EXTENDED TO NOVEMBER 15, 2022

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2021 calendar year, or tax year beginning an	d ending			
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
Г	Addres change	EDUCATION FOUNDATION OF THE L.R.A., I	NC.			
Ē	Name change			72-13182	97	
Initial return Final return		Number and street (or P.O. box if mail is not delivered to street address) 2700 N. ARNOULT ROAD	Room/sui	ite E Telephone numbe 504-454-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,177,685.	
F	Amend return			H(a) Is this a group re		
L	Applica tion pendin				? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		mpt status: X 501(c)(3)) or 5	·	list. See instructions	
		e: WWW.LRAEF.ORG organization: X Corporation Trust Association Other	1. v.	H(c) Group exemption		
		organization: X Corporation Trust Association Other Summary	IL YE	ear of formation; 1990] f	M State of legal domicile: LA	
W.A.		Briefly describe the organization's mission or most significant activities: PRO	MOUE E	יחווכאיידראו הבי	TNT	
Activities & Governance	1 1	HOSPITALITY INDUSTRY.	MOIE E	EDUCATION OF 7	TIN	
į	2	Check this box $lacktriangle$ $$ $$ $$ if the organization discontinued its operations or disp	osed of mo	ore than 25% of its net as:	1	
٥	3	Number of voting members of the governing body (Part VI, line 1a)		3	13	
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13	
y o	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 🤾 📈	AXPAY	ERSELLE 5	5	
viti.	6	Total number of volunteers (estimate if necessary)Rangants	Bennett	.I.I.C. <u>6</u>	0	
ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	, p	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
q	, 8	Contributions and grants (Part VIII, line 1h)		221,245.	437,239.	
2	9	Program service revenue (Part VIII, line 2g)		32,800.	4,664.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,086.	20,421.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		279,131.	462,324.	
	l .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	o or for members (Part IX, column (A), line 4)			
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		185,835.	172,810.	
Evnonces	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Š	b b	Total fundraising expenses (Part IX, column (D), line 25)				
П	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		162,774.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		348,609.	391,920.	
_	19	Revenue less expenses. Subtract line 18 from line 12		-69,478.	70,404.	
Net Assets or	Sign		-	Beginning of Current Year	End of Year	
sset	ਕੂ 20	Total assets (Part X, line 16)		1,521,853.	1,558,683.	
et A	21	Total liabilities (Part X, line 26)	·····	101,373.	87,349.	
름	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,420,400.	1,471,334.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lac and atate	oments, and to the best of m	y knowledge and belief it is	
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and beller, it is	
uu	6, 601166	t, and complete, occidention of preparer totals than officer) is based on an information of	willon prepa	irei nas any knowieuge.		
e:	-m	Signature of officer		Date		
Sign Here		JAMES S. HARRIS, PRESIDENT/CEO				
пе	16	Type or print name and title			***************************************	
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pai	id	ERIC F. FULLMER		if self-emplo		
	eparer	Firm's name BOURGEOIS BENNETT, L.L.C.			72-0136870	
Use Only		Firm's address 111 VETERANS BLVD., SUITE 1700		THIRS ENV		
		METAIRIE, LA 70005		Phone no 50	4.831.4949	
Ms	v the IF	RS discuss this return with the preparer shown above? See instructions		[1 110110 110.5 0	X Yes No	

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROMOTE EDUCATION OF/IN THE HOSPITALITY INDUSTRY	Contract of the last of the la	990 (2021) EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318 till Statement of Program Service Accomplishments	297 Page 2
1 Sirifly discoribe the organization's mission: PROMOTE RDUCATION OF/IN THE HOSPITALITY INDUSTRY 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 90-127	Par		
PROMOTE RDUCATION OF/IN THE HOSPITALITY INDUSTRY Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 950127			Ц
prior Form 990 or 990 £2? If Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1		
prior Form 990 or 990 £2? If Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	prior Form 990 or 990-EZ?	Yes X No
If "yes," describe these changes on Schedule O. Doscribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Goods October 124,964 Including greate of \$ 124,964 THE FOUNDATION FUNDS SCHOLARSHIPS TO QUALIFIED APPLICANTS OF THE RESTAURANT, HOTEL, AND CULINARY SCHOOLS IN LOUISTANA; IT OPERATES A PROGRAM DESIGNED TO PREPARE STUDENTS FOR CAREER OPPORTUNITIES IN MANAGEMENT AND CULINARY ARTS. STATEMENT STATEMEN			
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Form 990 (2021) EDUCATION FO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	-
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	Х	ļ
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	<u> </u>	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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		14a		X
b				
	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	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	ļ	X
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	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
2 0a	, , , , , , , , , , , , , , , , , , , ,	20a	 	X
b	, , , , , , , , , , , , , , , , , , , ,	20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	1	X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 23 Schedule J 24a 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? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a 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? If "Yes," complete Х 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III....... Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. or IV. and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 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 4 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 on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a 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 X 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 e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a 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: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

h	Check if Schedule O contains a response or note to any line in this Part VI					-	X		
Sec	ion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13			i see see		
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision				ĺ		
	of officers, directors, trustees, or key employees to a management company or other person?				3		X		
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5									
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or						
	more members of the governing body?				7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
а	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					* 1	Amount of the last		
	(THIS OCCUPY DE TOURS OF THE THE TAX OF POINTS HOLD AND THE THE TAX OF THE TA					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of				***************************************				
_					10b		İ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	J						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х			
c	market to the second se								
·	on Schedule O how this was done	•			12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х	†		
14	Did the organization have a written document retention and destruction policy?				14	X	 		
15	Did the process for determining compensation of the following persons include a review and approv								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		шоропион						
_	The organization's CEO, Executive Director, or top management official				15a	X	2000000000		
a	-				15b	X			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			•••••	100				
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a						
ioa					16a	446.5750	Х		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			•••••	104		1		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization								
	•				16b	Quinter (1999)	T BANGERO		
200	exempt status with respect to such arrangements?				ן וטט	<u></u>	<u> </u>		
	- William - Will								
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, a	and OO	O.T (eaction 50	11(0)(2)	onka	ovell-			
18		21 IU 99	ט-ו <i>וסב</i> טנוטוו <i>ס</i> ל	1(0)(0)	only)	avalla	NIG		
	for public inspection. Indicate how you made these available. Check all that apply.		National at the CN						
	X Own website Another's website X Upon request Other (expla			iov c=	l fine-	مادا			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	IOI IIIICT	or interest por	icy, and	ıınanı	ual			
	statements available to the public during the tax year.	امد	ما سمحتنات الم						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks at	iu records 🍺						
	SHERRI SPINELLI - 504-454-2277								
	2700 N ARNOULT RD, METAIRIE, LA 70002								

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

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

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

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

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	per	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	Nverage Position Reportable		Reportable	Estimated					
	hours per	box	, unles	ss per	rson i	s boti	n an	compensation	compensation	amount of
	week		Ler an	uau	recio	ii ii us	lee,	from	from related	other
	(list any hours for	irecto		·		_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		уее	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	nstitutional trustee	<u>ٿ</u>	Key employee	est co oyee	<u></u>	,		organizations
	line)	igi.	Insti	Officer	Key	Highest compensated employee	Former			
(1) JULIE TALBOT	40.00								_	
EXECUTIVE DIRECTOR		ļ		X	_	ļ	_	56,814.	0.	2,764.
(2) JONATHON BAYHAM	40.00									
EXECUTIVE DIRECTOR		<u> </u>	ļ	Х		_	L	21,894.	0.	598.
(3) FORREST BETHAY III	0.50									_
DIRECTOR		X	<u> </u>			<u> </u>	ļ	0.	0.	0.
(4) MATT MASSEY	0.50	١			ļ					
IMMEDIATE PAST CHAIR		X		X	-	_	<u> </u>	0.	0.	0.
(5) JOHN EASTMAN	0.50	٠,,								
DIRECTOR	1 0 50	X	ļ		ļ	-	ļ	0.	0.	0.
(6) SCOT CRAIG	0.50	١,,								
DIRECTOR	0.50	X	├		ļ	├	╁	0.	0.	0.
(7) CRAIG DENNISON	0.50	٠,,		3,7						
VICE CHAIR	0.50	X	├	X	├	-	┡	0.	0.	0.
(8) ALAN GUILBEAU	0.50	٠,		37					_	_
CHAIR	0.50	X	\vdash	X	\vdash		\vdash	0.	0.	0.
(9) BRUCE ATTINGER	0.50	x						0.	0.	_
(10) MICHAEL CARMOUCHE	0.50	┢	\vdash		├	╫	╫	<u> </u>	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(11) TONY D'ANGELO	0.50	╬	 	t		\vdash			<u> </u>	<u> </u>
DIRECTOR		\mathbf{x}^{\dagger}						0.	0.	0.
(12) JASON JONES	0.50					T	T			
SECRETARY/TREASURER		X		x				0.	0.	0.
(13) GREG REGGIO	0.50						T			
DIRECTOR		X						0.	0.	0.
(14) TAMMY SMITHERMAN	0.50									
DIRECTOR		X						0.	0.	0.
(15) OCTAVIO MANTILLA	0.50									
DIRECTOR		X				<u> </u>	_	0.	0.	0.
	***************************************	-								
		+	\vdash	ļ	┼	\vdash	\vdash			
		1								
				L	1				1	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Page 9 Form 990 (2021) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 149,678. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 287,561 similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f 1g |\$ 437,239. h Total. Add lines 1a-1f **Business Code** 4,664. 2 a EDUCATION PROGRAMS 611710 4,664. Program Service f All other program service revenue 4,664. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,421. 20,421. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of $|_{7a}|_{715,361}$ assets other than inventory **b** Less: cost or other basis 7b 715,361 and sales expenses c Gain or (loss) ______7c 0. d Net gain or (loss) 8 a Gross income from fundraising events (not ____ of including \$ contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

Business Code

462,324.

4,664.

0.

11 a

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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 **(D)** Fundraising (C) Management and (B)
Program service
expenses (A) Total expenses Do not include amounts reported on lines 6b, general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 147,214. 33,284. 113,930. 7 Other salaries and wages Pension plan accruals and contributions (include 1,903. section 401(k) and 403(b) employer contributions) 2,717. 814. 6,646. 9,191. 2,545. 9 Other employee benefits 13,688. 3,218. 10,470. 10 Payroll taxes Fees for services (nonemployees): 11 Management _____ 1,740. 1,740. Legal 2,500. 2,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 113,777. 113,777. column (A), amount, list line 11g expenses on Sch O.) 180. 31. 149. Advertising and promotion 12 494. 595. 101. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 3,525. 892. 2,633. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,552. 3,552. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 81,604. 81,604. CONTRIBUTIONS 4,003. 4,003. IT EXPENSE 2,158. 800. 1,358. TELEPHONE 1,708.d BOARD OF DIRECTORS 1,708. 2,093. 3,768. 1,675. e All other expenses 391,920. 124,964. 266,956. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 154,704. 173,450. 1 Cash - non-interest-bearing 81,385. 748,770. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 12,116. 20,046. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8 Inventories for sale or use 8 882. 8,562. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,673. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation _______10b 0. 0. 10c Investments - publicly traded securities 11 11 1,272,766. 607,855. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,521,853. 1,558,683. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 51,858. 53,944. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 49,515. 33,405. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 101,373. 87,349. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,021,350. 1,076,778. 27 Net assets without donor restrictions 27 399,130. 394,556. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 31 Retained earnings, endowment, accumulated income, or other funds 1,420,480. 1,471,334. 32 Total net assets or fund balances 32 1,558,683. 1,521,853. 33 Total liabilities and net assets/fund balances

Form 990 (2021)

	990 (2021) EDUCATION FOUNDATION OF THE L.R.A., INC.	72-13	18297	Pag	_{le} 12		
Par	t 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	462				
2	Total expenses (must equal Part IX, column (A), line 25)	2	391		$\frac{20.}{04.}$		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,420				
5	Net unrealized gains (losses) on investments	5	-19	, 5	<u>50.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,47	L, 3	<u>34.</u>		
Pai	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
			Galvery eta	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.					
2a	, , , , , , , , , , , , , , , , , , ,		2a	COS Process	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>			
	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:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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) d 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Sec	tion A. Public Support				***************************************			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	312,271.	366,915.	419,908.	221,245.	437,239.	1757578.	
2	Tax revenues levied for the organ-							
	ization'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					4.05		
4	Total. Add lines 1 through 3	312,271.	366,915.	419,908.	221,245.	437,239.	1757578.	
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,						006 004	
	column (f)					38 A. S.	836,901.	
	Public support. Subtract line 5 from line 4.						920,677.	
	ction B. Total Support	I						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	312,271.	366,915.	419,908.	221,245.	437,239.	1757578.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	17 040	00 517	20 162	25 006	20 421	115 /25	
	and income from similar sources	17,248.	22,517.	30,163.	25,086.	20,421.	115,435.	
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.)						1873013.	
	Total support. Add lines 7 through 10	-1- (12	202,563.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth toy i		\	202,303.	
13	-							
Se	organization, check this box and stoction C. Computation of Publi							
	Public support percentage for 2021 (column (fi)		14	49.15 %	
	Public support percentage for 2021 (Public support percentage from 2020)					15	42.63 %	
100	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	33 1/3% support test - 2020. If the							
	and stop here. The organization qua							
17:	a 10% -facts-and-circumstances test							
	and if the organization meets the fact							
	meets the facts-and-circumstances to						▶ □	
ı	10% -facts-and-circumstances test							
	more, and if the organization meets to							
	organization meets the facts-and-circ							
18	Private foundation. If the organization		-				s >	

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		:				
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		A STATE OF THE STA				
Section B. Total Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6					ļ	
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	5					
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.)		<u></u>				
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	n,
check this box and stop here	12 - 0 1 D					
Section C. Computation of Pub						
15 Public support percentage for 2021	• • • • • • • • • • • • • • • • • • • •		****			<u>%</u>
16 Public support percentage from 202					16	<u>%</u>
Section D. Computation of Inve			line 10 column (n)		17	01
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Totas a qualifying trust on Nov. 20, 1970 (<i>soplain in Part VI</i>). See instruction All other Type III Inon-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income		dule A (Form 990) 2021 EDUCATION FOUNDATION OF	CONTRACTOR DESCRIPTION OF THE PERSON OF THE		2-1318297 Page 6
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 (coptional) 1 Nat short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 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 or income (see instructions) 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) c Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add	Par				
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			1		18 THINKS H. J
5 Income tax imposed in prior year	5	Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			T -		
emergency temporary reduction (see instructions).	J		6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			ated Type III supporting organ	nization (see

Schedule A (Form 990) 2021

instructions).

EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Page 7 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 **b** Excess from 2018

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

INC.

EDUCATION FOUNDATION OF THE L.R.A.,

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Name of the organization

Employer identification number

72-1318297

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules Times For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ > \$. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

EDUCATION FOUNDATION OF THE L.R.A., INC.

72-1318297

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4 AUTO-CHLOR 500 DAKIN STREET JEFFERSON, LA 70121	Total contributions \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4 CENLA CHAPTER - LRA 2700 N. ARNOULT ROAD METAIRIE, LA 70002	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW ORLEANS CHAPTER - LRA 2700 N. ARNOULT ROAD METAIRIE, LA 70002	- \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NRA EDUCATIONAL FOUNDATION 175 WEST JACKSON BLVD, SUITE 1500 CHICAGO, IL 60604-2702	- \$\$_49,821.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ACME OYSTER HOUSE 724 IBERVILLE ST NEW ORLEANS, LA 70130	- - - - - - - - - - - - - -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RAISING CANES 100 NORTH ST. SUITE 802 BATON ROUGE, LA 70802	\$\$35,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

EDUCATION FOUNDATION OF THE L.R.A., INC.

72-1318297

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVE NEW ORLEANS, LA 70130	_ \$ 15,000. _	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 8	Name, address, and ZIP + 4 US DEPT OF LABOR-RYPA GRANT 200 CONSTITUTION AVENUE, NW, ROOM N4716 WASHINGTON, DC 20210	\$ 149,678.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HILTON FOUNDATION GRANT 1 DOLE DR WESTLAKE VILLAGE, CA 91362	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	BATON ROUGE CHAPTER - LRA 2700 N. ARNOULT ROAD METAIRIE, LA 70002	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JPMORGAN CHASE 270 PARK AVENUE NEW YORK, NY 10172		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

EDUCATION FOUNDATION OF THE L.R.A., INC.

72-1318297

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	

Employer identification number

	TION FOUNDATION OF THE L	.R.A., INC.		72-1318297					
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	through (e) and the following line enti	v. For organizations	•					
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or I	ess for the year. (Enterthis inf	o. once.) 🖊 \$					
(a) No.	Ose duplicate copies of Fart III if additional s		A COLORAGO DE	***************************************					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held					
10,11									
-									
		(e) Transfer of gift							
	Transferee's name, address, an	d 71D ± 1	Pelationship of	transferor to transferee					
ļ	mansieree s name, address, an		riciationship of	adistrict to building					
		A CONTRACTOR OF THE CONTRACTOR	Western State Control of the Control						
			· ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held					
Part I									
			<u></u>						
		(e) Transfer of gift							
:	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee					
	The state of the s			- 1,500					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(4) [Description of how gift is held					
Part I	(b) i diposo oi giit	(o) 000 01 girt	(4) 2	girl o hold					
				1.000-0					
				H 1979 1974 1974 1974 1974 1974 1974 1974					
	(e) Transfer of gift								
	Transferee's name, address, an	id ZIP + 4	Relationship of	f transferor to transferee					
(a) No. from Part I	(1) D	(a) 11 a a a £ a £ a	7.0.5						
Part I	(b) Purpose of gift	(c) Use of gift	(a) L	Description of how gift is held					
		(e) Transfer of gif							
		(-)	ગલ ળ ધુાાર						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee						
				10001077-100000000000000000000000000000					
				11 - 22					

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 Open to Public Inspection

Name of the organization

EDUCATION FOUNDATION OF THE L.R.A., INC. Employer identification number 72-1318297

		(a) Donor advise	ed funds	(b)	Funds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	No
Pai	t II Conservation Easements. Complete if the org	janization answered "Ye	es" on Form 990,	Part IV, lii	ne 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o	f a histori	cally important land are	ea
	Protection of natural habitat		Preservation o	f a certifie	ed historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	oution in the form	of a cons	servation easement on	the last
	day of the tax year.				Held at the End of	the Tax Year
а	Total number of conservation easements				2a	
b					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)			2c	
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not or	n a historic structi	ure		
	listed in the National Register			L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	e organiza	ation during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	sement is located 🕨 🙎				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing con	servation	easements during the	year
						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conserva	ıtion ease	ements during the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremer	nts of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	L No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization'	s financial statem	ents that	describes the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of		easures, or O	ther Sir	milar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	·				
	of art, historical treasures, or other similar assets held for pub				e of public	
	service, provide in Part XIII the text of the footnote to its finar					
b						
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furt	herance o	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 tre				rovide	
	the following amounts required to be reported under FASB A					
					*	
а	110101100 111010000 0111 01111 1 1 1 1				Ψ	

		ON FOUNDATI					72-13	18297	Pa	ige 2
	t III Organizations Maintaining C						***************************************	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that	make si	gnificant i	ise of its			
	collection items (check all that apply):		□							
a	Public exhibition	d	Loan or exch		m					
b	Scholarly research	е	Other							
С	Preservation for future generations				,			201		
4	Provide a description of the organization's co						se in Part 2	XIII.		
5	During the year, did the organization solicit o						_	1.,	г	1
Day	to be sold to raise funds rather than to be ma					F 000		Yes		No
га	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organization	n answered "	yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi		-				[٦.,		1
_	on Form 990, Part X?							Yes	L	. No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					A		
								Amount		
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year					t t				
f	Ending balance							1		
	Did the organization include an amount on F					ity?	L	Yes	F	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete			-			unava baale	/-\ F=		
		(a) Current year	(b) Prior year	(c) Two year		(a) Three	years back	(e) Four		
1a	Beginning of year balance	97,102.	96,621.	90	,000.		90,000.		90,	000.
b	Contributions		5,481.				, ,			
С	Net investment earnings, gains, and losses	-5,574.	-5,000.		,621.					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							***************************************		
f	Administrative expenses									
g	End of year balance	91,528.	97,102.		,621.		90,000.		90,	000.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment ► 100	%								
С		<u>.</u> %								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administer	ed for th	ne organiz	ation	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		www.u
4	Describe in Part XIII the intended uses of the		wment funds.				***************************************		×	
Pa	t VI Land, Buildings, and Equipm		. ps 13		ь	p 4-				
	Complete if the organization answere	1								
	Description of property	(a) Cost or o	1	or other	, .	Accumulat		(d) Bool	k valu	ə
		basis (investn	nent) basis	(other)	de	epreciation				
1a	Land									
b	Buildings									
С	Leasehold improvements			0 (50				***		
d	Equipment			3,673.		3,6	73.	**		0.
	Other				***************************************					
~ - 4 -	Add lines to through to 10-1 (-1)			a 1			I			Λ

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

	INDATION OF THE L.R.	CONTRACTOR OF THE PROPERTY OF		18297	Page 4	
Part XI Reconciliation of Revenue per Auditor		Revenue per Ret	turn.			
Complete if the organization answered "Yes" on				440		
1 Total revenue, gains, and other support per audited fina	***************************************		1	442,	774.	
Amounts included on line 1 but not on Form 990, Part \(\) a Net unrealized gains (losses) on investments	1 1	-19,550.				
a Net unrealized gains (losses) on investments b Donated services and use of facilities		15,550.				
c Recoveries of prior year grants						
	2d					
			2e	-19,	550.	
3 Subtract line 2e from line 1			3	462,	324.	
4 Amounts included on Form 990, Part VIII, line 12, but n						
a Investment expenses not included on Form 990, Part V						
b Other (Describe in Part XIII.)					•	
			4c	160	0.	
5 Total revenue. Add lines 3 and 4c. (This must equal For Part XII Reconciliation of Expenses per Audi	m 990. Part I. line 12.)ted Financial Statements Wit	h Eynenses ner F	5 Peturn	402,	324.	
Complete if the organization answered "Yes" on		ii Expenses per i	ictuiii.			
Total expenses and losses per audited financial statem			1	391	920.	
2 Amounts included on line 1 but not on Form 990, Part				334,	720.	
a Donated services and use of facilities						
b Prior year adjustments						
c Other losses						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d			2e		0.	
3 Subtract line 2e from line 1			3	391,	920.	
4 Amounts included on Form 990, Part IX, line 25, but no						
a Investment expenses not included on Form 990, Part V						
b Other (Describe in Part XIII.) c Add lines 4a and 4b			4c		0.	
5 Total expenses. Add lines 3 and 4c. (This must equal F	form 990 Part I lina 19 \		5	391	920.	
Part XIII Supplemental Information.	J. H. L.		<u> </u>			
Provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4	; Part X,	ine 2; Part X	Ί,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	this part to provide any additional info	rmation.				
PART X, LINE 2:						
THE ECINDAMION TO EVENDO EDOM I	SEDEDAL INCOME MAY I	DIDED CECUTA	NT EO	1/a) /a		
THE FOUNDATION IS EXEMPT FROM I	EDERAL INCOME TAX (NDER SECTIO	и эо.	L(C) (3) <u> </u>	
OF THE INTERNAL REVENUE CODE OF	1986. HOWEVER IN	JCOME FROM C	'E'R'TA	ΓN		
OI IIII IIIIIIIII RIIVIIIOI CODI OI	13001 110111111111111111111111111111111	teonin i itom e		441		
ACTIVITIES NOT DIRECTLY RELATED	TO THE FOUNDATION	S TAX-EXEMP	T PUI	RPOSE I	s	
SUBJECT TO TAXATION AS UNRELATE	ED BUSINESS INCOME.	THE FOUNDA	MOIT	DID NO	т	
INCUR A TAX LIABILITY FOR 2021	OR 2020.					

ACCOUNTING CHANDADDS DECUTE DI	amati en cuitnance eci	י בידאנאאנידאנ	cm z mi	PACIPATOS		
ACCOUNTING STANDARDS PROVIDE DI	TAILED GOIDANCE FOR	(FINANCIAL	PIAII	ZIMEIN.I.		
RECOGNITION, MEASUREMENT, AND I	TSCLOSURE OF UNCER	פסק צביי עדבי	וחדייד	NS		
MEGOGILITON, MEMBOREMUNI, MAD	ALDEHODORE OF ORGER	11111 11111 1 00	<u> </u>	.10		
RECOGNIZED IN AN ENTITY'S FINAL	ICIAL STATEMENTS.	T REQUIRES	AN E	TITY	ro	
RECOGNIZE THE FINANCIAL STATEM	ENT IMPACT OF A TAX	POSITION WH	EN I	r is Mo	DRE	
LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION.						

Schedule D (Form 990) 2021 EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Page 5 Part XIII Supplemental Information (continued)
TAX YEARS ENDED DECEMBER 31, 2018 AND LATER REMAIN SUBJECT TO EXAMINATION
BY THE TAXING AUTHORITIES. AS OF DECEMBER 31, 2021, THE FOUNDATION HAS NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE
IN THE CONSOLIDATED FINANCIAL STATEMENTS.
·

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	ACCUSATION AND ADDRESS OF THE PARTY OF THE P	Committee (Control of Control of	-	FOUNDAT.	THE STREET STREET	THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN COLUMN 1		and an investment	A CONTRACTOR OF THE CONTRACTOR		community more	T85)		
Part I	Excess Bene	fit Transa	actic	ns (section 50	1(c)(3)	, secti	on 501	(c)(4), and sec	tion	501(c)(29) orga	nizatio	ns onl	y).			
	Complete if the o	rganization	answ	ered "Yes" on F	orm 9	90, Pa	rt IV, lir	ne 25a or 25b	, or F	orm 990-EZ, Pa	ırt V, liı	ne 401	b			
1			(b) R	elationship betw	veen d	lisquali	ified							(d)	Correc	cted?
(a) Na	me of disqualified po	erson		person and or	ganiza	tion		(C) De	scription of tran	saction	1		Ye		No

																-
2 Enter	the amount of tax ir	ncurred by	the or	ganization mana	agers	or disq	ualified	persons duri	ng ti	ne year under					***************************************	
											1	> \$				
	the amount of tax, i											▶ \$				
	,	,,	•	•	•	_	•	***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Part II	Loans to and	or From	Inte	erested Pers	ons.											
	Complete if the o	rganization	answ	ered "Yes" on F	orm 9	90-EZ.	. Part V	. line 38a or F	orm	990, Part IV, lin	e 26; c	r if th	e orgai	nizatio	n	
	reported an amou	-						,		,	•		J			
(6	a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e)) Original	(f)	Balance due	(g)	In	(h) App	roved	(i) W	ritten
	rested person	with organiz		of loan		n the zation?		ipal amount			defa		comm	ittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
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						<u> </u>									*****	
					<u> </u>	<u> </u>										-
				···												

					1		-									
Total					1		L	> \$	<u> </u>							
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.		iii a Kaliffara da		Am-initiation.					
resource appropriately	Complete if the c			_												
(a) I	Name of interested p			b) Relationship) Amount of		(d) Type	of		le) Purp	ose o	 f
(ω) .	tarrio or intoroctou p	3010011	'	interested pers				assistance		assistar				assista		•
				the organiza												
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha					
(3)	person and the organization	transaction	transaction	rever	ues?				
JAMES HARRIS	PRESIDENT AND CEO O	0.		Yes	No X				
SHERRI SPINELLI	CFO OF LRA AND EDUC	0.			X				
MATT MASSEY	DIRECTOR OF LRA AND	0.			Х				
ALAN GUILBEAU	SECRETARY OF LRA AN	0.		X					
JOHN EASTMAN	DIRECTOR OF LRA AND								
JCE ATTINGER DIRECTOR OF LRA AND 0. X									
GREG REGGIO	REGGIO DIRECTOR OF LRA AND 0. X								
OCTAVIO MANTILLA	DIRECTOR OF LRA AND	0.			X				
JASON JONES	DIRECTOR OF LRA AND	0.			X				
MICHAEL CARMOUCHE Part V Supplemental Information.	DIRECTOR OF LRA AND	0.			X				
Provide additional information for res SCH L, PART IV, BUSINESS (A) NAME OF PERSON: JAMES			D PERSONS:						
	INTERESTED PERSON AND	ORGANIZATI	ON:						
PRESIDENT AND CEO OF LRA	AND DIRECTOR OF EDUCA	TION FOUNDA	TION						
(1) MANUEL OF DEPOSIT GUEDD	T COTNELL T								
(A) NAME OF PERSON: SHERR	I SPINELLI								
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:						
CFO OF LRA AND EDUCATION	FOUNDATION								
(A) NAME OF PERSON: MATT	MASSEY								
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:						
DIRECTOR OF LRA AND IMMED	IATE PAST CHAIR OF ED	UCATION FOU	JNDATION	A.,					
(A) NAME OF PERSON: ALAN	GUILBEAU		A00100100000						
(A) NAME OF PERSON: ALAN (B) RELATIONSHIP BETWEEN		ORGANIZATI	CON:						
	INTERESTED PERSON AND		CON:						
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND		CON:						

DIRECTOR OF LRA AND EDUCATION FOUNDATION

Schedule L (Form 990) EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Page 2
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(A) NAME OF PERSON: BRUCE ATTINGER
(A) NAME OF FERDON. BROCH ATTINGER
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF LRA AND EDUCATION FOUNDATION
DIRECTOR OF BREE TRAD EDUCATION FOODDITION
(A) NAME OF PERSON: GREG REGGIO
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF LRA AND EDUCATION FOUNDATION
(A) NAME OF PERSON: OCTAVIO MANTILLA
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF LRA AND EDUCATION FOUNDATION
(A) NAME OF PERSON: JASON JONES
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF LRA AND SECRETARY/TREASURER OF EDUCATION FOUNDATION
(A) NAME OF PERSON: MICHAEL CARMOUCHE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF LRA AND EDUCATION FOUNDATION
DIRECTOR OF LRA AND EDUCATION FOUNDATION

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INC. EDUCATION FOUNDATION OF THE L.R.A.,

Employer identification number 72-1318297

FORM 990, PART VI, SECTION A, LINE 7A:
THE NOMINATING COMMITTEE OF THE BOARD PROPOSES A SLATE OF CANDIDATES FOR
THE BOARD EACH YEAR WHO ARE THEN VOTED ON BY THE MEMBERS OF THE CURRENT
BOARD.
FORM 990, PART VI, SECTION A, LINE 8B:
COMMITTEE REPORTS AND ACTIVITIES ARE INCLUDED IN THE DIRECTOR'S MINUTES.
FORM 990, PART VI, SECTION B, LINE 11B:
AFTER COMPLETION OF THE 990, A COPY IS SENT TO AND REVIEWED BY THE
DIRECTORS PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD AND STAFF SELF MONITORS AND REPORTS TO THE PRESIDENT AND CEO.
FORM 990, PART VI, SECTION B, LINE 15:
ANNUAL REVIEWS AND EVALUATIONS ARE COMPLETED BY THE PRESIDENT AND CEO OF
THE LRA.
FORM 990, PART VI, SECTION C, LINE 19:
INFORMATION ABOUT EDUCATION FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTANT TO MANAGE RYRA GRANT EXPENSES:

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
EDUCATION FOUNDATION OF THE L.R.A., INC.	72-1318297
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	113,777.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	113,777.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	113,777.
FORM 990, PART XII, LINE 2C:	
THERE IS NO CHANGE IN THE PROCESS	
	the state of the s
	· · · · · · · · · · · · · · · · · · ·
	4000
	A LI ANDREW MARKET AND

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

2021

OMB No. 1545-0047

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

Open to Public Inspection

INC.

L.R.A.

THE

FOUNDATION OF

EDUCATION

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 72-1318297

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2021 Νo × × Direct controlling Yes 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. Direct controlling End-of-year assets <u>@</u> status (if section Public charity 501(c)(3)) Total income Exempt Code ਉ section 501(C)(6) 501(C)(6) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) LOUISIANA LOUISIANA HOSPITALITY INDUSTRY TRADE SEE EXPLANATION UNDER Primary activity PART VII Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. SCHEDULE R, ASSOCIATION 72-0362855, 2700 N. ARNOULT ROAD, METAIRIE, METAIRIE LOUISIANA RESTAURANT ASSOCIATION, INC Name, address, and EIN (if applicable) LOCAL CHAPTERS OF THE L.R.A., INC. 2700 N. ARNOULT ROAD, Name, address, and EIN of related organization of disregarded entity 58-2248900, 70002 70002 Part II Parti LA

72-1318297

Page 2

EDUCATION FOUNDATION OF THE L.R.A., INC.

Schedule R (Form 990) 2021

Part III

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

General or Percentage managing ownership Yes No 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. (i) Section 512(b)(13) controlled entity? 图 Percentage ownership Yes No 3 已 Code V-UBI amount in box 20 of Schedule – K-1 (Form 1065) Share of end-of-year assets \equiv <u>(6</u> Disproportionate Yes No allocations? Ξ Share of total income Œ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্র Legal domicile (state or foreign country) (d)
Direct controlling
entity Primary activity æ (c)
Legal
domicile
(state or
foreign Primary activity æ Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> Part IV

Schedule R (Form 990) 2021

Page 3

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

PartV

OF IME DING:

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				_	Yes	₂
Note: Compress in any charge is a second in a second in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) rovalties or (iv) rent from a controlled entity	•			1 a		×
				1p		×
Giff grant or capital contribution from related organization(s)				10	×	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,0		×
						×
e Loans or loan guarantees by related organization(s)				บ		4
						ŀ
f Dividends from related organization(s)				#		×
				19		×
y date of assets to related organization(s)				4		M
				¥		×
I Exchange of assets with related organization(s)				: ;		II>
j Lease of facilities, equipment, or other assets to related organization(s)				7		4
				4		×
K Lease of facilities, equipment, or onlie assets florifiered organization(s)	pirotion(s)			=		×
Performance of services of membership of junioraship solicitations for related organizations	nization(s)nization(s)			13		×
	1112ation(3)			Ę		×
	(s)			5		: ×
 Sharing of paid employees with related organization(s) 				اء	- C.	4
n Reimhursement paid to related organization(s) for expenses				1p	×	
				19		×
				٤		×
				Ļ		×
,,				2		
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 unesholds.	ho must complete th	is 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	olved		
LOCAL CHAPTERS OF THE LOUISIANA RESTAURANT (1) ASSOCIATION	ט	82,545.	FMV			
(2) LOUISIANA RESTAURANT ASSOCIATION	д	172,810.	FMV			
(4)						
(5)						
132163 11-17-21			Schedule R (Form 990) 2021	R (Form	990) 2	12

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) (b) (c) (d) (d) (d) (e) (e) (fraited, unrelated, unrelated, of entity (fraited, unrelated, country) (fraited, unrelated, country) (e) (fraited, unrelated, country) (fraited, unrelated, country)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income parcicle (related, unrelated, sections 512-514)	(e) Are all partners sec. 501(6)(3) 0.05.2	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(h) (i) (j) (k) Disproportion (code V-UBI allocations) Itional allocations? of Schedule K-1 partner? Ves No (Form 1065) Yes No	General or managing partner?	(K) Percentage ownership
								Schedule	R (Form	Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 EDUCATION FOUNDATION OF THE L.R.A., INC. 72-1318297 Page 5 Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.
SCHEDULE R, PART II
THE PRIMARY ACTIVITY OF THE LOUISIANA RESTAURANT ASSOCIATION, INC IS
THE TRADE SHOW, A LA CARTE MAGAZINE, ADVOCACY AND INFORMATION ON BEHALF
OF THE HOSPITALITY INDUSTRY.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

xempt Entity	/	
, 2021, and ending	, 20	202

OMB No. 1545-0047

Department of the Treasury

For calendar year 2021, or fiscal year beginning Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of filer

► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

EDUCATION FOUND	ATION OF THE L.R.A.	, INC.	72-1318297			
Name and title of officer or person subject to tax						
PRESIDENT/CEO						
Part I Type of Return and Re	eturn Information					
Check the box for the return for which you a Form 5330 filers may enter dollars and cents or 10a below, and the amount on that line for whichever is applicable, blank (do not enter than one line in Part I.	s. For all other forms, enter whole dolla or the return being filed with this form v ·0·). But, if you entered ·0· on the return	rs only. If you check the box on lives blank, then leave line 1b, 2b, n, then enter 0 on the applicable	ine 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, e line below. Do not complete more			
1a Form 990 check here ▶ X	b Total revenue, if any (Form 990	, Part VIII, column (A), line 12)	1b <u>462,324.</u>			
2a Form 990-EZ check here >	b Total revenue, if any (Form 990	EZ, line 9)	2b			
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line	22)	3b			
4a Form 990-PF check here ▶	b Tax based on investment inco	me (Form 990-PF, Part V, line 5)	4b			
5a Form 8868 check here ▶	b Balance due (Form 8868, line 3	c)	5b			
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, I	ine 4)	6b			
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, li	ne 1)	7b			
8a Form 5227 check here ▶	b FMV of assets at end of tax ye	ar (Form 5227, Item D)	8b			
9a Form 5330 check here ▶	b Tax due (Form 5330, Part II, line) 19)	9b			
10a Form 8038-CP check here	b Amount of credit payment red		line 22) 10b			
	ature Authorization of Officer					
Under penalties of perjury, I declare that						
of entity)			d that I have examined a copy of the			
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.						
PIN: check one box only V POIDCROIC PRINTERS I C POIDCROIC PRINTERS I 70002						
X Lauthorize BOURGEOIS BENNETT, L.L.C. to enter my PIN 70002 ERO firm name Enter five numbers, but						
	ENO IIIII IIaille		do not enter all zeros			
	021 electronically filed return. If I have g charities as part of the IRS Fed/State t screen.					
return. If I have indicated within the	tax with respect to the entity, I will ent his return that a copy of the return is be or my PIN on the return's disclosure co	eing filed with a state agency(ies)				
Signature of officer or person subject to tax			Date >			
Part III Certification and Auth						
ERO's EFIN/PIN. Enter your six-digit electrons		70000000000				
number (EFIN) followed by your five-digit se	If-selected PIN.	72089770005 Do not enter all zeros	The second secon			
I certify that the above numeric entry is my submitting this return in accordance with the Business Returns.		zed e-File (MeF) Information for A				
EDA's signature		Data 🛌				

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contrac	sted below with the exception of Form 8870, Information R ts, for which an extension request must be sent to the IRS this form, visit www.irs.gov/e-file-providers/e-file-for-charit	in paper	format (see instructions). For more d				
Auton	natic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).	ALCONCATORNO DE PARAMENTO			
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120·C filers), partnership	s, REMICs	, and trusts		
nust us	e Form 7004 to request an extension of time to file income	tax retur	ns.				
Type or	ype or Name of exempt organization or other filer, see instructions. Taxpayer identification number (
ile by the	EDUCATION FOUNDATION OF THE	L.R.	A., INC.		72-131829	97	
due date fo iling your eturn. See	or Number, street, and room or suite no. If a P.O. box, see	ee instruct	ions.				
nstruction	s. City, town or post office, state, and ZIP code. For a fo METAIRIE, LA 70002						
Enter th	e Return Code for the return that this application is for (file	a separat	te application for each return)			0 1	
Application Return Application Return							
s For Code Is For Code							
Form 990 or Form 990-EZ 01 Form 1041-A 08							
Form 4720 (individual) 03 Form 4720 (other than individual) 09							
						10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
	90-T (trust other than above) 90-T (corporation)	06 07	Form 8870			12	
Telep	SHERRI SPINELLI 2700 N ARNOULT ohone No. \triangleright $504-454-2277$ e organization does not have an office or place of business	RD -	Fax No. ▶ited States, check this box				
If this	s is for a Group Return, enter the organization's four digit (mption Number (GEN)	If this is fo	r the whole group,	check this	
oox 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs of	all membe	ers the extension is	s for.	
th	request an automatic 6-month extension of time until	anization's	d ending	e the exem		turn for	
20 16	Change in accounting period		Acadeding Acres Inc.		I		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter tile	i ionialivė lax, iess	За	\$	0.	
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	refundable credits and	Ja	-	<u> </u>	
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System). See		• • •	3с	\$	0.	
Cautior instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct del	oit) with this Form 8868, see Form 8	453-TE and	d Form 8879-TE for	r payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)