Duplantier, Hrapmann, Hogan & Maher, L.L.P.
Certified Public Accountants
1615 Poydras Street, Suite 2100
New Orleans, Louisiana 70112
504-586-8866

August 30, 2023

Acadiana Legal Service Corporation 1020 Surrey Street Lafayette, LA 70502

Acadiana Legal Service Corporation:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Michelle H. Cunningham, CPA

## Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning , 2022, and ending	or calendar year 2022, or fiscal year beginning	, 2022, and ending
--------------------------------------------------------------------	-------------------------------------------------	--------------------

2022

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer ACADIANA LEGAL SERVICE CORPORATION 72-0832432 SACHIDA RAMAN Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 X | lauthorize DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 72397437008 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

202521 12-16-22

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

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 72-0832432 ACADIANA LEGAL SERVICE CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1020 SURREY STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 70502 LAFAYETTE, LA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) SACHIDA RAMAN The books are in the care of ► 1020 SURREY STREET - LAFAYETTE, LA 70501 Telephone No. ► 337-237-4320 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🧾 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

223841 04-01-22

LHA

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

**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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
ZUZZ
Open to Public
Inspection

ΑI	For the	e 2022 calendar year, or tax year beginning and	ending	_	
B	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	ACADIANA LEGAL SERVICE CORPORATION			
	Name chang			72-08324	32
	Initial return Final return	,	Room/suite	E Telephone numbe 337-237-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,539,832.
	Ameno return	DAPATETIE, DA 70302		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: SACHIDA RAMAN 1020 SURREY STREET, LAFAYETTE, LA 7050	01	for subordinates <b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
	Websi			H(c) Group exemptio	
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year		A State of legal domicile: LA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${f THE}$ 1	MISSIO	N OF ACADIA	NA LEGAL
Governance		SERVICE CORPORATION IS TO MAKE HOPE, DIGI	NITY,	AND JUSTICE	AVAILABLE
ern		Check this box if the organization discontinued its operations or dispos			
Š		Number of voting members of the governing body (Part VI, line 1a)			18
8		Number of independent voting members of the governing body (Part VI, line 1b)			18
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			147
Ξ		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	_	0	-	Prior Year 9,115,631.	Current Year 10,366,937.
ne		Contributions and grants (Part VIII, line 1h)		9,115,631.	10,300,937.
Revenue		Program service revenue (Part VIII, line 2g)		16,502.	24,487.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		127,846.	148,408.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,259,979.	10,539,832.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		127,384.	131,259.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		127,364.	131,439.
		Benefits paid to or for members (Part IX, column (A), line 4)		7,574,742.	8,212,347.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,574,742.	0,212,347.
en		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  10, 58	<u> </u>	0.	0.
Ä	1			1,189,662.	1,599,158.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,891,788.	9,942,764.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		368,191.	597,068.
-SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	6,508,596.	7,224,270.
Ass Bal	21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		2,316,821.	2,435,427.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,191,775.	4,788,843.
Pa	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	<u>*                                    </u>				
Sig	n	Signature of officer		Date	
Her		SACHIDA RAMAN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	MICHELLE H. CUNNINGHAM, C		if self-employ	ed P01343336
Pre	parer	Firm's name DUPLANTIER, HRAPMANN, HOGAN & MAI	HER, L	LP Firm's EIN 7	2-0567396
Use	Only	Firm's address 1615 POYDRAS STREET, SUITE 2100			
		NEW ORLEANS, LA 70112		Phone no. 50	4-586-8866
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
		3-22 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2022)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF ACADIANA LEGAL SERVICE CORPORATION IS TO MAKE HOPE,
	DIGNITY, AND JUSTICE AVAILABLE PRIMARILY TO LOW-INCOME, DISADVANTAGED,
	CHILDREN IN NEED OF CARE, AND OTHER ELIGIBLE RESIDENTS THROUGH HIGH
	QUALITY AND AGGRESIVE CIVIL (NON-CRIMINAL) LEGAL ASSISTANCE AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 8,560,620 · including grants of \$ 131,259 · ) (Revenue \$ 148,407 · )  THE ORGANIZATION UTILIZES A SPECIALIZED APPROACH TO DELIVERY OF  SERVICES THROUGH THE FOLLOWING UNITS:
	ADMINISTRATIVE LAW UNIT HANDLES CASES INVOLVING TANF, SOCIAL SECURITY DISABILITY, FOOD STAMPS, VETERAN'S BENEFITS, MEDICAID, MEDICARE, ETC. IN 2022, \$1.8 MILLION IN BENEFITS WERE RECOVERED ON BEHALF OF CLIENTS OF THIS UNIT (OVER \$2.3 MILLION WAS RECOVERED PROGRAM-WIDE) UNDER THE CAPABLE LEADERSHIP OF ITS SENIOR ATTORNEY/UNIT LEADERS.
	LITIGATION UNIT HANDLES CASES INVOLVING BANKRUPTCY/DEBTOR RELIEF, COLLECTION, CONTRACTS, UNFAIR OR DECEPTIVE SALES AND PRACTICES,
	LANDLORD/TENANT ISSUES, DISCRIMINATION, PREDATORY LENDING, WAGE CLAIMS,
4b	(Code:         ) (Expenses \$ including grants of \$ )         ) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<del>4</del> 0	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 8,560,620.
+0	Form <b>990</b> (2022
00000	SEE SCHEDIILE O FOR CONTINUATION(S)

# 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			3,7
_	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	_		x
^	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			$ _{\mathbf{x}}$
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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			<del>                                     </del>
0		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<del></del> -
J	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	Х	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	<u> </u>

# Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
0.4	Schedule J	23	X	
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			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			x
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_ ^
ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59		162	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

# 022) ACADIANA LEGAL SERVICE CORPORATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	2a 147			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
3а	· · · · · · · · · · · · · · · · · · ·		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	, ,			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	0-		Х
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	70		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		21
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		76		
С	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b> </b>	12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>h</b>	<b>Note:</b> 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	13b			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c			
с 14а			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. 10		
.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
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 the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed LA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SACHIDA RAMAN - 337-237-4320			
	1020 SURREY STREET, LAFAYETTE, LA 70501			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l		((	<b>C)</b>		iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or director	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	In dividual trustee	Institutional trustee		ee/	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	idualt	utiona	 	Key employee	est co oyee	er	1000 1120)		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Form			
(1) GREGORY L. LANDRY	37.50	1								44
EXECUTIVE DIRECTOR				Х				143,378.	0.	11,735.
(2) SACHIDA RAMAN	37.50							405 405		
EXECUTIVE DIRECTOR				Х				125,425.	0.	20,705.
(3) SHARON A. JONES	37.50							102 010		00 625
ADMINISTRATIVE DIRECTOR	27 50					Х		123,912.	0.	20,635.
(4) FRANCHESCA HAMILTON-ACKER	37.50					37		110 117	0	10 002
SR. ATTORNEY/UNIT LEADER	37.50					Х		110,117.	0.	19,093.
(5) SANDRA S POTIER OFFICER STAFF	37.50	┨				Х		109,392.	0.	18,956.
(6) WALTER P MCCLATCHEY, JR	37.50					^		109,392.	0.	10,930.
OFFICER STAFF	37.30	┨				x		102,331.	0.	8,002.
(7) SUSAN KUTCHER JONES	0.00							102,331.	<u> </u>	0,002.
PRESIDENT		x		x				0.	0.	0.
(8) GEORGE ERNEST, III	0.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(9) JULHELENE JACKSON	0.00									
TREASURER		Х		х				0.	0.	0.
(10) CHANTELL SMITH	0.00									
ATTORNEY		Х						0.	0.	0.
(11) THERESA RICHARD	0.00									
ELIGIBLE CLIENT		Х						0.	0.	0.
(12) LINDSAY YOUNG MEADOR	0.00								_	
ATTORNEY		Х						0.	0.	0.
(13) CYNTHIA COBB	0.00	ļ							•	•
ELIGIBLE CLIENT	1 0 00	Х						0.	0.	0.
(14) ANNA SIMMONS	0.00	١,,		,,				0	0	0
SECRETARY	0.00	Х		Х				0.	0.	0.
(15) KAREN C. MCLELLAN	0.00	Į.,						_	0	0
ATTORNEY	0.00	Х						0.	0.	0.
(16) MARY WINCHELL ATTORNEY	0.00	X						0.	0.	0.
(17) STACY GUICE	0.00	^						0.	0.	<u> </u>
ATTORNEY	0.00	X						0.	0.	0.
ALIONNEL	1	Δ			<u> </u>		L	0.	0.	- 000

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more erson	than	h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	1	(F) stimate mount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or ar	other npensa from th ganizat nd relat anizat	ation ie tion ted
(18) BRANNON MENARD	0.00	3,7						0	0			0
AT-LARGE MEMBER (19) ANN POOLE	0.00	Х			├	╁		0.	0 .	1		0.
ELIGIBLE CLIENT	0.00	Х						0.	0.			0.
(20) SYLVIA HILL	0.00				$\vdash$	$\vdash$						
ELIGIBLE CLIENT		х						0.	0 .			0.
(21) MELODY TROUT	0.00											
ELIGIBLE CLIENT		Х						0.	0 .			0.
(22) SANTRICA POPE	0.00											
ELIGIBLE CLIENT	0 00	Х			<u> </u>	<u> </u>		0.	0 .			0.
(23) TAMARA BATTLES	0.00	x						0.	0.			0.
ATTORNEY (24) JAMES E CALHOUN	0.00	_			-	$\vdash$		0.	0 .	+		0.
ATTORNEY	0.00	Х						0.	0.			0.
										<u> </u>		
1b Subtotal								714,555.	0.		9,1	26.
c Total from continuation sheets to Part VI								0. 714,555.	0.		9,1	0.
d Total (add lines 1b and 1c)								· ·		-   -	9,1	20.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to tr	iose	liste	eu a	bov	e) wi	io r	eceived more than \$100	,000 of reportable			6
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										3	Х	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-							•	sation	from	
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	/Itmir	the organization's tax (B)	year.		C)	
Name and business	address	NO	INC	3				Description of s	ervices		ensatio	n
2 Total number of independent contractors (i	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than			
\$100,000 of compensation from the organiz	2atiOi l									Form	990	(2022)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations ..... 1d 10,297,600. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 69,337 1f 3,495 g Noncash contributions included in lines 1a-1f 1g |\$ 10,366,937 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 24,487 other similar amounts) 24,487 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a PRO HAC VICE 541100 47,848 47,848 b LAFAYETTE PARISH COURT FEES 541100 30,192 30,192 C OTHER INCOME 541100 15,629 15,629 541100 54,739 54,739 d All other revenue 148,408 e Total. Add lines 11a-11d .....

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Form 990 (2022)

24,487.

10,539,832.

Total revenue. See instructions

148,408.

# 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	121 250	121 250		
	and domestic governments. See Part IV, line 21	131,259.	131,259.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	301,243.	76,976.	213,679.	10,588
_	trustees, and key employees	301,243.	10,310.	213,079.	10,366
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6,244,661.	5,715,119.	529,542.	
7	Other salaries and wages	0,244,001.	3,713,119.	329,342.	
8	Pension plan accruals and contributions (include	250 412	107 647	52 766	
_	section 401(k) and 403(b) employer contributions)	250,413. 929,454.	197,647. 733,604.	52,766. 195,850.	
9	Other employee benefits	486,576.	384,047.	102,529.	
10	Payroll taxes	400,370.	304,047.	102,329.	
11	Fees for services (nonemployees):				
а					
b		50,210.	20 620	10 500	
С	• • • • • • • • • • • • • • • • • • • •	30,210.	39,630.	10,580.	
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g		266 520	210 260	FC 160	
	column (A), amount, list line 11g expenses on Sch 0.)	266,530.	210,368.	56,162.	
12	Advertising and promotion	260 000	205 277	F4 002	
13	Office expenses	260,080.	205,277.	54,803.	
14	Information technology				
15	Royalties	226 002	200 545	20 420	
16	Occupancy	236,983.	208,545.	28,438.	
17	Travel	96,095.	90,329.	5,766.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 200	07 FE1	1 750	
19	Conferences, conventions, and meetings	29,309.	27,551.	1,758.	
20	Interest				
21	Payments to affiliates	176 700	120 520	27 250	
22	Depreciation, depletion, and amortization	176,780.	139,530.	37,250.	
23	Insurance	141,211.	111,456.	29,755.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	06 074	75 020	20 244	
a	MISCELLANEOUS	96,074.	75,830.	20,244.	
b	TELEPHONE	85,950.	67,839.	18,111.	
С	EQUIPMENT RENTAL MAINTE	65,053.	51,345.	13,708.	
d	LIBRARY AND OTHER SUPPL	52,741.	52,741.	0.	
	All other expenses	42,142.	41,527.	615.	10 500
25	Total functional expenses. Add lines 1 through 24e	9,942,764.	8,560,620.	1,371,556.	10,588
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Part X | Balance Sheet

Part X	Balance Sheet						
	Check if Schedule O contains a response or not	e to any	y line in this Part X				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
1	Cash - non-interest-bearing			356,484.	1	675,606	
2	Savings and temporary cash investments			2,006,418.	2	1,699,954	
3	Pledges and grants receivable, net	340,750.	3	520,108			
4	Accounts receivable, net		4				
5	Loans and other receivables from any current or						
	trustee, key employee, creator or founder, subst						
	controlled entity or family member of any of thes		5				
6	Loans and other receivables from other disqualit						
	under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6		
2 7	Notes and loans receivable, net				7		
7 8 8	Inventories for sale or use				8		
<sup>4</sup>   9	Prepaid expenses and deferred charges			68,186.	9	152,430	
10 a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	6,112,260.				
b	Less: accumulated depreciation	10b	1,959,164.	3,721,275.	10c	4,153,096	
11	Investments - publicly traded securities			11			
12	Investments - other securities. See Part IV, line 1			12			
13	Investments - program-related. See Part IV, line		13				
14	Intangible assets	45 400	14	00.00			
15	Other assets. See Part IV, line 11	15,483.	15	23,076			
16	Total assets. Add lines 1 through 15 (must equa			6,508,596.	16	7,224,270	
17	Accounts payable and accrued expenses	866,418.	17 18	844,574			
18		Grants payable					
19	Deferred revenue			1,434,920.	19	1,567,777	
20	Tax-exempt bond liabilities			15 402	20	10 104	
21	Escrow or custodial account liability. Complete F			15,483.	21	18,124	
၉ 22	Loans and other payables to any current or form						
	trustee, key employee, creator or founder, subst						
<u> </u>	controlled entity or family member of any of thes	-			22		
23	Secured mortgages and notes payable to unrela				23		
24	Unsecured notes and loans payable to unrelated				24		
25	Other liabilities (including federal income tax, pay						
	parties, and other liabilities not included on lines	17-24).	. Complete Part X	0.	25	4,952	
000	of Schedule D			2,316,821.	26	2,435,427	
26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che			2,310,021.	26	2,433,427	
ន	and complete lines 27, 28, 32, and 33.	ck nere					
27	Net assets without donor restrictions			541,936.	27	742,100	
28	Net assets with donor restrictions			3,649,839.	28	4,046,743	
	Organizations that do not follow FASB ASC 9			3,043,033.	20	1,010,713	
<b>∄</b>	and complete lines 29 through 33.	JO, CITE	ck liele				
5 29	Capital stock or trust principal, or current funds				29		
30	Paid-in or capital surplus, or land, building, or eq				30		
8 30 8 31	Retained earnings, endowment, accumulated in				31		
27 28 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Total net assets or fund balances			4,191,775.	32	4,788,843	
Z   32   33	Total liabilities and net assets/fund balances			6,508,596.	33	7,224,270	
	Total liabilities and het assets/fullu balafices			0,000,000	33	Form <b>990</b> (202	

orm	1 990 (2022) ACADIANA LEGAL SERVICE CORPORATION	72	-08324	132	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9		2,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,19	1,7	75.
5	Net unrealized gains (losses) on investments	5				
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	4	, 78	8,8	43.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	О.				
2a				2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					

Both consolidated and separate basis

3b X Form **990** (2022)

Х

Х

2c

consolidated basis, or both:

X Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACADIANA LEGAL SERVICE CORPORATION

Employer identification number

72-0832432 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

(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	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	` '	` ,	` '	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	6,142,707.	5,914,206.	7,701,368.	9,115,631.	10,366,937.	39,240,849.
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	Total. Add lines 1 through 3	6,142,707.	5,914,206.	7,701,368.	9,115,631.	10,366,937.	39,240,849.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						39,240,849.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6,142,707.	5,914,206.	7,701,368.	9,115,631.	10,366,937.	39,240,849.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		00 401	10 700	16 500	04 407	00 055
	and income from similar sources	7,777.	22,481.	18,708.	16,502.	24,487.	89,955.
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	4 650					4 6EO
	assets (Explain in Part VI.)	4,659.					4,659.
	Total support. Add lines 7 through 10		,				39,335,463. <b>688,608</b> .
12	'	•	,			12	000,000.
13	First 5 years. If the Form 990 is for th					o01(c)(3)	
800	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2022 (			volumo (fl)		14	99.76 %
	Public support percentage from 2021					15	99.76 %
	33 1/3% support test - 2022. If the o						
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual	-					
172	10% -facts-and-circumstances tes						
.,,	and if the organization meets the fact	· ·					· ·
	meets the facts-and-circumstances to			=		_	
h	10% -facts-and-circumstances tes	_	-		-	17a and line 15 is	
	more, and if the organization meets the	_					/
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				
	ato logination il tile organizatio	ala riot di locit a	207 011 1110 10, 106	., .55, .74, 01 175	, 5.1001 1110 001 1		Earm 000) 2022

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
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						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3с		
	40		
	4a		
	41-		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9c		
	46		
	10a		
	10b		
4	A (Ear	~ 000	0000

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

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

Sche	edule A (Form 990) 2022 ACADIANA LEGAL SERVICE	CORP	ORATION	72-0832432 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2022

**Current Year** 

1

2

3 4

5

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Enter 0.85 of line 1.

Adjusted net income for prior year (from Section A, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, column A)

1

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

# 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.

ACADIANA LEGAL SERVICE CORPORATION

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

72-0832432

Organization type (check one):				
Filers of	:	Section:		
Form 990	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
		527 political organization		
Form 990	O-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$		
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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		

 $\ \, \textbf{LHA} \ \, \textbf{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# ACADIANA LEGAL SERVICE CORPORATION

72-0832432

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEGAL SERVICES CORPORATION  333 K. STREET, NW  WASHINGTON, DC 20007	\$6,250,694.	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
2	LOUISIANA BAR FOUNDATION  1615 POYDRAS STREET, SUITE 1000  NEW ORLEANS, LA 70112	\$_3,720,102.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zn ++	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# ACADIANA LEGAL SERVICE CORPORATION

72-0832432

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if 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

Name of organization Employer identification number

ANA LEGAL SERVICE CORPO	RATION	72-0832432
from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following line entry. For charitable, etc., contributions of <b>\$1,000 or less</b> for the contributions of the contributions of <b>\$1,000 or</b>	or organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	.,	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, a	from any one contributor. Complete columns (a) through (e) and the following line entry. Focompleting Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4

# (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

### (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## **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

Inspection

Name of the organization

ACADIANA LEGAL SERVICE CORPORATION

**Employer identification number** 72-0832432

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 2.120 2.12 2.110 2.20
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	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	r Similar As	sets(co	ontinue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t make si	gnificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er similar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			Ye Ye	s [	<u> </u>
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered '	'Yes" on F	orm 990, Part	IV, line 9	, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i				
	on Form 990, Part X?							Х үе	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Am	ount	
С	Beginning balance						1c			483.
d	Additions during the year						1d			441.
е	Distributions during the year						1e			800.
f	Ending balance						1f			124.
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liabilit	y?	X Ye		No
	If "Yes," explain the arrangement in Part XIII.								L	X
Par	t V Endowment Funds. Complete i								F	bb
		(a) Current year	(b) ⊢	Prior year	(c) Two year	s dack (	d) Three years ba	ick (e)	Four ye	ars dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho		-41 41	-4 11-1 -			_			
Зa	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ina aaministe	erea for th	е		Ye	s No
	organization by:							10.	-	3 140
	(i) Unrelated organizations							38		
<b>L</b>	(ii) Related organizations								(ii) b	
4	Describe in Part XIII the intended uses of the	· ·						<u>_</u>	ן טי	
Par	t VI Land, Buildings, and Equipm		willelit	iuiius.						
	Complete if the organization answere		0. Part I\	V. line 11a. S	See Form 990	). Part X. l	ine 10.			
	Description of property	(a) Cost or o		·	or other		cumulated	(d) i	Book v	alue
	bescription of property	basis (investr			(other)	. ,	reciation	(u) l	JOOK V	aide
12	Land	,	,		6,665.	G. G. F.	5510.11511	1.0	)26.	665.
	Buildings				2,907.	1.3	43,758.			149.
	Leasehold improvements			,	,	-, -	-,			
	Equipment			87	1,733.	5	77,324.	-	294.	409.
	Other				0,955.		38,082.			873.
	. Add lines 1a through 1e. (Column (d) must e		X. colur				, •			096.
. 5.01	The state of the s	,	.,	. (=,,	/					00) 0000

Schedule D (Form 990) 2022

Part VIII Investments - Other Securities.  Complete if the organization answered "Yes" o			1 0002402 Fage <b>0</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Wethod of Valdation. Cost of Cit	d of year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
	n Form 000 Port IV line	alld Soc Form 000 Port V line 15	
Complete if the organization answered "Yes" o	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
	езсприон		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X   Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	· · · · ·	, ,	(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE RIGHT-OF-U	ISE		
(3) LIABILITY			4,952.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		4,952.

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... X

Schedule D (Form 990) 2022

Part XI	Recond	ciliation o	f Revenue p	er Audited	Financial	<b>Statements</b>	With	Revenue per F	Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	iue per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	10,539,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,539,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			10,539,832.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	9,942,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,942,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			9,942,764.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART IV, LINE 2B:

FUNDS RECEIVED FROM CLIENTS ARE DEPOSITED INTO A SEPARATE CASH ACCOUNT AND RESTRICTED FOR THE PAYMENT OF EXPENSES IN CONNECTION WITH RELATED LITIGATION.

#### PART X, LINE 2:

THE CORPORATION IS EXEMPT FROM FEDERAL TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE CORPORATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. HOWEVER, IF THE CORPORATION WOULD ENGAGE IN ACTIVITIES UNRELATED TO THE PURPOSE FOR WHICH TAXABLE INCOME COULD RESULT. IN MANAGEMENT'S JUDGEMENT IT WAS CREATED,

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 72-0832432 ACADIANA LEGAL SERVICE CORPORATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CENTRAL LOUISIANA PRO BONO 3600 JACKSON STREET SUITE 126 72-1198792 LEGAL SERVICE ALEXANDRIA, LA 71303 11,884 0 LAFAYETTE VOLUNTEER LAWYER PROJECT P.O. BOX 2194 LAFAYETTE, LA 70501 LEGAL SERVICE 58-1875564 35,000 SHREVEPORT BAR FOUNDATION PRO BONO PROJECT - 625 TEXAS STREET -SHEREVEPORT, LA 71101 72-1115393 43,875 0 LEGAL SERVICE SOUTHWEST LA BAR FOUNDATION 518 PUJO STREET LAKE CHARLES, LA 70602 27-0316235 17 500 CHILD IN NEED CARE CENTRAL LOUISIANA PRO BONO 3600 JACKSON STREET SUITE 126 72-1198792 CHILD IN NEED CARE ALEXANDRIA, LA 71303 23,000 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

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

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

ACADIANA LEGAL SERVICE CORPORATION

 $Employer\ identification\ number\\72-0832432$ 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4330°0(c):	J		

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdo			C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GREGORY L. LANDRY	(i)	143,378.	0.	0.	0.	11,735.	155,113.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

# **SCHEDULE 0** (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACADIANA LEGAL SERVICE CORPORATION

Employer identification number 72-0832432

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
PRIMARILY TO LOW-INCOME, DISADVANTAGED, CHILDREN IN NEED OF CARE, AND		
OTHER ELIGIBLE RESIDENTS THROUGH HIGH QUALITY AND AGGRESSIVE CIVIL		
(NON-CRIMINAL) LEGAL ASSISTANCE AND EDUCATION. THESE SERVICES ARE		
AVAILABLE TO AN ESTIMATED 650,000 PERSONS IN ALSC'S FORTY-TWO PARISH		
SERVICE AREA. STATISTICS FOR 2022 INCLUDE 32,000 ENCOUNTERS, 9,127		
CASES OPENED, AND 4,730 CASES CLOSED.		
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EDUCATION. THESE SERVICES ARE AVAILABLE TO AN ESTIMATED 650,000 PERSONS		
IN ALSC'S FORTY-TWO PARISH SERVICE AREA.		
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
WILLS, ETC.		
FAMILY LAW UNIT HANDLES CASES INVOLVING DIVORCE, CHILD SUPPORT,		
INTRA-FAMILY ADOPTIONS, VISITATION, DOMESTIC VIOLENCE, NAME CHANGE,		
ETC.		
CHILDREN IN NEED OF CARE UNIT HANDLES CASES INVOLVING ABUSE AND/OR		
NEGLECT OF CHILDREN UNDER THE LEADERSHIP OF THE SENIOR ATTORNEY OF THE		
UNIT.		
ALSC DESIGNS AND DISTRIBUTES NUMEROUS BROCHURES ON GENERAL LEGAL TOPICS		
FOR USE BY THE PUBLIC. STAFF ATTORNEYS AND PARALEGALS REGULARLY CONDUCT		
COMMUNITY EDUCATION PRESENTATIONS STRESSING PREVENTATIVE LAW TO THE		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022		

Schedule O (Form 990) 2022 Page **2** 

Name of the organization

ACADIANA LEGAL SERVICE CORPORATION

Employer identification number 72-0832432

GENERAL PUBLIC AND TO STAFFS OF SOCIAL SERVICES AGENCIES WHO WORK WITH

THE POOR. EACH YEAR THOUSANDS OF DISADVANTAGED CITIZENS BENEFIT FROM

THE INFORMATION DISSEMINATED AT THESE EVENTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS PROVIDE THAT SEVERAL BAR ASSOCIATIONS AND SOCIAL SERVICE AGENCIES MAY APPOINT MEMBERS TO THE BOARD.

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

PRIOR TO FILING, THE DRAFT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR, THEN SUBMITTED TO THE BOARD OF DIRECTORS OR AUDIT COMMITTEE FOR REVIEW AND COMMENT.

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

ON AN ANNUAL BASIS, THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE
BOARD OF DIRECTORS. MEMBERS OF THE BOARD OF DIRECTORS EACH RECEIVE A COPY
OF THE CONFLICT OF INTEREST POLICY AND COMPLETE A FORM ACKNOWLEDGING
RECEIPT AND DISCLOSING ANY POTENTIAL CONFLICTS IN WRITING. ALL CONTRACTS
ARE EXAMINED FOR POTENTIAL CONFLICTS PRIOR TO EXECUTION AND SIGNING.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION SCALE FOR ALL POSITIONS, AS WELL AS INTERIM ADJUSTMENTS IN THE ANNUAL BUDGET. A WAGE COMPARABILITY STUDY IS ALSO PERIODICALLY REQUIRED. ALL DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN MINUTES.

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

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE

Schedule O (Form 990) 2022	Page 2
Name of the organization  ACADIANA LEGAL SERVICE CORPORATION	Employer identification number 72-0832432
LOUISIANA LEGISLATIVE AUDITORS OFFICE.	
FORM 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT P	ROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	