEART ACCESS TO CARE PROGRAM (HEALTH-EDUCATION-ACCESS-
MILITARY RELIGIOUS FREEDOM FOUNDATION, INC. - 13170-B CENTRAL AVENUE, S.E., SUITE 255 - ALBUQUERQUE, NM 87123	20-3967302	501(C)3	150,000.	0.			FOR GENERAL SUPPORT
B'NAI ZION CONGREGATION 245 SOUTHFIELD ROAD SHREVEPORT, LA 71105	13-1663143	501(C)3	13,000.	0.			FOR GENERAL SUPPORT

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NATURE CONSERVANCY P. O. BOX 4125 BATON ROUGE, LA 70821	53-0242652	501(C)3	10,934.	0.			FOR GENERAL SUPPORT
NORTH LOUISIANA ECONOMIC PARTNERSHIP - 415 TEXAS STREET, SUITE 320 - SHREVEPORT, LA 71101	72-0936419	501(C)3	10,612.	0.			FOR GENERAL SUPPORT
COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA - 1625 RYAN STREET, SUITE C - LAKE CHARLES, LA 70601	72-1508036	501(C)3	19,410.	0.			FOR DISASTER RELIEF RELATED TO HURRICANE HARVEY
NORTHWEST LOUISIANA FOOD BANK 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)3	271,028.	0.			FOR GENERAL SUPPORT; FOR THE BACK PACK PROGRAM; AND FOR THE "BUILD TODAY, FEED TOMORROW CAMPAIGN"
NORTHWESTERN STATE UNIVERSITY FOUNDATION, INC. - 535 UNIVERSITY PARKWAY - NATCHITOCHEs, LA 71497	72-6021495	501(C)3	30,694.	0.			FOR GENERAL SUPPORT; FOR COLLEGE OF NURSING NEED-BASED SCHOLARSHIPS; FOR SCHOLARSHIPS FOR
PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA - P. O. BOX 14776 - BATON ROUGE, LA 70898	72-0436118	501(C)3	7,218.	0.			FOR GENERAL SUPPORT
PROVIDENCE HOUSE 814 COTTON ST. SHREVEPORT, LA 71101	72-1205164	501(C)3	210,794.	0.			FOR GENERAL SUPPORT
RED RIVER FILM SOCIETY INC 617 TEXAS STREET SHREVEPORT, LA 71101	42-1562125	501(C)3	75,700.	0.			FOR GENERAL SUPPORT; FOR DIALOGUES ON FAITH, DIVERSITY, THE ARTS AND SOCIAL CHANGE; FOR THE
RED RIVER REVEL INC. 101 CROCKETT STREET, SUITE C SHREVEPORT, LA 71101	72-0953274	501(C)3	8,557.	0.			FOR GENERAL SUPPORT

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SCI-PORT DISCOVERY CENTER 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	72-1136273	501(C)3	53,254.	0.			FOR GENERAL SUPPORT AND OPERATIONS
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT STREET SHREVEPORT, LA 71101	72-0805661	501(C)3	45,810.	0.			FOR GENERAL SUPPORT; FOR ARTBREAK 2018; AND FOR CADDO PARISH POET LAUREATE
SHREVEPORT SYMPHONY ORCHESTRA, INC. - P. O. BOX 205 - SHREVEPORT, LA 71162	72-6001334	501(C)3	80,117.	0.			FOR GENERAL SUPPORT; FOR MUSICAL DISCOVERY SERIES; FOR RAVEL'S BALERO CONCERT
SHRINERS HOSPITAL FOR CHILDREN 3100 SAMFORD AVE. SHREVEPORT, LA 71103	36-2193608	501(C)3	29,834.	0.			FOR GENERAL SUPPORT
CHILDREN AND ARTHRITIS, INC. 2751 ALBERT L. BICKNELL DRIVE, SUITE SHREVEPORT, LA 71103	72-1170530	501(C)3	5,236.	0.			FOR GENERAL SUPPORT
DRESS FOR SUCCESS SHREVEPORT-BOSSIER INC. - 1520 N HEARNE AVE, SUITE 108 - SHREVEPORT, LA 71107	87-0718643	501(C)3	26,212.	0.			FOR GENERAL SUPPORT
COHABITAT FOUNDATION 500 CLYDE FANT PKWY., SUITE #200 SHREVEPORT, LA 71101	27-1566437	501(C)3	25,638.	0.			FOR GENERAL SUPPORT; FOR LEANTRAX PROGRAM
CHRIST FIT GYM 1658 BENTON ROAD BOSSIER CITY, LA 71111	46-0777336	501(C)3	22,181.	0.			FOR GENERAL SUPPORT
THE STRAND THEATRE OF SHREVEPORT CORPORATION - 619 LOUISIANA AVENUE STE 200 - SHREVEPORT, LA 71101	72-0800065	501(C)3	14,822.	0.			FOR GENERAL SUPPORT

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CADDO PARISH SCHOOL BOARD P. O. BOX 32000 SHREVEPORT, LA 71130-2000	72-6000224	501(C)3	8,021.	0.			FOR THE AMAZING SHAKE TRIP TO WASHINGTON, D. C. EXPERIENCE BENEFITING STUDENTS FROM CADDO
TULANE UNIVERSITY 6823 ST. CHARLES AVE. NEW ORLEANS, LA 70118-5684	72-0423889	501(C)3	7,000.	0.			FOR GENERAL SUPPORT; FOR LAW SCHOOL FELLOWS; AND FOR THE FREEMAN SCHOOL OF BUSINESS
UNITED WAY OF NORTHWEST LOUISIANA 402 EDWARDS STREET SHREVEPORT, LA 71101	72-0503930	501(C)3	59,857.	0.			FOR GENERAL SUPPORT, AND FOR PROVIDING EYE GLASSES TO SCHOOL CHILDREN IN NEED
VOLUNTEERS OF AMERICA INC 360 JORDAN STREET SHREVEPORT, LA 71101	72-0506820	501(C)3	290,862.	0.			FOR GENERAL SUPPORT, FOR THE COMMUNITIES IN SCHOOLS/LIGHTHOUSE; FOR THE VETERANS SERVICE
CAPTAIN SHREVE HIGH SCHOOL ACADEMIC FOUNDATION - 6115 EAST KINGS HIGHWAY - SHREVEPORT, LA 71105	20-0216249	501(C)3	8,918.	0.			FOR GENERAL SUPPORT
CADDO COUNCIL ON AGING 1700 BUCKNER ST., STE. 240 SHREVEPORT, LA 71101	72-0715821	501(C)3	47,821.	0.			FOR GENERAL SUPPORT, AND FOR HOME DELIVERED MEALS (MEALS ON WHEELS)
CATHOLIC CHARITIES OF NORTH LOUISIANA - 331 EAST 71ST STREET - SHREVEPORT, LA 71106	32-0315500	501(C)3	56,090.	0.			FOR GENERAL SUPPORT; FOR FAMILY STRENGTHENING: EMERGENCY ASSISTANCE WITH FINANCIAL EDUCATION; AND
CAREER COMPASS OF LOUISIANA 17425 JEFFERSON HWY, STE. G BATON ROUGE, LA 70817	20-4511965	501(C)3	125,000.	0.			FOR CAREER COMPASS IN THE BOSSIER AND CADDO PARISH SCHOOL SYSTEMS, AND FOR THE COACHING TO COLLEGE
COUNCIL ON ALCOHOLISM & DRUG ABUSE OF NORTHWEST LOUISIANA - 2000 FAIRFIELD AVE. - SHREVEPORT, LA 71104	72-0544581	501(C)3	58,439.	0.			FOR GENERAL SUPPORT, AND FOR OUTPATIENT UPGRADES

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CHIMP HAVEN, INC. 13600 CHIMPANZEE PLACE KEITHVILLE, LA 71047	74-2766663	501(C)3	9,022.	0.			FOR GENERAL SUPPORT
DAVID RAINES COMMUNITY HEALTH CENTERS, INC. - 3041 MARTIN LUTHER KING, JR. DRIVE - SHREVEPORT, LA 71107	58-2000630	501(C)3	21,144.	0.			FOR GENERAL SUPPORT; FOR MOBILE ORAL HEALTH SERVICES
GINGERBREAD HOUSE BOSSIER/CADDO CHILDREN'S ADVOCACY CENTER - 1700 BUCKNER ST., STE. 101 - SHREVEPORT, LA 71101	72-1390471	501(C)3	57,091.	0.			FOR GENERAL SUPPORT; FOR THE CHILD ADVOCACY PROGRAM
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE ROAD SHREVEPORT, LA 71106	72-0628035	501(C)3	347,471.	0.			FOR GENERAL SUPPORT; FOR AUTISM CENTER; FOR THE CHAPEL PROJECT
FELLOWSHIP OF CHRISTIAN ATHLETES P. O. BOX 5118 BOSSIER CITY, LA 71171	44-0610626	501(C)3	15,158.	0.			FOR GENERAL SUPPORT; AND FOR REGIONAL OUTREACH
FILM PRIZE FOUNDATION 401 MARKET ST., SUITE 860 SHREVEPORT, LA 71101	35-2433985	501(C)3	164,497.	0.			FOR GENERAL SUPPORT; FOR THE LOUISIANA START UP PRIZE; FOR LOUISIANA FILM PRIZE
LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATIONS (LANO) - P. O. BOX 66558 - BATON ROUGE, LA 70896	72-1444119	501(C)3	32,250.	0.			FOR COMMUNITY LEADERS PROGRAM; AND FOR TECHNICAL ASSISTANCE PROGRAMS
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST., SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	108,121.	0.			FOR GENERAL SUPPORT; AND FOR PRIME TIME PRESCHOOL PROGRAM (INCLUDING PRESCHOOL AND FAMILY
FIRST BAPTIST CHURCH OF SHREVEPORT 543 OCKLEY DRIVE SHREVEPORT, LA 71106	72-0449493	501(C)3	82,000.	0.			FOR THE COLUMBARIUM; FOR THE CHURCH SCHOOL CAPITAL CAMPAIGN; FOR THE CHURCH SCHOOL PAT THARPE

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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FIT FOR LIFE MINISTRIES INC. 600 COMMON STREET SHREVEPORT, LA 71101	26-0059649	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE SPRING STREET HISTORICAL MUSEUM - 6121 FERN AVE., UNIT 108 - SHREVEPORT, LA 71105	26-0786366	501(C)3	21,487.	0.			FOR GENERAL SUPPORT
SHREVEPORT GREEN 3625 SOUTHERN AVE SHREVEPORT, LA 71104	72-0970610	501(C)3	32,054.	0.			FOR GENERAL SUPPORT; FOR BEYOND THE GREEN AND MOBILE MARKET; FOR QUERBES PARK FOUNDATION
THE SALVATION ARMY 200 E. STONER AVE. SHREVEPORT, LA 71101	58-0660607	501(C)3	101,912.	0.			FOR GENERAL SUPPORT; AND FOR BOYS AND GIRLS CLUB
FAMILY RESOURCES FOR EDUCATION AND EMPOWERMENT - 8412 KINGSTON ROAD - SHREVEPORT, LA 71108	14-1855821	501(C)3	41,223.	0.			FOR GENERAL SUPPORT; FOR THE SCHOOL OF GREATNESS-MAKING PROUD CHOICES
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT, LA 71101	72-1057695	501(C)3	107,618.	0.			FOR GENERAL SUPPORT; FOR CASA; AND FOR TRUANCY PROGRAM
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE, STE. 207 SHREVEPORT, LA 71106-1533	58-1727972	501(C)3	7,589.	0.			FOR GENERAL SUPPORT; FOR YEP PLUS
GIRLS ON THE RUN OF SHREVEPORT 900 PIERREMONT ROAD, SUITE 206 SHREVEPORT, LA 71106	46-3746451	501(C)3	6,444.	0.			FOR GENERAL SUPPORT
FULLER CENTER FOR HOUSING OF NORTHWEST LOUISIANA, INC. - P. O. BOX 3173 - SHREVEPORT, LA 71133	20-8226010	501(C)3	26,774.	0.			FOR GENERAL SUPPORT

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GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DRIVE, SUITE 6000 - HOUSTON, TX 77056	23-7160400	501(C)3	19,035.	0.			FOR DISASTER RELIEF RELATED TO HURRICANE HARVEY
HOPE CONNECTIONS, INC. 762 AUSTIN PLACE SHREVEPORT, LA 71101	72-1476208	501(C)3	99,038.	0.			FOR GENERAL SUPPORT; FOR THE COORDINATED ACCESS POINT PROGRAM; FOR GENERAL FUNDS TO ASSIST
DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS - BOX 90581 - DURHAM, NC 27708	56-0532129	501(C)3	11,000.	0.			FOR THE ANNUAL FUND FOR UNRESTRICTED USE
EASTER SEALS LOUISIANA 1513 LINE AVENUE, SUITE 355 SHREVEPORT, LA 71105	72-0694376	501(C)3	5,315.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE LOUISIANA STATE EXHIBIT MUSEUM - P. O. BOX 38356 - SHREVEPORT, LA 71133	72-0960820	501(C)3	5,453.	0.			FOR GENERAL SUPPORT
HERBERT S. FORD MEMORIAL MUSEUM P. O. BOX 157 HOMER, LA 71040	23-7080353	501(C)3	16,576.	0.			FOR GENERAL SUPPORT
LOUISIANA ASSOCIATION ON COMPULSIVE GAMBLING - 324 TEXAS STREET - SHREVEPORT, LA 71101	72-1289308	501(C)3	17,757.	0.			FOR GENERAL SUPPORT; FOR SUICIDE PREVENTION AND SUBSTANCE ABUSE HELPLINE
HEART OF HOPE MINISTRIES, INC. 10420 HEART OF HOPE WAY KEITHVILLE, LA 71047	41-2187038	501(C)3	21,501.	0.			FOR GENERAL SUPPORT
NORTHWEST LOUISIANA WAR VETERANS HOME FUND, INC. - 4300 OLD BROWNLEE RD. - BOSSIER CITY, LA 71111	20-5051228	501(C)3	8,639.	0.			FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND AREA PARTNERSHIP, INC. P. O. BOX 44292 SHREVEPORT, LA 71134	58-1995073	501(C)3	9,111.	0.			FOR GENERAL SUPPORT; AND FOR THE HIGHLAND JAZZ AND BLUES FESTIVAL
HOFFMAN PRISON MINISTRY, INC. P. O. BOX 78614 SHREVEPORT, LA 71137	20-4951607	501(C)3	9,600.	0.			FOR GENERAL SUPPORT
SHREVEPORT OPERA 212 TEXAS ST., STE. 101 SHREVEPORT, LA 71101	72-6021455	501(C)3	48,993.	0.			FOR GENERAL SUPPORT; AND FOR SHREVEPORT OPERA XPRESS
SHREVEPORT SYMPHONY GUILD, INC. 3112 ALEXANDER STREET SHREVEPORT, LA 71104	72-1511687	501(C)3	6,980.	0.			FOR GENERAL SUPPORT AND THE NENA PLANT WIDEMAN PIANO COMPETITION
SHREVEPORT-BOSSIER RESCUE MISSION P. O. BOX 3949 SHREVEPORT, LA 71133	23-7050551	501(C)3	28,864.	0.			FOR GENERAL SUPPORT; FOR PROJECT HEALTHY HOMELESS
LITERACY VOLUNTEERS AT CENTENARY COLLEGE - 2911 CENTENARY BLVD - SHREVEPORT, LA 71134	72-1124343	501(C)3	19,351.	0.			FOR GENERAL SUPPORT; FOR SPONSORSHIP OF 300 LITERACY STUDENTS
HUMANE SOCIETY OF NW LOUISIANA 2544 LINWOOD AVE SHREVEPORT, LA 71103	72-1396136	501(C)3	14,273.	0.			FOR GENERAL SUPPORT
ST. LUKE'S EPISCOPAL MOBILE MEDICAL MINISTRY, INC. - P. O. BOX 53074 - SHREVEPORT, LA 71135	45-3786377	501(C)3	51,985.	0.			FOR GENERAL SUPPORT; FOR STEPS TO HEALTH: ACCESS, ASSESSMENT, EDUCATION; FOR MEDICAL CARE FOR
LITTLE THEATRE OF SHREVEPORT 812 MARGARET PLACE SHREVEPORT, LA 71134	72-0363143	501(C)3	12,023.	0.			FOR GENERAL SUPPORT

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## THE COMMUNITY FOUNDATION OF NORTH LOUISIANA

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKET PRIDE, INC. 3201 LINE AVENUE SHREVEPORT, LA 71104	46-5711783	501(C)3	5,000.	0.			FOR C. E. BYRD HIGH SCHOOL ATHLETIC FACILITIES
LOUISIANA BABY MOMMAS RESCUE 4404 NOYES DRIVE SHREVEPORT, LA 71119	46-1131728	501(C)3	7,410.	0.			FOR GENERAL SUPPORT
YMCA OF NORTHWEST LOUISIANA 400 MCNEILL STREET SHREVEPORT, LA 71101	72-0408997	501(C)3	177,391.	0.			FOR GENERAL SUPPORT; FOR POOL CONSTRUCTION; FOR SWIM FOR LIFE; AND FOR THE DOWNTOWN FACILITY HOT
LOUISIANA ASSOCIATION FOR THE BLIND - 1750 CLAIBORNE AVENUE - SHREVEPORT, LA 71103	72-0408981	501(C)3	17,007.	0.			FOR GENERAL SUPPORT; FOR COMMUNITY OUTREACH PROGRAM
LOUISIANA TECH UNIVERSITY FOUNDATION - P. O. BOX 3183 - RUSTON, LA 71272-3183	72-6021176	501(C)3	31,865.	0.			FOR SCHOLARSHIPS FOR STUDENTS PURSING CAREERS IN THE FIELD OF CYBER ENGINEERING; FOR THE
LSU FOUNDATION 3838 WEST LAKESHORE DRIVE BATON ROUGE, LA 70808	72-6020969	501(C)3	560,000.	0.			FOR THE LSU LAW CENTER, FOOTE SCHOLARSHIP
MCNEILL STREET PUMPING STATION PRESERVATION SOCIETY - P. O. BOX 957 - SHREVEPORT, LA 71163	72-1441269	501(C)3	8,854.	0.			FOR GENERAL SUPPORT
MISSION PROJECT FOUNDATION 6025 BUNCOMBE ROAD SHREVEPORT, LA 71129	47-2716209	501(C)3	9,000.	0.			FOR GENERAL SUPPORT
NOEL COMMUNITY ARTS PROGRAM 520 HERNDON STREET SHREVEPORT, LA 71101	72-0442225	501(C)3	18,518.	0.			FOR GENERAL SUPPORT

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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NORTHWEST LOUISIANA INTERFAITH PHARMACY, INC. - 909 OLIVE STREET - SHREVEPORT, LA 71104	72-1479289	501(C)3	43,175.	0.			FOR GENERAL SUPPORT; AND FOR HEALTH MANAGEMENT FOR THE UNINSURED
NORTHWESTERN STATE UNIVERSITY STUDENT SERVICES CENTER, ROOM 261 NATCHITOCHE, LA 71497	72-6000783	501(C)3	30,462.	0.			FOR SCHOLARSHIPS
MT. CANAAN BAPTIST CHURCH 1666 ALSTON STREET SHREVEPORT, LA 71101	72-0997356	501(C)3	22,500.	0.			FOR GENERAL SUPPORT
RENESTING PROJECT, INC. 1303 DRIFTWOOD DR. BOSSIER CITY, LA 71111	45-3958008	501(C)3	30,211.	0.			FOR GENERAL SUPPORT
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT, LA 71101	72-1431506	501(C)3	33,143.	0.			FOR GENERAL SUPPORT; AND FOR THE AFTER-SCHOOL PROGRAM
ROBINSON'S RESCUE 2515 LINE AVENUE SHREVEPORT, LA 71104	42-1717278	501(C)3	34,391.	0.			FOR GENERAL SUPPORT TO BUILD A STRONGER ROBINSON'S RESCUE; AND FOR LOW-COST, FREE
ROTARY CLUB OF SHREVEPORT FOUNDATION - P. O. BOX 380 - SHREVEPORT, LA 71162-0380	72-1465321	501(C)3	5,571.	0.			FOR GENERAL SUPPORT; FOR SCHOLARSHIPS
NINNA'S ROAD TO RESCUE 6 STERLING RANCH NORTH HAUGHTON, LA 71037	45-4728067	501(C)3	10,456.	0.			FOR GENERAL SUPPORT
NOEL MEMORIAL UNITED METHODIST CHURCH - 520 HERNDON STREET - SHREVEPORT, LA 71101	13-5562279	501(C)3	10,000.	0.			FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST LOUISIANA FAMILY JUSTICE CENTER - 1513 DOCTORS DRIVE, #100 - BOSSIER CITY, LA 71111	47-4843925	501(C)3	7,500.	0.			FOR GENERAL SUPPORT
NORTHWEST LOUISIANA COMMUNITY DEVELOPMENT CORPORATION - 4725 GREENWOOD ROAD - SHREVEPORT, LA 71109	72-1436129	501(C)3	5,097.	0.			FOR GENERAL SUPPORT; AND FOR YOUTH TECHNOLOGY CENTER
THE ARC CADDO-BOSSIER 351 JORDAN STREET SHREVEPORT, LA 71101-4897	72-0482891	501(C)3	12,835.	0.			FOR GENERAL SUPPORT; AND FOR THE GOLDMAN SCHOOL
THE BETTY AND LEONARD PHILLIPS DEAF ACTION CENTER OF LOUISIANA - 601 JORDAN STREET - SHREVEPORT, LA 71101	72-0934321	501(C)3	38,126.	0.			FOR GENERAL SUPPORT
THE GLEN RETIREMENT SYSTEM 403 E. FLOURNOY LUCAS SHREVEPORT, LA 71115	72-0428013	501(C)3	15,424.	0.			FOR GENERAL SUPPORT; AND FOR THE CULTURE, ARTS, TECHNOLOGY AND SCIENCE PROGRAM (CATS)
THE HUB: URBAN MINISTRIES 4110 YOUREE DRIVE SHREVEPORT, LA 71105	26-4794709	501(C)3	23,118.	0.			FOR GENERAL SUPPORT
THE PHILADELPHIA CENTER 2020 CENTENARY BLVD. SHREVEPORT, LA 71104-2437	72-1204252	501(C)3	28,896.	0.			FOR GENERAL SUPPORT; AND FOR WELLNESS CENTER & PREP CLINIC SUPPORT
THINKFIRST OF ARK-LA-TEX, INC. 960 SHERIDAN AVE., SUITE A SHREVEPORT, LA 71104	72-1326847	501(C)3	12,202.	0.			FOR GENERAL SUPPORT
NOVA'S HEART P. O. BOX 3044 SHREVEPORT, LA 71133	47-3123351	501(C)3	5,358.	0.			FOR GENERAL SUPPORT

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE GREAT RIVER OF LOUISIANA, INC. P. O. BOX 44349 SHREVEPORT, LA 71134	72-0981860	501(C)3	9,756.	0.			FOR GENERAL SUPPORT
OPEN ARMS PERINATAL SERVICES 2524 16TH AVE. S, 207 SEATTLE, WA 98144	91-1868021	501(C)3	12,500.	0.			FOR GENERAL SUPPORT
SAMARITAN COUNSELING CENTER 1525 STEPHENS AVE. SHREVEPORT, LA 71101	72-1014069	501(C)3	15,500.	0.			FOR CLIENT CARE-LOW INCOME SUBSIDY; AND FOR THE OPEN CLAY SHOOTING EVENT
OAKWOOD HOME FOR WOMEN, INC. 1700 HIGHLAND SHREVEPORT, LA 71101	23-7368054	501(C)3	14,883.	0.			FOR GENERAL SUPPORT
SOUTHEASTERN LA AREA HEALTH EDUCATION CENTER - 1302 JW DAVIS DRIVE - HAMMOND, LA 70403	72-1155014	501(C)3	9,573.	0.			FOR BLACK MOTHER'S BREASTFEEDING CLUB OF SHREVEPORT/BOSSIER
PET SAVERS 632 DUDLEY DRIVE SHREVEPORT, LA 71104	42-1645998	501(C)3	11,093.	0.			FOR GENERAL SUPPORT
ST. MARK'S CATHEDRAL 908 RUTHERFORD SHREVEPORT, LA 71111	72-0876874	501(C)3	6,711.	0.			FOR GENERAL SUPPORT FOR THE CHURCH AND SCHOOL
PRINCETON UNIVERSITY BOX 5357 PRINCETON, NJ 08543	21-0634501	501(C)3	25,000.	0.			FOR THE ANNUAL FUND FOR UNRESTRICTED USE
SVDP DISASTER SERVICES 320 DECKER RD., SUITE 100 IRVING, TX 75062	13-5562362	501(C)3	5,413.	0.			FOR DISASTER RELIEF CASE MANAGEMENT

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DAVID TOMS FOUNDATION 1111 ACADEMY DRIVE SHREVEPORT, LA 71115-2858	58-2670763	501(C)3	11,345.	0.			FOR GENERAL SUPPORT
PET EDUCATION PROJECT P. O. BOX 5811 SHREVEPORT, LA 71135	27-0894563	501(C)3	6,789.	0.			FOR GENERAL SUPPORT
SHREVEPORT HOUSE CONCERTS, INC. 1508 FAIRFIELD AVE. SHREVEPORT, LA 71101	46-2054205	501(C)3	5,208.	0.			FOR GENERAL SUPPORT
THE HIGHLAND CENTER CORPORATION 333 TEXAS STREET, SUITE 1500 SHREVEPORT, LA 71101	27-2489481	501(C)3	5,360.	0.			FOR GENERAL SUPPORT
THEATRE OF THE PERFORMING ARTS OF SHREVEPORT - 4005 LAKESHORE DRIVE - SHREVEPORT, LA 71109	72-0808937	501(C)3	20,000.	0.			FOR THE YAZZY (YOUTH CELEBRATING JAZZ) SERIES; ARTS EDUCATION FOR LOW-INCOME YOUTH
STAGE CENTER 4830 LINE AVENUE, #353 SHREVEPORT, LA 71106	45-5123865	501(C)3	11,380.	0.			FOR GENERAL SUPPORT
XMA, INC. 16 PIERCE RD. RAYVILLE, LA 71269	72-1347807	501(C)3	10,000.	0.			TO SUPPORT EXTREME MISSIONARY ADVENTURES IN ITS EFFORTS TO SHARE THE GOSPEL AND MEET PHYSICAL
YOUNG LIFE SHREVEPORT P. O. BOX 4824 SHREVEPORT, LA 71134	84-0385934	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL, DIOCESAN COUNCIL OF SHREVEPORT - P. O. BOX 3911 - SHREVEPORT, LA 71133	71-1413771	501(C)3	8,849.	0.			FOR GENERAL SUPPORT

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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STEP FORWARD NLA 401 EDWARDS STREET, SUITE 125 SHREVEPORT, LA 71101	81-3564548	501(C)3	254,179.	0.			FOR STEP FORWARD TO BE THE UNDERWRITER FOR THE EARLY CHILDHOOD INITIATIVE AND TO PROVIDE
YOUTH OUTREACH SERVICES 900 JORDAN STREET, SUITE 101 SHREVEPORT, LA 71101	04-3717195	501(C)3	10,207.	0.			FOR GENERAL SUPPORT; FOR JEWELL HOUSE FOR THE TEMPORARY HOUSING OF DEPENDENT TEENS
TRAINING, EDUCATION AND MEDIATION FOR STUDENTS (T.E.A.M.S.) - 1545 LINE AVENUE, STE. 228 - SHREVEPORT, LA 71101	80-0204842	501(C)3	50,917.	0.			FOR GENERAL SUPPORT; FOR DIRECT INTERVENTION FOR STRUGGLING STUDENTS K-12
UNIVERSITY OF LOUISIANA AT LAFAYETTE, SCHOLARSHIP OFFICE - P. O. BOX 44050 - LAFAYETTE, LA 70504	72-6000820	501(C)3	7,250.	0.			FOR SCHOLARSHIPS
UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION - 700 UNIVERSITY AVENUE, SUITE 605 - MONROE, LA 71209	72-6028527	501(C)3	15,000.	0.			FOR SCHOLARSHIPS FOR STUDENTS PURSUING DEGREES IN THE FIELD OF HEALTH AND PHARMACEUTICAL
YWCA OF NORTHWEST LOUISIANA 850-B OLIVE STREET SHREVEPORT, LA 71104	72-0423896	501(C)3	23,940.	0.			FOR GENERAL SUPPORT; AND FOR LEAD PROGRAM AND RACIAL JUSTICE PROGRAM

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**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

**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:**

BOSSIER PARISH COMMUNITY COLLEGE FOUNDATION, INC.

**(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR SCHOLARSHIP**

**AWARDS FOR STUDENTS PURSUING MANUFACTURING, CONSTRUCTION TECHNOLOGY AND**

**MANAGEMENT, AND ENERGY (OIL & GAS PRODUCTION AND TECHNOLOGY) DEGREES**

**NAME OF ORGANIZATION OR GOVERNMENT: CENTENARY COLLEGE OF LOUISIANA**

**(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR**

**Part IV Supplemental Information**

SCHOLARSHIPS, FOR THE REGIONAL HIGH SCHOOL THEATRE FESTIVAL, AND FOR THE  
BENEFIT OF THE WOMEN'S ENDOWMENT QUORUM

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RENEWAL INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR THE  
HIGHLAND FRIENDSHIP HOUSES; FOR THE BENEFIT OF REFORM SHREVEPORT; FOR  
STRONG TOWNS; AND FOR THE SWEPCO PARK PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF NORTH LOUISIANA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR A MATCHING  
GRANT TO PROVIDE VOUCHERS FOR DISASTER RELIEF FOR THOSE AFFECTED BY THE  
MARCH 2016 FLOODS; FOR JOB PLACEMENT PROGRAM; AND TO PROVIDE BASIC  
CLOTHING ITEMS TO EVACUEES OF HURRICANE HARVEY AFFECTED AREAS.

NAME OF ORGANIZATION OR GOVERNMENT:

LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR THE  
FEIST-WEILLER CANCER CENTER, FOR THE MOLLIE E. WEBB SPEECH AND HEARING  
CENTER; FOR INITIATING AN INTEGRATIVE MED PROGRAM; FOR REACH OUT AND READ  
EXTENSION INTO THE COMMUNITY; FOR THE MINI-MED PROGRAM FOR MIDDLE SCHOOL  
STUDENTS; AND TO PROMOTE THE WORK OF LSU HEALTH THROUGH EDUCATION AND  
MARKETING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR RED RIVER  
RADIO; FOR SCHOLARSHIPS FOR STUDENTS PURSUING DEGREES IN THE FIELDS OF  
HEALTH CARE AND COMPUTER INFORMATION SYSTEMS; FOR SCHOLARSHIPS; FOR BASIC

**Part IV Supplemental Information**

MATH FOR PRISONERS INSTRUCTION; FOR A.S.P.I.R.E. ("AFTER SCHOOL PROGRAM FOR INNOVATION AND RESPECT FOR EDUCATION"); FOR LAPREP AND ITS ASSOCIATED PROGRAMS; FOR LOCAL NEWS AND COMMUNITY CONNECTIONS; AND FOR THE LSUS ALUMNI ASSOCIATION VINCENT J. MARSALA ENDOWED PROFESSORSHIP IN TEACHING EXCELLENCE.

NAME OF ORGANIZATION OR GOVERNMENT:

MARTIN LUTHER KING HEALTH CENTER & PHARMACY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR HEART ACCESS TO CARE PROGRAM (HEALTH-EDUCATION-ACCESS-REACH-TREATMENT)/HEALTHY YOU

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWESTERN STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR COLLEGE OF NURSING NEED-BASED SCHOLARSHIPS; FOR SCHOLARSHIPS FOR STUDENTS PURSUING DEGREES IN THE FIELDS OF NURSING AND RADIOLOGIC SCIENCE

NAME OF ORGANIZATION OR GOVERNMENT: RED RIVER FILM SOCIETY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR DIALOGUES ON FAITH, DIVERSITY, THE ARTS AND SOCIAL CHANGE; FOR THE NONPROFIT ART AND INDY FILM HOUSE; AND FOR THE "LET'S GIVE HENRY PRICE A STAR!" CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CADDO PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AMAZING SHAKE TRIP TO WASHINGTON, D. C. EXPERIENCE BENEFITING STUDENTS FROM CADDO PARISH TRANSFORMATION ZONE SCHOOLS; TO CONDUCT THE "RAISING WINNERS" PROGRAM AT

**Part IV** Supplemental Information

MOORETOWN ELEMENTARY SCHOOL: FOR NORTHWOOD HIGH SCHOOL 2017 BENEFIT GOLF CLASSIC; AND FOR EDEN GARDENS MAGNET SCHOOL FUN RUN

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS OF AMERICA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR THE COMMUNITIES IN SCHOOLS/LIGHTHOUSE; FOR THE VETERANS SERVICE FUND; FOR DISASTER RELIEF CASE MANAGEMENT; FOR ART SUPPLIES FOR VISIONS OF HOPE; AND FOR UNIFORMS AND SUPPLIES FOR J.S. CLARK SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF NORTH LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR FAMILY STRENGTHENING: EMERGENCY ASSISTANCE WITH FINANCIAL EDUCATION; AND FOR HEALTHY EATING ON A BUDGET INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: CAREER COMPASS OF LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAREER COMPASS IN THE BOSSIER AND CADDO PARISH SCHOOL SYSTEMS, AND FOR THE COACHING TO COLLEGE COMPLETION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA ENDOWMENT FOR THE HUMANITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; AND FOR PRIME TIME PRESCHOOL PROGRAM (INCLUDING PRESCHOOL AND FAMILY READING TIME)

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH OF SHREVEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE COLUMBARIUM; FOR THE CHURCH SCHOOL CAPITAL CAMPAIGN; FOR THE CHURCH SCHOOL PAT THARPE SCHOLARSHIP FOR DISCOVERY; FOR THE CHURCH SCHOOL MAGGIE LEE HENSON SCHOLARSHIP; FOR THE

**Part IV Supplemental Information**

CHURCH SCHOOL MIDDLE SCHOOL BUILDING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: SHREVEPORT GREEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR BEYOND THE GREEN AND MOBILE MARKET; FOR QUERBES PARK FOUNDATION TO IMPROVE PUBLIC PARKS FOR THE WELFARE OF THE COMMUNITY; FOR MAINTAINING A CLEAN AND VERDANT COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: HOPE CONNECTIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR THE COORDINATED ACCESS POINT PROGRAM; FOR GENERAL FUNDS TO ASSIST THE HOMELESS

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR STEPS TO HEALTH: ACCESS, ASSESSMENT, EDUCATION; FOR MEDICAL CARE FOR HOMELESS, HOUSING-UNSTABLE AND SHELTER RESIDENTS--GENERAL OPERATIONS; REPLACEMENT OF MEDICAL VAN

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF NORTHWEST LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; FOR POOL CONSTRUCTION; FOR SWIM FOR LIFE; AND FOR THE DOWNTOWN FACILITY HOT WATER TANK

NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA TECH UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOLARSHIPS FOR STUDENTS PURSING CAREERS IN THE FIELD OF CYBER ENGINEERING; FOR THE COLLEGE OF

**Part IV** Supplemental Information

BUSINESS; AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ROBINSON'S RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT TO BUILD A  
STRONGER ROBINSON'S RESCUE; AND FOR LOW-COST, FREE SPAY-NEUTER FACILITY  
FOR DOGS AND CATS

NAME OF ORGANIZATION OR GOVERNMENT: XMA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EXTREME MISSIONARY  
ADVENTURES IN ITS EFFORTS TO SHARE THE GOSPEL AND MEET PHYSICAL NEEDS OF  
UNDERPRIVILEGED PEOPLE OF CENTRAL AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: STEP FORWARD NLA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STEP FORWARD TO BE THE  
UNDERWRITER FOR THE EARLY CHILDHOOD INITIATIVE AND TO PROVIDE GENERAL  
SUPPORT FOR THE EARLY LITERACY INITIATIVE; FOR GENERAL SUPPORT; FOR  
COLLECTIVE IMPACT: CRADLE TO CAREER; AND FOR ADVERTISING AND PROMOTION

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISIANA AT MONROE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOLARSHIPS FOR STUDENTS  
PURSUING DEGREES IN THE FIELD OF HEALTH AND PHARMACEUTICAL SCIENCE AND  
CONSTRUCTION MANAGEMENT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	1,128,092.	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 IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2017



**Part II**

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Employer identification number  
72-6022365

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE LINCC - AN ONLINE GIS MAPPING WEBSITE  
WITH NONPROFIT INFORMATION FOR OUR COMMUNITY, AND OTHER MISCELLANEOUS  
PROGRAMS.

EXPENSES \$ 329,536. 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

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

Schedule O (Form 990 or 990-EZ) (2017)

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

INSPECTION UPON REQUEST. THE FORM 990 AND AUDIT REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THROUGH GUIDESTAR.

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

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

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

AGENCY ENDOWMENT FUND CONTRIBUTIONS, INVESTMENT	
INCOME, EXPENSES	-720,990.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	73,000.
ROUNDING	-4.
TOTAL TO FORM 990, PART XI, LINE 9	-647,994.

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.

# Public Inspection Copy

**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

2017

Open to Public Inspection

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

**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	91,244.	342,924.	

**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) 2017

# Public Inspection Copy

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule R (Form 990) 2017

72-6022365 Page 2

**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

# Public Inspection Copy

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule R (Form 990) 2017

72-6022365 Page 3

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

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

		Yes	No
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>		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	558,329.	
(2)			
(3)			
(4)			
(5)			
(6)			

# Public Inspection Copy

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Schedule R (Form 990) 2017

72-6022365 Page 4

**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	

732164 09-11-17

**Part VII** Supplemental Information.

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

Horizontal lines for supplemental information input.



# Public Inspection Copy

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	EQUIPMENT AND FURNISHINGS	VARIOUS	200DB	7.00		HY17	206,414.				206,414.	117,501.		21,204.	138,705.
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00		HY17	340,662.				340,662.	188,525.		52,161.	240,686.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						547,076.				547,076.	306,026.		73,365.	379,391.
	* GRAND TOTAL 990 PAGE 10 DEPR						547,076.				547,076.	306,026.		73,365.	379,391.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

EXTENDED TO NOVEMBER 15, 2018

Form **990-T**

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

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE COMMUNITY FOUNDATION OF NORTH LOUISIANA</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>72-6022365</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>401 EDWARDS STREET, NO. 105</b>	<b>E</b> Unrelated business activity codes (See instructions.) <b>900099</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>SHREVEPORT, LA 71101-5508</b>	

<b>C</b> Book value of all assets at end of year <b>130,393,037.</b>	<b>F</b> Group exemption number (See instructions.) ▶
	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **INVESTMENT IN PARTNERSHIPS**

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

**J** The books are in care of ▶ **THE COMMUNITY FOUNDATION** Telephone number ▶ **(318) 221-0582**

Part I 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 (Schedule A, line 7)		<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)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b> -82,330.		-82,330.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> -82,330.		-82,330.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>	
<b>23</b> Depletion		<b>23</b>		
<b>24</b> Contributions to deferred compensation plans		<b>24</b>		
<b>25</b> Employee benefit programs		<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b> Other deductions (attach schedule)		<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>		0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		-82,330.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>SEE STATEMENT 1</b>	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>		-82,330.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>		-82,330.

THE COMMUNITY FOUNDATION OF NORTH  
LOUISIANA

Form 990-T (2017)

72-6022365

Page 2

Part III Tax Computation	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
<b>c</b> Income tax on the amount on line 34	35c 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
<b>37 Proxy tax.</b> See instructions	37
<b>38 Alternative minimum tax</b>	38
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	39
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 0.

Part IV Tax and Payments	
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a
<b>b</b> Other credits (see instructions)	41b
<b>c</b> General business credit. Attach Form 3800	41c
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	41d
<b>e Total credits.</b> Add lines 41a through 41d	41e
<b>42</b> Subtract line 41e from line 40	42 0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43
<b>44 Total tax.</b> Add lines 42 and 43	44 0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	45a
<b>b</b> 2017 estimated tax payments	45b
<b>c</b> Tax deposited with Form 8868	45c
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	45d
<b>e</b> Backup withholding (see instructions)	45e
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	45f
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g
<b>46 Total payments.</b> Add lines 45a through 45g	46
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48 0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 0.
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded	50

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

<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 _____	DIRECTOR OF FINANCE _____ Title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AIMEE P. MCFARLAND</b>	Preparer's signature <i>Aimee McFarland</i>	Date <b>10/06/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01492592</b>
	Firm's name <b>HEARD, MCELROY &amp; VESTAL, LLC</b>	Firm's address <b>333 TEXAS STREET, SUITE 1525 SHREVEPORT, LA 71101</b>		Firm's EIN <b>72-0398470</b>	Phone no. <b>318-429-1525</b>
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... ► 0.  
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Totals** .....

0. 0.

**Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Totals** .....

0. 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Totals** .....

0. 0. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Totals** (carry to Part II, line (5)) .....

0. 0. 0.

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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

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FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/08	136,559.	101,843.	34,716.	34,716.	
12/31/09	231,512.	0.	231,512.	231,512.	
12/31/10	205,186.	0.	205,186.	205,186.	
12/31/11	46,546.	0.	46,546.	46,546.	
12/31/15	54,060.	0.	54,060.	54,060.	
12/31/16	52,432.	0.	52,432.	52,432.	
NOL CARRYOVER AVAILABLE THIS YEAR			624,452.	624,452.	

FORM 990-T		INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT	2
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)		
AMBERBROOK	3,520.	0.	3,520.		
NGP ENERGY CAPITAL MANAGEMENT	-175,004.	0.	-175,004.		
NWLA LOCAL INVESTOR GROUP	-12,626.	0.	-12,626.		
WCP REAL ESTATE FUND III, LP	101,780.	0.	101,780.		
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-82,330.	0.	-82,330.		