## Form 990-PF

## Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For ca	endar	year 2022 or tax year beginning	, 2022.	and ending		,20	
TOUT	CTAN	NA BICYCLE RACING ASSOCIA	TION		A	Employer identification nur 31-1753184	nber
C/0	REGG	GIE BRESETTE TITE STREET #102	IION		В	Telephone number (see inst (985) 882-160	
		LE, LA 70448			С	If exemption application is pe	ending, check here
G Ch	eck all	that apply: Initial return Final return Address change	Initial return of a form Amended return Name change	ner public charity	D	1 Foreign organizations, chec 2 Foreign organizations meet	ting the 85% test,
H Ch			(c)(3) exempt private f	oundation	F	check here and attach com- If private foundation status w	
	market m Part	value of all assets at end of year II, column (c), line 16)	ounting method: X C Other (specify) column (d), must be on c	ash Accrual	F	section 507(b)(1)(A), check if If the foundation is in a 60-m under section 507(b)(1)(B), or	nonth termination
Part	col ne	nalysis of Revenue and (penses (The total of amounts in lumns (b), (c), and (d) may not cessarily equal the amounts in lumn (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check $X$ if the foundation is not required to attach Sch. B					
	3 4 5a b	Interest on savings and temporary cash investments					
Revenue	6a b	Net garn or (loss) from sale of assets not on line 10	100				
	7 8 9 10a	Capital gain net income (from Part IV, line 2) Net short-term capital gain					
	_	Less: Cost of goods sold					= 1
	11	Gross profit or (loss) (attach schedule)	14,205.				
	12	Total. Add lines 1 through 11	14,205.		0.	0.	
	13	Compensation of officers, directors, trustees, etc.	0.				
83	14	Other employee salaries and wages					
expenses	15	Pension plans, employee benefits					
8	16a	Legal fees (attach schedule)					
	-	Accounting fees (attach sch) See. St. 2	270.				
9	c	Other professional fees (atlach sch) , ,					
É	17	Interest					
Str	18	Taxes (attach schedule)(see instrs)					
Ē.	20	schedule) and depletion. See Stmt 3.	100.				
등	21	Travel, conferences, and meetings.					
A	22	Printing and publications			-		
Z	23	Other expenses (attach schedule)					
ā	-3	See Statement 4	10,983.				
D	24	Total operating and administrative	10, 903.			-	
Operating and Administrative		expenses. Add lines 13 through 23	11,353.				
8	25	Contributions, gifts, grants paid		<u> </u>			
0		Add lines 24 and 25	11,353.		0.	0.	0.
	27 a	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements.	2,852.				
	Ь	Net investment income (if negative, enter -0-)	2,002.		0.		
	c	Adjusted net income (if negative, enter -0-)	T- 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u> </u>	0.	

### 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.

State   Common   Co	Automat	ic 6-Month Extension of Time. Only s	ubmit origin	al (no copies needed).			
Name of exempt organization or other fiets, see instructions.					s, REI	MICs, and	I trusts must
Telephone No.   (504) 237-5245   Fax No.	use rorm /			5.	Тахра	yer identifical	tion number (TIN)
Section 401(a) or 408(a) trust)  The books are in the care of ► TOWNSEND MYERS 700 CAMP STREET NEW ORLEANS LA 70130  Telephone No. ► (504) 237-5245  If the organization does not have an office or place of business in the United States, check this box	Type or print	nt   LOUISIANA BICICLE RACING ASSOCIATION			31-	175318	4
Telephone No. * [504] 237-5245 Fax No. *  If the organization does not have an office or place of business in the United States, check this box	File by the due date for	Number, street, and room or suite number. If a P.O. box. s		101	2,0010	•	
Application Is For Scale Return Code for the return that this application is for (file a separate application for each return).  Application Is For Scale Return Code Scale Re	return. See instructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instru	uctions.			,
Sefor   Code   Sefor   Code   Sefor   Code   Sefor   Code   Sefor   Code   Seform 990-EZ   01   Form 1720 (individual)   03   Form 4720 (other than individual)   09   Seform 990-PF   04   Form 5227   10   Section 401(a) or 408(a) trust)   05   Form 6069   11   Seform 990-T (trust other than above)   06   Form 8870   12   Seform 990-T (corporation)   07   Section 407(a) or 408(a) trust)   07   Section 407(a) or 408(a) trust)   08   Section 17   Section 407(a) or 408(a) trust)   09   Section 407(a) or 408(a) trust)   09   Section 18   Section 19	Enter the F		is for (file a se	parate application for each return)		, , ,	04
Form 4720 (individual)  03 Form 4720 (other than individual)  09 Form 990-PF  04 Form 5227  10 Form 990-T (section 401(a) or 408(a) trust)  05 Form 6069  11 Form 990-T (trust other than above)  06 Form 8870  12 Form 990-T (corporation)  10 The books are in the care of Townsend Myers 700 CAMP STREET NEW ORLEANS LA 70130  Telephone No. (504) 237-5245  10 Form 8870  11 Fit his or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  11 I request an automatic 6-month extension of time until 11/15  12 20 23 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  11 I request an automatic 6-month extension of time until 11/15  20 23 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  12 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  13 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  14 I fit his application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  15 Jealance 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  15 Jealance 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  15 Jealance 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  16 Jealance 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	Application	1					
Form 990-PF Form 990-T (section 401(a) or 408(a) trust)  05 Form 6069  11 Form 990-T (trust other than above)  06 Form 8870  12 Form 990-T (corporation)  15 Telephone No. * (504) 237-5245  16 If the organization does not have an office or place of business in the United States, check this box.  16 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  17 I request an automatic 6-month extension of time until 11/15  18 I request an automatic 6-month extension of time until 11/15  20 23 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  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  b if this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  5 c 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  1 requestion is for make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for	Form 990 c	or Form 990-EZ	01	Form 1041-A			08
Form 990-T (section 401(a) or 408(a) trust)    Form 990-T (trust other than above)   06   Form 8870   12	Form 4720	(individual)	03	Form 4720 (other than individual)			09
Form 990-T (trust other than above)  O6 Form 8870 12  Form 990-T (corporation)  The books are in the care of Formsend Myers 700 Camp Street New Orleans La 70130  Telephone No. F (504) 237-5245 Fax No. Formsend Myers 700 Camp Street New Orleans La 70130  If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, 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 this is for the whole group and attach a list with the names and TINs of all members the extension is for the whole group and attach a list with the names and TINs of all members the extension is for the whole group and attach a list with the names and TINs of all members the extension i	Form 990-F	PF .	04	Form 5227			10
The books are in the care of TOWNSEND MYERS 700 CAMP STREET NEW ORLEANS LA 70130  Telephone No. > (504) 237-5245 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 > If it is for part of the group, check this box > If it is for part of the group, check this box > If it is for part of the group, check this box > If it is for part of the group, check this box > If it is for the whole group, check this box > If it is for the whole group, check this box > If it is for the whole group, check this box > If it is for the whole group, check this box > If it is for the whole group, check this box > If this is for the whole group, check this box > If this is group attached a list with the names and TINs of all members the extension is for.  I request an automatic 6-month extension of time until 11/15 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for: > X Calendar year 20 22 or > It the tax year beginning	Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069			11
The books are in the care of ► TOWNSEND MYERS 700 CAMP STREET NEW ORLEANS LA 70130  Telephone No. ► (504) 237–5245  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 ► and attach a list with the names and TINs of all members the extension is for.  I request an automatic 6-month extension of time until 11/15 .20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   Calendar year 20 22 or   Tax year beginning   20 , and ending   20 .  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return   Final return    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   3a \$ 0.  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 \$ 0.  C 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.   3c \$ 0.  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			06	Form 8870			12
Telephone No. ► (504) 237–5245 Fax No. ►  If the organization does not have an office or place of business in the United States, check this box	Form 990-1	(corporation)	07				
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  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.  5 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.  C 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	• If this is check to the extended for t	s for a Group Return, enter the organization's fails box	four digit Group ip, check this b  11/15 for the organi	e Exemption Number (GEN) . If sox • and attach a list with the nature . 20 23 , to file the exempt organization's return for:	this is mes a	for the w	whole group,
nonrefundable credits. See instructions 3a \$ 0.  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 \$ 0.  c 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. 3c \$ 0.  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	2 If the	tax year entered in line 1 is for less than 12 m			al retu	ırn	
tax payments made. Include any prior year overpayment allowed as a credit					3 a	\$	0.
EFTPS (Electronic Federal Tax Payment System). See instructions					3 6	\$	0.
	c Balar EFTP	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System). S	your payment See instruction	with this form, if required, by using s.	30	\$	0.
			hdrawal (direc	t debit) with this Form 8868, see Form 8	153-TE	and Form	n 8879-TE for

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

Par	- 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	t year
		(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		11,739.	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			The second second
	100	Less: allowance for doubtful accounts		18150	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
Assets		Inventories for sale or use.			
	9	Prepaid expenses and deferred charges			
		Investments — U.S. and state government obligations (attach schedule)			
55	ь	Investments — corporate stock (attach schedule)			
4	С	Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
		Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis 17,564			
		Less: accumulated depreciation (attach schedule). See Stmt 5. 17,564			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I).	8,887.	11,739.	0.
	17	Accounts payable and accrued expenses			
	18	Grants payable	,		
8	19	Deferred revenue			
12	20	Loans from officers, directors, trustees, & other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
=	22	Other liabilities (describe	)		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
Ses		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
Net Assets or Fund Balance	24	Net assets without donor restrictions	8,887.	11,739.	AAA
0	25	Net assets with donor restrictions			
Fu		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
0	26	Capital stock, trust principal, or current funds			1.5
8	27	Paid-in or capital surplus, or land, bldg., and equipment fund			7.77
55	28	Retained earnings, accumulated income, endowment, or other funds			
₹.	29	Total net assets or fund balances (see instructions)		11,739.	100
ž	30	Total liabilities and net assets/fund balances (see instructions)	-,	11,739.	
Par	t III	Analysis of Changes in Net Assets or Fund Balan	ces		
1	Total end-	net assets or fund balances at beginning of year — Part II, co of-year figure reported on prior year's return)	lumn (a), line 29 (must ag	ree with	8,887.
2		r amount from Part I, line 27a			2,852.
3		increases not included in line 2 (itemize)			2,0021
4		lines 1, 2, and 3			11,739.
5		ases not included in line 2 (iternize)		5	7
6	Total	net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), li	ne 29 6	11,739.

2-story brick warehouse; or common stock, 200 shs. MLC Co.)    Co.	art IV		osses for Tax on Investmen				
c c d d (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) ((e) plus (f) minus (g))  a					P — Purchase		(d) Date sold (mo., day, yr.)
c (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis (h) Gain or (loss) (e) plus expense of sale (le) plus (f) minus (g))  a	1a N/Z	A					
e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (file) plus (f) minus (g))  a  b  c  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (f) FMV as of 12/31/69 (g) Adjusted basis (h) Excess of col. (h) an minus col. (h), bit not less as of 12/31/69 (h) Adjusted basis (h) Excess of col. (h), if any (h) and minus col. (h), bit not less than -0-) or Losses (from col. (h)) bit not less (han -0-) or Losses (from col. (h)) bit not less (han -0-) or Losses (from col. (h)) bit not less (han -0-) or Losses (from col. (h)) bit not less (han -0-) or Losses (from col. (h)) bit not less (h) and the file of the collection of the collec	ь						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)  a  b  c  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (f) FMV as of 12/31/69 (h) Adjusted basis (k) Excess of col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))  a  b  c  Capital gain net income or (net capital loss) [if gain, also enter in Part I, line 7]  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  if gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8  art V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 – see instructions)  1a Exempt operating foundations described in section 4940(c)(2), check here and enter 'N/A' on line I. Date of ruing or determination letter. addath copy of letter if necessary – see instructions)  1a Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b).  2 Tax under section 511 (dornestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5  6 Credits/Payments: 3  2 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 4  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5  6 Credits/Payments: 66  6 Backup withholding erroneously withheld. 6 6 7  7 Total credits and payments. Add lines 6 althrough 6d. 7  8 Exter any penalty for underpayment or estimated tax. Check here if Form 2220 is attached. 8  8 Tax takes line in the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more th	С						
(e) Gross sales price  (f) Depreciation allowed (gr Cost or other basis plus expense of sale  (gr Allowable)	d						
(e) plus (f) minus (g))  b  c  d  c  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (f) FMV as of 12/31/69  (h) Adjusted basis (h) Excess of col. (h) gain minus col. (h) basis (h) gain minus col. (h) gai	е						
b c d d d d d d d d d d d d d d d d d d	(e)	Gross sales price					
c d d e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (f) FMV as of 12/31/69  (g) Adjusted basis (k) Excess of col. (h) gain minus col. (k), but not less than -0-) over col. (h), if any  as of 12/31/69  (g) Excess of col. (h) gain minus col. (k), but not less than -0-) over col. (h), if any  as of 12/31/69  (g) Adjusted basis (k) Excess of col. (h) gain minus col. (k), but not less than -0-) over col. (h), if any  as an all and and any  as an as over col. (h), if any  as an an as over col. (h)  as an as an as an as an as over an inexpending of col. (h)  as an as	a						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (f) FMV as of 12/31/69  (g) Adjusted basis (k) Excess of col. (f) (gain mirrus sol. (k), but not less than -0-) or Losses (from col. (h))  a  b  c  d  e  2 Capital gain net income or (net capital loss)	b						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iv) Excess of col. (i) any diversion (ii) and owned by the foundation on 12/31/69.  (iii) Excess of col. (i) any diversion (iii) and over col. (j), if any diversion (iii) as of 12/31/69  2 Capital gain net income or (net capital loss)	C						
Complete only for assets showing gain in column (n) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iv) Excess of col. (i) over col. (ii) than -0-) or Losses (from col. (iii))  a  b  c  d  e  2 Capital gain net income or (net capital loss)	d						
(i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Over col. (i), if any dan minus col. (ii), but not less as of 12/31/69  (iii) Over col. (j), if any dan minus col. (iii) over col. (j), if any dan minus col. (iii) but not less as of 12/31/69  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) or Losses (from col. (iii))  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) or Losses (from col. (iii))  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) or Losses (from col. (iii))  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) or Losses (from col. (iii))  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) as a collection of the collection of the collection of Part I, line 7  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) as a collection of Part I, line 8  (iii) Over col. (j), if any dan minus col. (iii) but not less than -0-) as a collection of Part I, line 8, column (c). See instructions If (loss), enter -0-) as a collection of Part I, line 8, column (c). See instructions of line 1, line	е						
than -0-) or Losses (from col. (h))  a b  c  d  e  2 Capital gain net income or (net capital loss)	Com	plete only for assets showing	g gain in column (h) and owned by the				
c d d e 2  2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7	(i)	FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if an	(1)		
d e  2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 2 (Sapital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8.  art V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)  1a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.  Date of ruling or determination letter: _ (attach copy of letter if necessary - see instructions)  1 All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  3 Add lines 1 and 2.  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  5 Credits/Payments:  a 2022 estimated tax pymts and 2021 overpayment credited to 2022  6 Exempt foreign organizations - tax withheld at source  6 Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d.  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  8 Tax due. If the total of lines 5 and 8, inter the amount overpaid  10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax  11 Page 1. Intervent Income  12 Page 2. Intervent Income  13 Page 2. Intervent Income  14 Page 2. Intervent Income  15 Page 2. Intervent Income  16 Page 2. Intervent Income  17 Page 2. Intervent Income  18 Page 2. Intervent Income  19 Page 2. Intervent Income	a						
d e  2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7] 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8  art V	Ь						
2 Capital gain net income or (net capital loss).   If gain, also enter in Part I, line 7 2  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8.  art V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 – see instructions)  1a Exempt operating foundations described in section 4940(0)(2), check here.   Jamento of utiling or determination letter:   Other of utiling or determination letter:   Other of part I, line 12, col. (b).    2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).   Add lines 1 and 2.   3 Add lines 1 and 2.   3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).   5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0   5 Credits/Payments:   a 2022 estimated tax pyrits and 2021 overpayment credited to 2022.   6 Bexempt foreign organizations — tax withheld at source.   6 Beckup withholding erroneously withheld.   7 Total credits and payments. Add lines 6a through 6d.   8 Enter any penalty for underpayment of estimated tax. Check here   If f (loss), enter -0-   If (loss), enter -0-   If (loss), enter -0-   If (loss), enter -0-   If (loss), enter -0-   In Part I, line 7   In Part I, line 8.   In Part I, line 7   In Part I, line 9.   In Part I, line 7   In Part I, line 10   In Part I, line 10   In Part II line 7   In Pa	C						
2 Capital gain net income or (net capital loss)	d						
Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8  art V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 – see instructions)  Ia Exempt operating foundations described in section 4940(d)(2), check here	е						
Date of ruling or determination letter:  (attach copy of letter if necessary — see instructions)  b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  2 Add lines 1 and 2.  3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  5 Credits/Payments:  a 2022 estimated tax pymts and 2021 overpayment credited to 2022.  b Exempt foreign organizations — tax withheld at source.  c Tax paid with application for extension of time to file (Form 8868).  d Backup withholding erroneously withheld.  7 Total credits and payments. Add lines 6a through 6d.  7 Total credits and payments. Add lines 6a through 6d.  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.  8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.  9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax	in P	art I, line 8				tions)	
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  3 Add lines 1 and 2.  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  6 Credits/Payments:  a 2022 estimated tax pymts and 2021 overpayment credited to 2022.  b Exempt foreign organizations — tax withheld at source.  c Tax paid with application for extension of time to file (Form 8868).  d Backup withholding erroneously withheld.  7 Total credits and payments. Add lines 6a through 6d.  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.  8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.  9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax.	1a Exem	npt operating foundations describe	d in section 4940(d)(2), check here	and enter "N/A" on lin	ne 1.		
4% (0.04) of Part I, line 12, col. (b).  2 Tax under section 511 (dornestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  3 Add lines 1 and 2.  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  6 Credits/Payments:  a 2022 estimated tax pyrnts and 2021 overpayment credited to 2022.  b Exempt foreign organizations — tax withheld at source.  c Tax paid with application for extension of time to file (Form 8868).  d Backup withholding erroneously withheld.  7 Total credits and payments. Add lines 6a through 6d.  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.  8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.  9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax.	Date	of ruling or determination letter:	(attach copy of let	ter if necessary - see inst	ructions)		
foundations only; others, enter -0-). 2  Add lines 1 and 2. 3  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-). 4  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5  Credits/Payments:  a 2022 estimated tax pyints and 2021 overpayment credited to 2022. 6a  b Exempt foreign organizations — tax withheld at source. 6b  c Tax paid with application for extension of time to file (Form 8868). 6c  d Backup withholding erroneously withheld. 6d  Total credits and payments. Add lines 6a through 6d. 7  Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. 8  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. 9  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10  Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded 11						1	0
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2 Tax four	under section 511 (domes	stic section 4947(a)(1) trusts and ta r -0-)	xable		2	(
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0							0
6 Credits/Payments: a 2022 estimated tax pymts and 2021 overpayment credited to 2022. 6a b Exempt foreign organizations — tax withheld at source. 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld. 6d 7 Total credits and payments. Add lines 6a through 6d. 7 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. 8 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed. 9 0 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11	4 Sub	title A (income) tax (dome	estic section 4947(a)(1) trusts and t	axable foundations only;	others, enter -0-)		
a 2022 estimated tax pyrmts and 2021 overpayment credited to 2022. 6a  b Exempt foreign organizations — tax withheld at source. 6b  c Tax paid with application for extension of time to file (Form 8868) 6c  d Backup withholding erroneously withheld. 6d  7 Total credits and payments. Add lines 6a through 6d. 7  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. 8  9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed. 9  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10  1 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11	5 Tax	based on investment inco	ome. Subtract line 4 from line 3. If	zero or less, enter -0		5	
b Exempt foreign organizations — tax withheld at source. 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld. 6d 7 Total credits and payments. Add lines 6a through 6d. 7 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. 9 0 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11							
c Tax paid with application for extension of time to file (Form 8868)							
d Backup withholding erroneously withheld.  7 Total credits and payments. Add lines 6a through 6d.  8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.  9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded  11							
7 Total credits and payments. Add lines 6a through 6d							
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.  9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.  10 Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded  11	d Bac	kup withholding erroneous	ly withheld	6d			
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. 9  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10  Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11							(
O Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2023 estimated tax  Refunded  10	8 Ent	er any <b>penalty</b> for underpa	syment of estimated tax. Check her	e if Form 2220 is at	tached.,		
1 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11							(
End the street of the local section to the section	0 Over	rpayment. If line 7 is more than t	he total of lines 5 and 8, enter the amount of	verpaid			
	1 Ente	r the amount of line 10 to be: Cre	dited to 2023 estimated tax		Refunded		

Part VI-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition..... 1b X If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year?..... 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation S 0. (2) On foundation managers \$ 0 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on S foundation managers 0. Has the foundation engaged in any activities that have not previously been reported to the IRS?..... 2 X If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes....... 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?..... 4a X b If "Yes," has it filed a tax return on Form 990-T for this year?..... 4h Was there a liquidation, termination, dissolution, or substantial contraction during the year?.... 5 X If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?..... 6 X Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV...... 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions 86 X Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII. 9 9 X Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names 10 and addresses ..... 10 X At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 X Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?.... Website address..... WWW.LAMBRA.ORG The books are in care of TOWNSEND MYERS Telephone no. (504) 237-5245 Located at ZIP + 4700 CAMP STREET NEW ORLEANS LA 70130 N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year..... 15 N/A No At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?...... Yes 16 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country BAA Form 990-PF (2022)

	A I-D	Statements Regarding Activities for Which Form 4/20 May Be Required			
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the	e year, did the foundation (either directly or indirectly):			
	(1) Enga	ge in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	disqu	ow money from, lend money to, or otherwise extend credit to (or accept it from) a lalified person?.	1a (2)		Х
	(3) Furn	sh goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	1a (4)		Х
	(5) Tran for th	sfer any income or assets to a disqualified person (or make any of either available le benefit or use of a disqualified person)?	1a (5)		Х
	found	to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the ation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days.)	1a (6)		X
b	If any ans Regulation	wer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in one section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b		
C	Organiza	tions relying on a current notice regarding disaster assistance, check here,			
ď	Did the fithat were	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, not corrected before the first day of the tax year beginning in 2022?	1d		Х
2	Taxes or private o	failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	tax year(	d of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for s) beginning before 2022?	. 2a		X
	If "Yes,"	list the years 20 , 20 , 20 , 20			
	(relating	any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to listed, answer "No" and attach statement — see instructions.)	2b		
		visions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20	- 1	
	20	, 20 , 20 , 20			
	enterpris	oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	. 3a		Х
ь	If "Yes," or disqua by the Co (3) the la	did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation of the difference of the foundation (or longer period approved approved approved sommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or pse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to e if the foundation had excess business holdings in 2022.)	3b		
			30		
42	charitable	oundation invest during the year any amount in a manner that would jeopardize its purposes?	4a		Х
ь	Did the f	oundation make any investment in a prior year (but after December 31, 1969) that could be its charitable purpose that had not been removed from jeopardy before the first day of			
	the tax y	ear beginning in 2022?	. 4b		X 2022

Form 990-PF (2022) LOUISIANA BICYCLE Part VI-B   Statements Regarding Activity			31-175	3184	F	Page (
5a During the year, did the foundation pay or incur		14/20 May be Red	uneu (continueu)		Yes	No
(1) Carry on propaganda, or otherwise attern	Section 11 and 1	n (section 4945(e))?		5a(1)		X
(2) Influence the outcome of any specific pu on, directly or indirectly, any voter registr	blic election (see section	4955): or to carry		3=(.)		X
(3) Provide a grant to an individual for travel						X
(4) Provide a grant to an organization other that in section 4945(d)(4)(A)? See instruction	n a charitable, etc., organi	zation described				X
(5) Provide for any purpose other than religing educational purposes, or for the prevention	ous, charitable, scientific	c. literary, or				X
<b>b</b> If any answer is "Yes" to 5a(1)—(5), did <b>any</b> of the described in Regulations section 53.4945 or in a	transactions fail to qualify	under the exceptions lisaster assistance?				
See instructions  C Organizations relying on a current notice reg					N	/A
d If the answer is "Yes" to question 5a(4), does the tax because it maintained expenditure response.	nsibility for the grant?		Ņ	/A 5d		
If "Yes," attach the statement required by Re  6a Did the foundation, during the year, receive a	any funds, directly or indi		s			į.
on a personal benefit contract?				6а		X
b Did the foundation, during the year, pay pren If "Yes" to 6b, file Form 8870.	niums, directly or indirect	tly, on a personal bene	fit contract?	6Ь		X
7a At any time during the tax year, was the four	ndation a party to a probi	ibited tax shelter trans	action?	7a		X
<b>b</b> If "Yes," did the foundation receive any process	eeds or have any net ince	ome attributable to the	transaction?			
8 Is the foundation subject to the section 4960 tax or excess parachute payment(s) during the y				8		X
Information About Officers, D and Contractors  List all officers, directors, trustees, and four				mployee	s,	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other a		
ROLANDO ROMAN 106 GREEN GLADES RIDGELAND, MS 39157	Secretary 4.00	0.	0.			0.
ROBERT LEE 500 EAST NORTHSIDE DR APT B2 CLINTON, MS 39056	President 4.00	0.	0.			0.
TOWNSEND MYERS 700 CAMP STREET NEW ORLEANS, LA 70130	Vice Presiden 4.00	0.	0.			0.
RANDALL LEGEAI 81 NERON PLACE NEW ORLEANS, LA 70118	Treasurer 4.00	0.	0.			0.
2 Compensation of five highest-paid employees (	other than those included o	on line 1 – see instructio		•		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expens other a	e acc llowar	ount, nces
None						
				-	_	
				-		
Total number of other employees paid over \$50,00	00					0

						gers, Highly Paid Employees,
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and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See ins	tructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None	·	
	•	
****		
T-1-1		
Total number of others receiving over \$50,000 for professional services		
Part VIII-A Summary of Direct Charitable Activities		
est the foundation's four largest direct charitable activities during the tax year. Include refevant statistical i Organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 N/A		
1 N/A		_
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		_
2		
		_
		_
3		
<b>*</b>		_
	·	_
4		· <del> </del> · ·
<u> </u>	·	_
	·	-
Part VIII-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during the t		Amount
1 11/3	arr year arr innea i arra ar	7 iii odiic
' <u>N/A</u>		-
<del></del>		
2		
<u> </u>		-
		-
All other program-related investments. See instructions.	······································	
*		-
	·	-
Total Add lines 1 through 3	<del></del>	<del>-</del> -

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orm 990-PF	(2022)	LOUISTANA	BICYCLE	RACTNG	ASSOCIATION

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Pai	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	-	
	Fair market value of all other assets (see instructions)		
	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3		
	(for greater amount, see instructions)		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		0.
6	Minimum investment return. Enter 5% (0.05) of line 5.		0.
	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operation and certain foreign organizations, check here and do not complete this part.)	ting for	undations
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2022 from Part V, line 5	1	
b	Income tax for 2022. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	0.
Pai	t XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26		
	Program-related investments – total from Part VIII-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
3	Suitability test (prior IRS approval required)	3a	
а	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)		

#### Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
7	Distributable amount for 2022 from Part X, line 7.				0
2	Undistributed income, if any, as of the end of 2022:				0.
	Enter amount for 2021 only.			0.	
	Total for prior years: 20 , 20 , 20		0.	0.	
	Excess distributions carryover, if any, to 2022;		U.		
	From 2017				
	From 2018				N 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	From 2010	PORT DATE			
	From 2020				
	From 2021	14 122 17 1	CHARLE ST		
	Total of lines 3a through e				
	Qualifying distributions for 2022 from Part XI,	0.			
4	line 4: \$		1000 1000 1000		
2	Applied to 2021, but not more than line 2a.				
				0.	
b	Applied to undistributed income of prior years (Election required – see instructions)		0.		
	Treated as distributions out of corpus (Election required – see instructions)	0.			
	Applied to 2022 distributable amount			Deline Charles	0.
	Remaining amount distributed out of corpus.	0.			
5	Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6	Enter the net total of each column as indicated below:		1-4-3-6		
а	Corpus. Add lines 3f, 4c, and 4e, Subtract line 5	0.			
	Prior years' undistributed income, Subtract line 4b from line 2b.		0.		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)		0.		
	tax has been previously assessed		0.		
d	Subtract line 6c from line 6b. Taxable amount — see instructions		0		
			0.		
е	Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f	Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				0.
	may be required - see instructions)	0.			
8	Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021			1 - 5 N 2 N 2 N 3 N	
е	Excess from 2022				
					F 000 PF (0000)

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Form 990-PF (2022)

Form 990-PF (2022) LOUISIANA BICYC				31-175318	4Page 10
Part XIII Private Operating Found					N/A
1a If the foundation has received a ruling or do is effective for 2022, enter the date of the	ne ruling				4042(3)(5)
<b>b</b> Check box to indicate whether the found		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for	Tax year (a) 2022	<b>(b)</b> 2021	Prior 3 years (c) 2020	(d) 2019	(e) Total
each year listed					
b 85% (0.85) of line 2a				<del></del>	
<ul> <li>Qualifying distributions from Part XI, line 4, for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" afternative test — enter:					
(1) Value of all assets.				ļ <u>.</u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b "Endowment" afternative test — enter 2/3 of minimum investment return shown in Part IX, fine 6, for each year listed.					
${f c}$ "Support" alternative test — enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<u> </u>				
Part XIV Supplementary Information	n (Complete this the vear — see in	s part only if the istructions.)	foundation ha	d \$5,000 or more	e in
1 Information Regarding Foundation Mar					
a List any managers of the foundation who he close of any tax year (but only if they have not	ave contributed more t ave contributed more	han 2% of the total o than \$5,000). (See	ontributions received section 507(d)(2).	d by the foundation be )	fore the
b List any managers of the foundation who o a partnership or other entity) of which the None	wn 10% or more of the he foundation has a 1	stock of a corporation of the stock of a corporation of the stock of a corporation of the stock of the sto	on (or an equally largest.	ge portion of the owne	rship of
2 Information Regarding Contribution, Gran	d Gift Loan Scholars	hin etc Programs:			
Check here X if the foundation only requests for funds. If the foundation made 2a, b, c, and d. See instructions.	makes contributions to	preselected charitab		,	
a The name, address, and telephone numbe	r or email address of th	ne person to whom ap	oplications should be	e addressed:	
<b>b</b> The form in which applications should be	pe submitted and info	rmation and materia	als they should inc	lude:	
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geograp	phical areas, charita	able fields, kinds of	finstitutions, or othe	r factors:
BAA		EEA0310L 09/08/22			Form <b>990-PF</b> (2022)
-· - ·					

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	nt	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	ndividual, representation status of status of contribution recipient contribution		Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
•				
			İ	
		1		i
		ĺ		
	i			
	1			
T-1-1	<u> </u>			
b Approved for future payment	1		3a	<del></del>
b Approved for luture payment	Ì			
Total			3b	
			-	

er gross amounts unless otherwise indicated.		hueiness income	Eveluded	by section 512, 513, or 514		
Program service revenue:	(a) (b) Business Amount code		(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)	
a USA CYCLING FEE REVENUE			0000		14,205	
L			1		14/200	
c						
4						
e						
f			1			
q Fees and contracts from government agencies						
Membership dues and assessments						
Interest on savings and temporary cash investments						
Dividends and interest from securities						
Net rental income or (loss) from real estate:	Silver			(E)		
a Debt-financed property						
b Not debt-financed property.						
Net rental income or (loss) from personal property						
Other investment income						
Gain or (loss) from sales of assets other than inventory						
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue: a						
b						
С						
d						
e						
Subtotal. Add columns (b), (d), and (e)	-	-			14,20	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)		4		13	14,20 14,20	
Subtotal. Add columns (b), (d), and (e)				13		
Subtotal. Add columns (b), (d), and (e)	ons.)					
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation.  TXV-B Relationship of Activities to the ne No.  Explain below how each activity for which is accomplishment of the foundation's exemption.	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation.  TXV-B Relationship of Activities to the ne No.  Explain below how each activity for which is accomplishment of the foundation's exemption.	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations to verify calculations to the substitution of the substitution of the foundation's exemption.  Explain below how each activity for which is accomplishment of the foundation's exemption.	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation.  TXV-B Relationship of Activities to the ne No.  Explain below how each activity for which is accomplishment of the foundation's exemption.	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	
Subtotal. Add columns (b), (d), and (e)	ons.)	shment of Exemp	pt Purpo	ses	14,20	

# Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
1 D	id the e escribe	organization dire ed in section 501 to political organ	ectly or indirectly engag (c) (other than section	e in any of the following w 501(c)(3) organizations) or	ith any of in sectio	her organization n 527,	'n			
	_			ncharitable exempt organiz	ration of					
				· · · · · · · · · · · · · · · · · · ·				1a(1)		X
										X
		ansactions:	, , , , , , , , , , , , , , , , , , , ,					10(2)		Λ.
			noncharitable exempt	organization				1b(1)		Х
(1) Sales of assets to a noncharitable exempt organization									X	
				ets						X
										X
				, , , , , , , , , , , , , , , , , , , ,				-		X
				fundraising solicitations						X
				ther assets, or paid employ						X
d If th al	ny tran	swer to any of the s, other assets, o saction or sharif (b) Amount involve	ng arrangement, show	te the following schedule. Col eporting foundation. If the foundation of the column (d) the value of the charitable exempt organization	he goods	, other assets,	or services re	rket value of alue in eceived. ns, and sharing arra	ngement	ts
N/A	-	(A) ranount moon	(c) Harris of Horr	sidificable oxompt organization	(0)	Dog interior	ororo, a drisadaor	io, and analing are	igornani	
14/11	-				-					
-					1					
-	-				-					
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	-				-				-	-
-					-					
	-				1				-	
	-				1				-	
	-				-				-	
	-				-				-	
	-				-				-	-
-					1					-
					1				-	
					-				-	
-	-				1					
d	escribe "Yes,"	ed in section 501 complete the following the complete the following the complete the following the complete the following the complete	(c) (other than section owing schedule.	, or related to, one or more t 501(c)(3)) or in section 52	7?				X	No
			(b) Type of organization	(b) Type of organization		) Description	of relationship			
N/A										
-										
-					-					
					-					
	ii.									
Sign Here	correct,	enaities of perjury, I and complete. Decla	declare that I have examined the ration of preparer (other than to	is return, including accompanying s expayer) is based on all information	of which pre	d statements, and to parer has any know	the best of my kr ledge.	May the	IRS disc	uss
nere	-			President			preparer See insti	shown buctions.	ielow?	
	Signa	ture of officer or trust		Date	Tit	le		X	Yes	No
Print/Type preparer's name  REGINALD A. BRESETTE		's name	Preparer's signature Date		Date	Check	if PTIN			
		REGINALD A. BRESETTE 11/10/2		11/10/23	self-employed P0017426					
Prepa	rer	Firm's name	REGINALD A BE	RESETTE III LLC			Firm's EIN 72-1454493			
Use C		Firm's address	820 LAFITTE S							
				A 70448			Phone no.	985-882-16	00	
BAA								Form 99		2022)