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)

as it may be made public.

2018

	<u> </u>
Department of the Treasury.	Do not enter social security numbers on this form
Internal Revenue Service	Go to www ire nov/Form990 for instructions an

Address change COUNCIL, INC. Name change Number and street (or P,O box of mail is not delivered to street address) Room/suite E Yelo 211 EAST DEVALCOURT 33 Final return/ terminated LAFAYETTE LA 70506 G Green	-0105141
Name change Doing business as 32	
Name change Doing business as 32	
Number and street (or P,O box if mail to not delivered to street address) Initial return 211 EAST DEVALCOURT 33 Final return 1	
Final return/ City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE LA 70506 G Gross	
temmated LAFAYETTE LA 70506 G Gree	<u>7-593-1411</u>
Amended with the control of the cont	
1 AUDITURE (PULL)	s receipts \$
Value and address of principal differ	for subordinates? Yes X No
1 Appendix AUNE FAEGOOI	
211 E DEVALCOURT H(b) Are all subordinates	included? Yes No
LAFAYETTE LA 70506 7	list (see instructions)
Tax-exempt status X 501(c)(3) 501(c) () 4947(a)(1) or 53/-2	
Website: ▶ WWW.TEAMACADIANA.ORG \ H(c) Group exemption no	ımber ►
Form of organization: X Corporation Trust Association Other L Year of formation: 2004	M State of legal domicle: LA
Bit Summary	
Briefly describe the organization's mission or most significant activities	
DESTRUCTURE THE ACADIANA ECONOMY TO IMPROVE THE OUR ITTY AND OURSTTAY	OF
ECONOMIC GROWTH.	
ECONOMIC GROWTH. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
2. Number of interestable of the environment of the Control of the	3 8
, , ,	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 0
· · · · · · · · · · · · · · · · · · ·	6 8
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	7 b 0
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
9 Program service revenue (Part VIII, Irne 2g)	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17. Other expenses (Part IX, column (A), line 11e)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
<u> </u>	
Beginning of Current Yes 20 Total assets (Part X, line 16) 138,83	
	10 10
22 Net assets or fund balances Subtract line 21 from line 20	
	130,037
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knitrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	owledge and belief, it is
uue, context, and complete Decardion of prepare (cure, man onice) is based on an information of which prepare has any knowledge	
'a''	Date
tere \ ANNE FALGOUT CHAIRMAN	5/6/19
Type or print name and title	heck if PTIN
Type or print name and title Print/Type preparer's name Date C	
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA Date CHRISTINE DUNN, CPA 05/03/19 st	elf-employed P00280397
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA Date CHRISTINE DUNN, C	70 1100576
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA Firm's Elfr Se Only RECEIVE PO BCX 80569	
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE	72-1108576
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE	72-1108576 337-232-3637
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA O5/03/19 st reparer Furna name A WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON Firm's Elfs se Only Furn's address LAF WETTE, LA 70598 ay the TRS distantial repuriting the preparer shown above? (see instructions)	72-1108576 337-232-3637 X Yes No
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA Firm's Eliv RECEIVEDO BOX 80569 TABLESTIME DUNN, CPA Firm's Eliv TABLESTIME DUNN, CPA Firm's Eliv	72-1108576 337-232-3637
Type or print name and title Print/Type preparer's name CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA O5/03/19 streparer Firm's ripage See Only Firm's address LAF METTE, LA 70598 Phone no lay the RS distribution Act Notice, see it is eparate instructions	72-1108576 337-232-3637 X Yes No

Form 990 (2018)	ACADIANA ECONOMI	C DEVELOPMENT	32-0105141	Page 2
Part III S	Statement of Program Serv	rice Accomplishments		
		s a response or note to any line in	this Part III	
RESTRUC	ribe the organization's mission TURE THE ACADIANA C GROWTH.	ECONOMY TO IMPROVE	THE QUALITY AND QUAI	NTITY OF
2 Did the orga	anization undertake any significant r	program services during the year which we	ere not listed on the	
_	990 or 990-EZ?	nogram between coming the year which we	TO THOU HOUSE OF THE	Yes X No
	scribe these new services on Sched			
services?	-	e significant changes in how it conducts, a	ny program	Yes X No
4 Describe the expenses S		complishments for each of its three larges anizations are required to report the amour		
	OMERATE OF AGENCI	2,177 including grants of \$ C DEVELOPMENT RESOUR ES JOINING FORCES TO		ESS THROUGH
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progra	am services (Describe in Schedule	0)		
(Expenses	\$ inc	luding grants of \$) (Revenue \$)
	am service expenses >	2,177		- 000 -
DAA				Form 990 (2018)

2000000000	1 990 (2018) ACADIANA ECONOMIC DEVELOPMENT 32-0105141	<u>ノ(</u>	/ _{P.}	age (
	Checklist of Required Schedules			
ì	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_12	^-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			$\overline{}$
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		[
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		١
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			17
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	**********	***********	<i>8</i> 88888888888888888888888888888888888
а	complete Schedule D, Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		Χ
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			.,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ļ		ĺ
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	יידט		-41
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes,' complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? If "Yes,' complete Schedule I, Parts I and II

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19

20a

20b

21

	Checklist of Required Schedules (continued)			
•			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	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? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			١.,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
Þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		<u> </u>
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes,' complete Schedule L, Part III	27		Х
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		<u> </u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	002		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_	Χ	
	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
		Fo	m 996	0 (2018)

	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_
` 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ye	s No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	****
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country	72	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-
6a	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?	6a	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6ь	
7	Organizations that may receive deductible contributions under section 170(c).		
а	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?	7a	***************************************
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations Enter		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers		
а	is the organization licensed to issue qualified health plans in more than one state?	13a	**********
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans 13b		
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O		

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DAA

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

X

I Enter the number of voting members of the governing body at the end of the tax year If there are materal differences in voting rights among members of the governing body, or if the governing body delegated more activation or the properties of the governing body or if the governing body delegated rotard authority to an executive committee or similar committee, explain in Schedule O De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of voting members included in line 1a, above, who are independent De Enter the number of the government of the committee of the voting the period of the committee of the voting the period of the committee of the committee of the voting the period of the committee of the voting the period of the committee of the committee of the committee of the committee of the voting the period of a significant diversion of the organization's assesses? De India committee with authority to achieve the following a three committees on the organization or committees, or persons other than the governing body? De Are any governance decisions of the organization reserved to (in subject to approval bey) members. De Vide the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a three committees with authority to act on behalf of the governing body? De Vide the organization have written policies on the regulation's severity proposed to a three committees with authority to act on behalf of the governing body? De Vide the organization have verified	<u>Sec</u>	tion A. Governing Body and Management	
If there are material differences in voting rights among members of the governing body. or if the governing body delegated to road outhority to an executive committee, explain in Schadule 0 Enter the number of voting members included in line 1a, above, who are independent Did any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee share a family relationship or a business relationship with any other officer, director, or frustees, or key employees to a management company or other person? 3			Yes No
filthe governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 b. Enter the number of toding members included in line 1a, above, who are independent 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of the direct supervision of officers, director, for trustees, or key employees to a management of the direct supervision of officers, director, for trustees, and key employees to a management of management of the organization have members or stockholders? 4. Did the organization have members or stockholders? 5. Did the organization have members or stockholders? 6. Like 2. Did the organization have members stockholders? 6. Like 3. Did the organization have members stockholders? 7. Did the organization have members stockholders? 8. Did the organization have members stockholders? 8. Did the organization have members stockholders? 9. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other han the governing body? 9. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other han the governing body? 9. It is the care simple body? 10. It is	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	
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14	42		— — — — — — — — — — — — — — — — — — —
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain 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		-	
Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? If the organization's CEO, Executive Director, or top management official Dithe officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a life a life in "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 16b NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 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		· · · · · · · · · · · · · · · · · · ·	14 \(\triangle\)
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Own website Another's website X Upon request Other (explain in Schedule O) 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	10		
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			
financial statements available to the public during the tax year	10		
· · · · · · · · · · · · · · · · · · ·	13		
≥ State the name, address, and telephone number of the person who possesses the organization's books and records ▶	20	· · · · · · · · · · · · · · · · · · ·	
REBECCA SHIRLEY 211 E DEVALCOURT STREET			
LAFAYETTE LA 70596 337-593-1411			337-593-141

Form 990 (2018)

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

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

DAA

- 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	bo	x unle	Pos check ess pe	rson i	than or s both a	an	(D) Reportable compensation from the	Reportable Reportable compensation compensation from related the organizations	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KATIE CHAISSON										
ADVICODY MEMBER	1.00	X						_	_	0
ADVISORY MEMBER (2) ANNE FALGOUT	0.00	<u>^</u>						0	0	0
(2) ANNE PADGOOT	1.00									
CHAIRMAN	0.00	X		Х				0	0	0
(3) GREGG GOTHREAUX										
	1.00									
BOARD MEMBER	0.00	X		_	_			0	0	0
(4) BILL RODIER	1 00									
BOARD MEMBER	1.00 0.00	X						0	0	0
(5) JENNIFER STELLY	0.00	┢						0	<u> </u>	<u> </u>
(0) 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00									
SECRETARY/TREASURER	0.00	X		Х				0	0	0
(6) MICHAEL TARANTIN										
BOARD MEMBER	1.00	Х						.0	0	0
(7) AMY THIBODEAUX	1 00									
DOADD MEMBED	1.00	X						0	0	0
BOARD MEMBER (8) DR. WILLIAM WARD		<u> </u>		<u> </u>		\vdash		<u> </u>	<u> </u>	0
(O) DIV. WILLDITHI WINCE	1.00								<u>.</u>	
VICE CHAIRMAN	0.00	X		Х				0	0	0
(9)										
(10)	-									
(11)			-							
		1	<u> </u>		Щ.			L	<u> </u>	000

90.00	Section A. Officers	, Directors, Trus	stee	s, K	ey Eı	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)	
	(A) Name and tille	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox unl	Pos check ess pe	erson i	than both structure employee	an ee)	(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
					_						
·											
c Tot	o-total al from continuation shee al (add lines 1b and 1c) al number of individuals (inc					lictor	d abo	>	who received more than \$1	00 000 of	
3 Did emp 4 For organian organ	the organization list any for ployee on line 1a? If "Yes," any individual listed on line anization and related organization and related organization and related organization and related organization and related on line 1a services rendered to the organizations and the organizations and related on line 1a services rendered to the organizations.	the organization I rmer officer, direct complete Schedu 1a, is the sum of izations greater the a receive or accruganization? If "Ye	ctor, ile J f reponan S	or traffor soortable 150	ustee uch ole co ,000	e, ke indiv ompe ? If "	y em <i>idual</i> ensat Yes,	ploy tion a " con	ree, or highest compensated and other compensation from plete Schedule J for such unrelated organization or incomplete.	m the	3 X 4 X 5 X
1 Cor	3. Independent Contractor mplete this table for your five appensation from the organization from the organizat	e highest comper							r year ending with or within		(C) Compensation
					_						
	al number of independent c eived more than \$100,000 c								listed above) who	0	

_					1	or note to any line		(C)	(n)
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
s s	1a	Federated campaigns	1	a			revenue		512-514
Program Service Revenue Contributions, Gifts, Grants Program Service Contributions Program Contributions Contribut	b	Membership dues	1						
عَ ق	c	Fundraising events	1						:
ifts ar A	a	Related organizations	1						
s, g	е	Government grants (contribution							•
Sign	f	All other contributions, gifts, gran	· —						
be i		and similar amounts not included		f					
Ξō	g	Noncash contributions included i	ın lines 1a-1f	\$					
Son	h	Total. Add lines 1a-1f			▶ [•
ë					Busn Code				
le I	2a								
æ	ь								1
/ice	c							•	
Sen	d								
E	e								
ogr	f	All other program service	ce revenue		,				
<u>~</u>	g	Total. Add lines 2a-2f			•				
	3	Investment income (inc	luding divid	ends, intere	est,				
		and other similar amou	nts)		▶				
	4	Income from investmen	nt of tax-exe	mpt bond p	oroceeds 🕨				
	5	Royalties			•				
			(ı) Real	(u	i) Personal				
	6a	Gross rents		ļ					
	b	Less rental exps							
	С	Rental inc. or (loss)							
	_d	Net rental income or (lo	oss)		•			,	
	7a	Gross amount from sales of assets (i)	Securities		(II) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps				3			
	l	Gain or (loss)							
	I	Net gain or (loss)							
e	8a	Gross income from fundral	sing events						
en		(not including \$							
Other Revenue		of contributions reported or	n line 1c)						
ē	_	See Part IV, line 18		a					
ê	l .	Less direct expenses		b					
-		Net income or (loss) fro		ng events	•				
	9a	Gross income from gaming	activities						
		See Part IV, line 19		a					
	1	Less direct expenses		b					
	l	Net income or (loss) fro		activities	>	0.00.000		<u>Mahamara Te</u>	
	Iva	Gross sales of inventor	-						
	١.	returns and allowances		a					
	l	Less cost of goods sol		b					
	_ <u>c</u>	Net income or (loss) fro		inventory	Busn Code	······································			
	44-		Nevenue		DUST CODE				
	11a b						-		
	۲ C	All other revenue							
	d	All other revenue Total. Add lines 11a-1	1 <i>d</i>						
	12	Total revenue. See ins				0	0	0	(
		TOTAL LEAGURE, OCC 1115	TO DESCRIPTION			1.7			

Form 990 (2018)

	Statement of Functional Ex	penses		··	* <u>-</u>
` <u>Secti</u>	ion 501(c)(3) and 501(c)(4) organizations must co			lete column (A)	
	Check if Schedule O contains a response	·			
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		_		L
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	·			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	•			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management			***************************************	
b	Legal				
С.	Accounting				
d	, ,				
. е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	· •				
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				•
13	Office expenses		•		
14	Information technology				
15 16	Royalties Occupancy				
17	Travel			•	
18	Payments of travel or entertainment expenses				· =
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	•			
23	Insurance	433	433		
24	Other expenses Itemize expenses not covered		200		
	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 ()				
а	MEMBERSHIP FEES	1,250	1,250		
b	WEBSITE	317	317		
c	ONE ACADIANA PROGRAM	177	177		
d			<u> </u>		
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	2,177	2,177	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	1			
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 132,529 Cash-non-interest bearing 1 131,136 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use R Prepaid expenses and deferred charges 3,295 2,511 10a Land, buildings, and equipment cost or 463 other basis. Complete Part VI of Schedule D. 10a 84,463 10b b Less accumulated depreciation 10c 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 3,000 3,000 15 Other assets See Part IV, line 11 15 138,824 136,647 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 10 10 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 138,814 136,637 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 138,814 136,637 Total net assets or fund balances 33 33 138,824 136,647 Total liabilities and net assets/fund balances

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545-0047 2018

Operate Pating

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

ACADIANA ECONOMIC DEVELOPMENT

Employer identification number 32-0105141

COUNCIL, INC. 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 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). X 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EfN (iv) is the organization (vi) Amount of (i) Name of supported (iii) Type of organization (v) Amount of monetary listed in your governing organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D)

(E)

Part B Support S

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	47,500	10,000				57,500		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	47,500	10,000				57,500		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						57,500		
	tion B. Total Support	, , , , , , , , , , , , , , , , , , , ,			_	,			
Cale	ndar year (or fiscal year beginning ın)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	47,500	10,000				57,500		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on			•					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10						57,500		
12	Gross receipts from related activities, etc. (see instructions)				12	793,917		
13	First five years. If the Form 990 is for the	•	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	. —		
	organization, check this box and stop here						<u> </u>		
Sec	tion C. Computation of Public Su	· · ·				· T T			
14	Public support percentage for 2018 (line 6,	• • •	•	(f))		14	100 00%		
15	Public support percentage from 2017 Sche	,				15	100 00%		
16a	33 1/3% support test—2018. If the organi			•	1/3% or more, che	ck this	▶ [X]		
	box and stop here . The organization qualifies as a publicly supported organization								
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check								
47-	this box and stop here . The organization qualifies as a publicly supported organization								
17a		10%-facts-and-circumstances test—2018. 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	cis-anu-circumstanc	es lest me organ	iization quaiiles a	s a publicly support	eu	▶ □		
b	-	17 If the organization	n did not check a t	nov on line 13 16s	a 16h or 17a and i	line			
~	10%-facts-and-circumstances test—2017. 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 med					clv			
	supported organization			0.90		- ,	▶ □		
18	Private foundation. If the organization did	not check a box on	line 13, 16a. 16b.	17a, or 17b. checl	k this box and see		· I I		
•	instructions		, ,	,			▶ □		

Cuppert

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.)

Sec	tion A. Public Support	quality under th	ie tests listed b	elow, please co	omplete i art ii)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f)/Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(=,====	(-,		(0) 20 10	
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				,	/	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)				/		
Sec	tion B. Total Support				7		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2011	(2) 23.3	(6) 2515	(4) 2011	(5) 25.5	(,, , , , , , , , , , , , , , , , , , ,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		/				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first.	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here	,			. , ,	,	▶ □
Sec	tion C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2018 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16_	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2018 (III	ne 10c, column (f),	divided by line 13,	column (f))		17	
18	Investment income percentage from 2017					18	%
19a	33 1/3% support tests—2018. If the organ						. \square
	17 is not more than 33 1/3%, check this bo						▶ ⊔
b	33 1/3% support tests—2017. If the organ						, \Box
	line 18 is not more than 33 1/3%, check thi		-				▶ ∐
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	nd see instructions	;	▶ [_

Part IV Supportin

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **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? If "Yes," provide detail in **Part VI**.
- c 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? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	~~~	

2		
3a		
3b		
***************************************	***************************************	***************************************
3c		

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7 8 9a 9b		
7 8 9a 9b 9c		
7 8 9a 9b 9c		
7 8 9a 9b 9c		

	Supporting Organizations (continued)		_,
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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?	11a	
b	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	. ]
Secti	on B. Type I Supporting Organizations		
		Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization	2	
Secti	on C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	1	
Secti	on D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3	By reason of the relationship described 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 Part VI the role the organization's		
	supported organizations played in this regard	3	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
а	The organization satisfied the Activities Test Complete line 2 below		
b	The organization is the parent of each of its supported organizations. Complete line 3 below		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ons)	
2 /	Activities Test Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities	2a	
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 Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
а	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 Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	1

Type III Non-Functionally Integrated 509(a)(3) Supporting			141 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
instructions All other Type III non-functionally integrated supporting organizations			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		. = -
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	· 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	· <del>_</del> ·· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d	· <u> </u>	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	<b>'</b> 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		•
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3	4		•
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		•
7 Check here if the current year is the organization's first as a non-functionally integral	ated Type III supr	oorting organization (see	•
instructions)			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	es					
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo						
4	Amounts paid to acquire exempt-use assets	····	<del></del>				
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions		· · · · · · · · · · · · · · · · · · ·				
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization	ion is responsive					
	(provide details in Part VI) See instructions						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required-explain in Part VI) See						
	instructions						
3	Excess distributions carryover, if any, to 2018	a call midul					
	From 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Lever on silvabal hardana ar bi			
	1 rom 2014	դեպիրին, Դայրերենաարան		, agis baabahananna ast			
-	From 2015	d ad 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
	From 2016	88 73 73	The state of the s	Half the feature			
······	From 2017	, , , , , , , , , , , , , , , , , , ,	- Carale rate Per	a parametri ( )			
	Total of lines 3a through e			· ' ', ! '.! .,,;!!;,,;!!!· , .			
	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f	· · · · · · · · · · · · · · · · · · ·					
4	Distributions for 2018 from	ng an ann an	trialization in the production of the following trialization of the second contraction of the se				
	Section D, line 7 \$	a Sur territor e dimini		<u> </u>			
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount			<del> </del>			
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if						
	any Subtract lines 3g and 4a from line 2 For result		•				
	greater than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c						
8	Breakdown of line /	2 mars 200 da do 100.					
a	Excess from 2014	Sampling Shades					
b	Excess from 2015	quantification		Opensial in the Cartest			
С	Excess from 2016	idealint days on the		end amatiae			
d	Lxcess from 2017		A CALL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
е	Excess from 2018	14/9/R 2.27.89 000000	ate tulian of high	1			
			C - 1 1 1-	A /Form 000 or 000 E7\ 2019			

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)

### 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
2018
Open to Public

Name of the organization Employer identification number ACADIANA ECONOMIC DEVELOPMENT COUNCIL, INC. 32-0105141 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7.00 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2018 ACADIANA E	CONOMIC D	EVELOPMENT		<u>32-0105</u>	L41		Page 2
	Organizations Maintaining	Collections of	Art, Historical Ti	reasures, o	r Other Simi	lar Assets	(continued	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records,	check any of the follow	wing that are a	significant use o	fits		-
а	Public exhibition	d 🗌	Loan or exchange pro	grams				
b	Scholarly research	е 🗍	Other	_				
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain h	now they further the or	ganization's ex	empt purpose in	Part		
	XIII			-				
5	During the year, did the organization solicit or re	ceive donations of	art, historical treasure	s, or other simi	lar			
	assets to be sold to raise funds rather than to be	e maintained as pai	rt of the organization's	collection?			Yes	No
	Escrow and Custodial Arrai						<del></del>	<del></del>
**********	Complete if the organization a	_	' on Form 990, Pa	irt IV, line 9,	or reported a	an amount	on Form	
	990, Part X, line 21				•			
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions or	other assets no	ot			
	included on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	wing table					_
		,	· ·				Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form	990, Part X, line 2	1, for escrow or custo	dial account lia	bility?		Yes	No
	If "Yes," explain the arrangement in Part XIII Ch				-			П
	Endowment Funds.	·	<del>.</del> <del>.</del>					
******	Complete if the organization a	answered "Yes"	on Form 990, Pa	irt IV, line 10	)			
		(a) Current year	(b) Prior year	(c) Two year		hree years back	(e) Four ye	ars back
1a	Beginning of year balance					·		
b	Contributions							
С	Net investment earnings, gains, and							
	losses						İ	
d	Grants or scholarships		·					
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance	(line 1g, column (a)) he	eld as		,		
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should	equal 100%						
3a	Are there endowment funds not in the possession	on of the organization	on that are held and a	dministered for	the			
	organization by						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as require	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the or	ganization's endow	ment funds					
	n Vi Land, Buildings, and Equip	ment.						
	Complete if the organization a	answered "Yes"	<u>on Form 990, Pa</u>	irt IV, line 1	1a See Form	990, Part	X, line 10	
	Description of property	(a) Cost or other t	pasis (b) Cost or	other basis	(c) Accumulat	ed	(d) Book valu	ie
		(investment)	(ot	ner)	depreciatio	1		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			84,463	84	463		
_	Other			-				

•

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

- Part VII	Investments—Other Securities.			•
	Complete if the organization answered "Yes" or			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	
(4) 5			Cost or end-of-year	ai market value
(1) Financial o				<del></del>
	ld equity interests		<u>,                                      </u>	·
(3) Other				·
(A)			-	
(B)		4		
(C)				
(D)				
(E)				
(F) (G)			<del></del>	<u> </u>
(U) (H)				·
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	Form 990. Part IV. lin	e 11c. See Form 990. Pa	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
		•	Cost or end-of-year	ar market value
(1)	. "			
(2)				
(3)				
(4)				•
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Pan D	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, lin	e 11d See Form 990, P	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)		:		
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(3)				
(4)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				•
(3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	•
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes" or			990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes" or line 25.			990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column 1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column  1. (1) Federal (2)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal (2) (3)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column  1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" or line 25.	r Form 990, Part IV, lin		990, Part X,

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

Sche	dule D (Form 990) 2018 ACADIANA ECONOMIC DEVELO	PMENT 32-	·0105141	Page 4
	Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	)	5	
	Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	2,177
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,177
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information (continued)

# SCHEDULE O

· (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

ACADIANA ECONOMIC DEVELOPMENT COUNCIL, INC.

Employer identification number 32-0105141

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 AND RELATED SCHEDULES ARE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990 AND REQUIRED GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.