			EXTENDED TO FEBRUARY 15			OMB No. 1545-0047			
_	0	90	Return of Organization Exempt F			0004			
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue						
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-		Open to Public			
Interr	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and			Inspection			
				ending M	AR 31, 2022				
B c	Check if pplicab	ole: C Name o	forganization		D Employer identific	ation number			
	Addre	ge THE	EMERIL LAGASSE FOUNDATION						
	Name Chang	ge Doing b	usiness as		42-153693				
	Initial returr Final returr	Number	r and street (or P.O. box if mail is not delivered to street address) ST. CHARLES AVENUE	Room/suite	E Telephone number 504212222				
	termii ated	n- City or t	town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	6,638,054.			
	Amer returr		ORLEANS, LA 70130		H(a) Is this a group re	turn			
	Appli tion	F Name a	nd address of principal officer: BRIAN KISH		for subordinates	? Yes X No			
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: [		or 📃 527	If "No," attach a	list. See instructions			
			EMERIL.ORG		H(c) Group exemption				
KF	orm o	f organization: [	X Corporation Trust Association Other ►	L Year	of formation: 2002 N	I State of legal domicile: LA			
Pa	art I								
	1	Briefly describ	be the organization's mission or most significant activities: <b>EMER</b>	IL LAG	ASSE FOUNDAT	ION SEEKS			
Governance		TO CREA	TE OPPORTUNITIES TO INSPIRE, MENTO	R, ANI	ENABLE YOU	ГН ТО			
rna	2	Check this bo	ox ▶	ed of more	than 25% of its net ass	ets.			
Vel	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	13			
	4								
రం ల	5		8						
Activities &	6		of individuals employed in calendar year 2021 (Part V, line 2a) of volunteers (estimate if necessary)			60			
ž						0.			
Ă			business taxable income from Form 990-T, Part I, line 11			0.			
		Net difference			Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)		1,758,929.	4,787,926.			
Ine	9				0.	0.			
Revenue		•			160,468.	68,219.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-485,227.	-1,461,917.			
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,434,170.	3,394,228.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,239,781.	484,714.			
	14	-	to or for members (Part IX, column (A), line 4)	······	0.	0.			
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	693,892.	680,096.			
Expense	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ×	b		ing expenses (Part IX, column (D), line 25)						
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		242,191.	283,282.			
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,175,864.	1,448,092.			
	19	Revenue less	expenses. Subtract line 18 from line 12		-741,694.	1,946,136.			
OL				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (I	Part X, line 16)	L_	4,903,574.	6,404,684.			
Assets or d Balances	21		s (Part X, line 26)		1,318,887.	1,025,975.			
Net.	22		fund balances. Subtract line 21 from line 20		3,584,687.	5,378,709.			
Pa	art II			•	I	-			
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
			. Declaration of preparer (other than officer) is based on all information of whi			- /			

- -

Sign	Signature of officer			Date					
Here	EMERIL J LAGASSE III,	CHAIRMAN AND FOUNDER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	JEREMY THIBODEAUX, CPA			self-employed P01232904					
Preparer	Firm's name 🕒 ERICKSEN KRENTEL	LLP		Firm's EIN 🕨 72-0549733					
Use Only	Firm's address 🖌 4227 CANAL STREE	Т							
	NEW ORLEANS, LA	70119		Phone no. 504 - 486 - 7275					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2021)					
a	TH COMPNET O HOD ODGANTE.								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) THE EMERIL LAGASSE FOUNDATION 42-1536915 Page 2
Pa	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:
	EMERIL LAGASSE FOUNDATION SEEKS TO CREATE OPPORTUNITIES TO INSPIRE,
	MENTOR, AND ENABLE YOUTH TO REACH THEIR FULLEST POTENTIAL THROUGH
	CULINARY, NUTRITION, AND ARTS EDUCATION WITH A FOCUS ON LIFE SKILLS
	DEVELOPMENT.
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?
	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 \$796,384. including grants of \$484,714. ) (Revenue \$)
	EMERIL'S CULINARY GARDEN & TEACHING KITCHEN IS A NATIONWIDE EDUCATION
	INITIATIVE OF THE EMERIL LAGASSE FOUNDATION CREATED TO ENRICH THE LIVES
	OF ELEMENTARY AND MIDDLE SCHOOL STUDENTS THROUGH A FUN, FRESH
	PERSPECTIVE ON FOOD. FUNDED THROUGH GRANTS TO SCHOOLS, THE PROGRAM
	FULLY INTEGRATES GARDENS AND TEACHING KITCHENS IN SCHOOLS AS
	INTERACTIVE LEARNING ENVIRONMENTS GIVING STUDENTS THE OPPORTUNITY TO
	MAKE MEANINGFUL CONNECTIONS BETWEEN THEIR CORE ACADEMIC SUBJECTS AND
	THE WORLD OF FOOD. GRANT FUNDS WENT TOWARD CAPITAL IMPROVEMENTS FOR SCHOOLS TO EXPAND THEIR CURRENT GARDENING PROGRAMS AND BUILD NEW
	CULINARY CLASSROOMS. STUDENTS IMPACTED BY THIS PROGRAM COME FROM
	ECONOMICALLY DISADVANTAGED HOUSEHOLDS, QUALIFY FOR FREE/REDUCED LUNCH,
	AND ARE ENGLISH LANGUAGE LEARNERS. THE EMERIL LAGASSE FOUNDATION
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
чы	(code) (cxperises \$) (neverises \$) (neverises \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 796,384.
	Form <b>990</b> (2021)

<u>Form 990 (</u>					FOUNDATION
Part IV	Checklist	t of Require	d Schedule	es	

			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	X	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		<b>v</b>	
-	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u> x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Δ
15		45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18		18	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 20a		X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- 23
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	

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THE EMERIL LAGASSE FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
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			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
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		X			
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? If "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,						
	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		X			
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				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c	Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	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		x			
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						
	Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2						
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X			
-	Note: All Form 990 filers are required to complete Schedule O	38	х				
Pa			•				
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43		_				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2021) THE EMERIL LAGASSE FOUNDATION 42-1536915 Page 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	_	v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x			
, a	to file Form 8282?	7c					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.					
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	Δ			
g h	If the organization received a contribution of qualified intellectual property, did the organization file rorm 8099 as required?	79 7h	N/				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 11	11/				
Ū	sponsoring organization have excess business holdings at any time during the year? $N/A$	8					
9	Sponsoring organizations maintaining donor advised funds.	-					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders N/A 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see 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 income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17					
_	If "Yes," complete Form 6069.						

#### THE EMERIL LAGASSE FOUNDATION

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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 13							
	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 <b>1b 11</b>							
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	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-						
5		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
_		5		X				
6	• Did the eventiation have reambered as she labeled as 2							
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х				
7a		7-		х				
<b>L</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		-11				
b		-		х				
•	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	v					
a	The governing body?	<u>8a</u>	X	v				
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	-		v				
600	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 X				
	Did the organization have local chapters, branches, or affiliates?	10a		Δ				
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	77					
	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.		37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
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	X					
13	Did the organization have a written whistleblower policy?	13	X					
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	X					
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	1/-	1/7	26-				
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY,							
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)	availat	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website 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, and	financ	cial					
	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							
	JOSH MARIE - 5042122222							
	829 ST. CHARLES AVENUE, NEW ORLEANS, LA 70130							

Form 990 (2021)	THE EMERIL LAGASSE FOUNDATION	42-1536915	Page <b>7</b>						
Part VII Con	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Emp	ployees, and Independent Contractors								
Chec	k if Schedule O contains a response or note to any line in this Part VII								
Section A. Offi	cers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this	s table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the organization's	s tax year.						
<ul> <li>List all of th</li> </ul>	ne organization's current officers, directors, trustees (whether individuals or organizations), reg	ardless of amount of compens	ation.						
Enter -0- in colum	nns (D), (E), and (F) if no compensation was paid.								

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unless person is b officer and a director/tr			s both	n an	compensation	compensation	amount of	
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	itional		nploy	st con yee	-	1033-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Former			organizationio
(1) BRIAN KISH	40.00	_	_	-	_					
PRESIDENT		1		x				249,079.	0.	13,437.
(2) EMERIL LAGASSE	2.00									
CHARIMAN		х		x				0.	0.	0.
(3) ALDEN LAGASSE	1.00									
OFFICER		х						0.	0.	0.
(4) BRIDGET HARRELL	1.00									
OFFICER		Х						0.	0.	0.
(5) SUZANNE PRIDE BRYAN	1.00									
OFFICER		Х						0.	0.	0.
(6) PAUL FRANK	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) ROB GOLDSTEIN	1.00									
OFFICER		Х						0.	0.	0.
(8) WILLIAM HINES	1.00									
OFFICER		Х						0.	0.	0.
(9) DAN KOSTA	1.00									
OFFICER		Х						0.	0.	0.
(10) ANDI OUSTALET	1.00									
OFFICER		Х						0.	0.	0.
(11) MARK ROMIG	1.00									
OFFICER		Х						0.	0.	0.
(12) MOLLY SMITH	1.00									
OFFICER		Х						0.	0.	0.
(13) GARY SOLOMON	1.00									
SECRETARY		Х		X				0.	0.	0.
(14) MICHAEL THOMPSON	1.00									
OFFICER		Х						0.	0.	0.
			<u> </u>							
		1								
					-					
		-								

Form 990 (2021) THE EMER	IL LAGAS	SE	F	'OU	ND	AT	IC	DN	42-15	5369	915	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											(=)		
(A) Name and title	<b>(B)</b> Average hours per week	box,	not c unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	I	an	(F) timate nount other	
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
1b Subtotal c Total from continuation sheets to Part VI	, Section A							249,079. 0.		0.			37.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not provide the second secon</li></ul>								249,079.	000 of reportable	0.	1.	3,4	37.
compensation from the organization		030	11310	uac		) WI							1
3 Did the organization list any former officer,				•	•		•			ſ		Yes	No
<ul><li>line 1a? <i>If "Yes," complete Schedule J for se</i></li><li>For any individual listed on line 1a, is the su</li></ul>											3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	X	
rendered to the organization? If "Yes," com										<u></u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	eper	nder	nt co	ontra	actor	rs th	nat received more than §	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t								the organization's tax y (B)	ear.		(0	;)	
Name and business address NONE Description of services									C	ompei	nsatio	n	
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received m	ore than				

	n 990 (			IL LA	GASSE FOU	JNDATION		42-1536	915 Page <b>9</b>
Pa	rt VII								_
		Check if Schedule O	contains a r	esponse	or note to any lin				
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
6 0	1.2	Federated campaigns		1a					30010113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	l a b	•• • • • •		1b					
D O C		Fundraising events		1c	3,663,096.				
ifts, r A	b b	Related organizations		1d	, , -				
i, Gi nila	e	Government grants (contr		1e	143,408.				
ons Sir	f	All other contributions, gifts,	ſ						
buti		similar amounts not included		1f	981,422.				
d Of	g	Noncash contributions included in	r i i i i i i i i i i i i i i i i i i i	1g \$	700,473.				
Col	h	Total. Add lines 1a-1f			►	4,787,926.			
					Business Code				
e	2 a								
ervi	b								
n Si	c								
Jran Rev	d								
Program Service Revenue	e								
ш.	•	All other program service							
	9 3	Total. Add lines 2a-2f							
	3	other similar amounts)	-			63,247.			63,247.
	4	Income from investment of				,			,
	5	Royalties							
	-			Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss	s) <u> </u>		🕨				
	7 a	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a 8	35,293.					
	b	Less: cost or other basis							
venue		and sales expenses		07,247.					
eve		Gain or (loss)	· · · ·	28,046.		4 972			4,972.
er Re		Net gain or (loss) Gross income from fundraisi				4,972.			=,572.
Other	oa	including \$ 3,							
0		contributions reported on							
		Part IV, line 18	,		951,588.				
	b	Less: direct expenses			2,413,505.				
		Net income or (loss) from				-1,461,917.			-1461917.
	9 a	Gross income from gamin	ng activities.	See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming act	ivities	🕨				
	10 a	Gross sales of inventory, I							
	_	and allowances							
		Less: cost of goods sold							
	с	Net income or (loss) from	sales of inv	entory					
sn	44 -				Business Code				
neo	11 а b								
əllar ven	с С								
Miscellaneous Revenue	d d	All other revenue							
Σ	e	Total. Add lines 11a-11d							
		Total revenue. See instruction			• • • • • • • • • • • • • • • • • • •	3,394,228.	0.	0.	-1393698.

THE EMERIL LAGASSE FOUNDATION 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 no	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	i otal onpolioco	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	484,714.	484,714.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C00 E01	240 242	161 541	200 607
	Other salaries and wages	602,581.	240,343.	161,541.	200,697.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 007	16 060	11 200	0 0 5 5
	Other employee benefits	38,097. 39,418.	<u>16,862.</u> 16,180.	<u>11,380.</u> 10,853.	<u>9,855</u> 12,385
	Payroll taxes	39,410.	10,100.	10,003.	14,303.
	Fees for services (nonemployees):				
	Management	1 1 5 2		1 1 5 2	
	Legal	<u>1,153.</u> 26,745.		<u> </u>	
		20,745.		20,745.	
	Professional fundraising services. See Part IV, line 17	15,383.		15,383.	
	Investment management fees	15,363.		10,000.	
-	Other. (If line 11g amount exceeds 10% of line 25,	62 520	21 122	27 012	12 202
	column (A), amount, list line 11g expenses on Sch 0.)	62,538. 39,027.	21,433. 13,021.	27,813. 5,924.	<u>13,292</u> 20,082
	Advertising and promotion	25,072.	81.	24,991.	20,002
		39,357.	01.	38,777.	580.
	Information technology	55,557•		50,111.	500.
		34,304.		34,304.	
		6,271.	3,224.	27.	3,020.
		0,271•	J, 224•	21.	5,020
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials Conferences, conventions, and meetings				
	· · · · · · · · · · · · · · · · ·	976.		976.	
	Interest Payments to affiliates	5,0•		5,0.	
	Depreciation, depletion, and amortization	5,813.		5,813.	
	. Γ	19,678.		19,678.	
	Insurance Other expenses. Itemize expenses not covered	10,0100			
	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.)				
	BAD DEBT	5,000.		5,000.	
	OTHER	1,965.	526.		1,439.
c		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5201		_,100
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,448,092.	796,384.	390,358.	261,350.
	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 Fifthere if following SOP 98-2 (ASC 958-720)				

THE EMERIL LAGASSE FOUNDAT	ION
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42-1536915 Page 11

I a	17	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			625,278.	1	827,789.
	2	Savings and temporary cash investments	354,380.	2	617,812.		
	3	Pledges and grants receivable, net			313,392.	3	521,562.
	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 disqualif					
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As:	9				22,735.	9	68,459.
		Land, buildings, and equipment: cost or other			,		
	100	basis. Complete Part VI of Schedule D	10a	54,674.			
	Ь	Less: accumulated depreciation	10u	54,674. 28,154.	50,759.	10c	26,520.
	11	Investments - publicly traded securities			3,318,208.	11	4,183,587.
	12	Investments - other securities. See Part IV, line 1			0,010,1000	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	218,822.	15	158,955.		
	16	Total assets. Add lines 1 through 15 (must equa			4,903,574.	16	6,404,684.
	17	Accounts payable and accrued expenses	241,476.		352,179.		
	18	Grants payable	870,000.	18	569,583.		
	19	Deferred revenue			207,411.	19	104,213.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	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				27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	17 24)			25	
	26	Tetel Vehiller Add Kers 47 dammer 05			1,318,887.	26	1,025,975.
	20	Organizations that follow FASB ASC 958, che				20	2702075700
Se		and complete lines 27, 28, 32, and 33.					
лč	27				2,965,261.	27	4.677.404.
3ale	28				619,426.	28	<u>4,677,404.</u> 701,305.
Б		Organizations that do not follow FASB ASC 9		,	20	,	
Fun		and complete lines 29 through 33.	<i>b</i> 0, cnc				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq		t fund		30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				3,584,687.	32	5,378,709.
Ž		Total net assets or fund balances			4,903,574.	32	6,404,684.
	33	Total liabilities and net assets/fund balances				აა	

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) THE EMERIL LAGASSE FOUNDATION	42-15	36915	Pag	<sub>ge</sub> 12
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	3,394	1,22	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,448	3,09	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,946	5,1	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,584	1,68	87.
5	Net unrealized gains (losses) on investments	5	-152	2,1	14.
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	5,378	3,70	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2021
Open to Public Inspection

1

Name of the	organization
-------------	--------------

Nan	ne of	th	e organization							identification number		
<b>D</b> -					ASSE FOUNDAT					2-1536915		
Ра	rt I		Reason for Public (	Sharity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	orgai	niz	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1		.	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		] .	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)						
3			A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).				
4			A medical research organiz	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
Ŭ			section 170(b)(1)(A)(iv). (0		lege el alliteren y elliter	or operation						
6		1			ontal unit described in	nantion 17	0(h)(4)(A)	64				
	X	1	A federal, state, or local go	-						u de lie, ele e cuile e el in		
'	<u>_</u>		An organization that norma		mai part of its support in	om a gove	ernmental	unit or from tr	ie general p	Sublic described in		
-		1	section 170(b)(1)(A)(vi). (C									
8		1	A community trust describe									
9			An agricultural research org				-		-	-		
			or university or a non-land-o	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
			university:									
10			An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		i	activities related to its exen	npt functions, subject	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support fi	rom gross investment		
		i	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		;	See section 509(a)(2). (Co	mplete Part III.)								
11		]	An organization organized a	and operated exclusiv	vely to test for public sat	ety. See	section 50	09(a)(4).				
12		] .	An organization organized a	and operated exclusiv	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or		
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section &	509(a)(3). (	Check the box on		
			lines 12a through 12d that	describes the type of	supporting organizatior	and com	olete lines	12e, 12f, and	12g.			
а			Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
			the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting		
			organization. You must o	complete Part IV, Se	ctions A and B.							
b			Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s). bv hav	rina		
			control or management o	-				-		-		
			organization(s). You mus			•			5 11			
с			Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.		
-			its supported organization	• • •					·) ·····j····	,		
d			Type III non-functionally		-				ted organiz	ration(s)		
			that is not functionally int	•				••	°,			
			requirement (see instruct			•		-	anatonin			
е			Check this box if the orga	-					II Type III			
Ŭ			functionally integrated, or					Type I, Type	n, rype m			
f	Fnt	ter	the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
י ~			de the following information	•	d organization(s)							
<u> </u>	TIC		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other		
			organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)		
					above (see instructions))							
										<u> </u>		
Tota	al	_										

132022 01-04-22

Schedule	A (Form 990) 2021
Part II	Support Sch

#### THE EMERIL LAGASSE FOUNDATION

42-1536915 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4445894.	3572203.	4592805.	1194623.	1262812.	15068337.			
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	4445894.	3572203.	4592805.	1194623.	1262812.	15068337.			
	The portion of total contributions									
Ŭ	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)									
•							15068337.			
	Public support. Subtract line 5 from line 4.						12000221.			
		()	(1) 00 / 0	( ) 00/0	( 1) 0000	()	(0			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 3572203.	(c) 2019	(d) 2020 1194623.	(e) 2021	(f) Total 15068337.			
	Amounts from line 4	4445894.	3572203.	4592805.	1194023.	1202012.	12000331.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	1.5.5 0.5.1	4 = 0 0 0 4	100 000						
	and income from similar sources $\dots$	166,061.	159,381.	122,833.	93,450.	63,247.	604,972.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						15673309.			
12	Gross receipts from related activities,	etc. (see instructio	ns)		-	12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stor									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), di	ivided by line 11, c	column (f))		14	96.14 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	96.15 %			
	33 1/3% support test - 2021. If the c									
	stop here. The organization qualifies									
b	<b>33 1/3% support test - 2020.</b> If the c		-							
~	and <b>stop here.</b> The organization gual	-								
17-					13 16a or 16b a					
a	<b>7a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	-			-	-	-				
Ŀ	meets the facts-and-circumstances te	-			-	7a and line 15 is				
a	10% -facts-and-circumstances test	-								
	more, and if the organization meets the									
	organization meets the facts-and-circu				• •					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2021

Schedule A	Form 990	) 2021

### THE EMERIL LAGASSE FOUNDATION 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.)

Se	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
10	3 received from disgualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
9	Amounts from line 6							
	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 assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) c	organizatic	on,
	check this box and stop here							
See	ction C. Computation of Publi	c Support Pe	rcentage					
15	Public support percentage for 2021 (li	ne 8, column (f), c	livided by line 13, o	column (f))		15		%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16		%
	ction D. Computation of Inves							
17	Investment income percentage for 20	21 (line 10c. colu	mn (f), divided by li	ne 13. column (f))		17		%
	Investment income percentage from 2	-				18		%
	33 1/3% support tests - 2021. If the					<u> </u>	and line 1	
	more than 33 1/3%, check this box an							
k	<b>33 1/3% support tests - 2020.</b> If the						3 1/3%, a	► 💷
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
-								

#### THE EMERIL LAGASSE FOUNDATION

1

2

Yes

No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

#### Schedule A (Form 990) 2021 THE EMERIL LAGASSE FOUNDATION

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Pa	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 Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>d. or controlled the supporting organization</u>	า.
Section C. T	ype II Supporting Organizations	5

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control of the support of the support of the same persons that controlled or managed
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Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a \_\_\_\_ 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.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

132026 01-04-22

1	Check here if the organization satisfied the integral Part Te						
	All other Type III non-functionally integrated supporting org						
Section A - Adjusted Net Income							
	Net short-term capital gain						

	Type in Non-Functionally integrated 309(a)(3) Supporting	orya	Inzations		
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
ction A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
Net s	hort-term capital gain	1			

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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Fo

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(Form 990) 2021 THE EMERIL LAGASSE FOUNDATION	Type III Non-Eup	ctionally	ntogratod	500/a)/3) Su	poorting Organiza	tions
	(Form 990) 2021	THE	EMERIL	LAGASSE	FOUNDATION	

Recoveries of prior-year distributions

THE EMERIL LAGASSE FOUNDAT	TONT

_		GASSE FOUNDATIO		4	2-1536915 Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
-	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	THE E	MERIL	LAGASSE	FOUNDATIO	N	42-1536915	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>mation.</b> F , 2, 3b, 3c, 4 lines 2 and 3	Provide the 4b, 4c, 5a, 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 1 <sup>-</sup> Section E, lines	quired by Part II, line a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a c rt IV, Section B, lines 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

ion number

Name of the organization	n	Employer identificat
	THE EMERIL LAGASSE FOUNDATION	42-1536915
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(Complete Part II for
noncash contributions.)

Employer identification number

Schedule B (Form 990) (2021)	
Name of organization	

THE E	MERIL LAGASSE FOUNDATION		42-1536915
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u>1</u>	WAYNE AND NAN KOCOUREK FOUNDATION 415 E NORTH WATER ST., UNIT 805 CHICAGO, IL 60611	\$250,00	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2	SMALL BUSINESS ADMINISTRATION409 THIRD STREETWASHINGTON, DC 20024	\$143,40	08.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3	H&H LEE CHARITABLE FOUNDATION 4299 MACARTHUR BLVD., STE 211 NEWPORT BEACH, CA 92660	\$120,00	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4	STEPHEN BRUCE 1537 AMESBURY LANE FRANKLIN, TN 37069	\$100,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
123452 11-1		\$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)

		Ψ	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		φ	
(a)		(c)	<i>(</i> »
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		(	
——		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honcash property given	(See instructions.)	Date received
		\$	
(a)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	Schedule B (Form 990) (202

#### THE EMERIL LAGASSE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

(a)

No.

from

Part I

Employer identification number

(d)

Date received

42-1536915

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Fo	orm 990) (2021)		Page <b>4</b>									
Name of organ	nization		Employer identification number									
Part III E		ons to organizations described in sec	$\frac{42 - 1536915}{\text{ction 501(c)(7), (8), or (10) that total more than $1,000 for the year}}$									
co	om any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, Ise duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$									
(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, ar	nd 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, ar	nd 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, ar	nd 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, ar	nd ZIP + 4	Relationship of transferor to transferee									

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

	ent of the Treasury levenue Service		►Go to	www.ir	s.gov/For		ttach to F ) for instru		and the late	est inform	nation.			Open 1 Inspec	to Public ction
Name	of the organizati		E EME	RIL I	AGAS	SE I	FOUND	ATION	1			Em		identificati 2-1536	on number 915
Part		ations M		-				or Othe	er Similar	r Funds	or Ac	cou	nts. (	Complete if	the
	organizatio	on answered	1 "Yes" or	1 Form 99	90, Part IV	/, line									
							(a)	Donor ac	dvised funds	s	(	( <b>b)</b> Fur	nds and	d other acco	ounts
1 1	Total number at er	nd of year				🖵									
	Aggregate value o														
	Aggregate value o														
	Aggregate value a														
	Did the organizatio						-							<b>—</b>	┌┐
	are the organizatio													Yes	No No
	Did the organizatio		•					Ū.	0			-			
	or charitable purp		-									Ũ		Yes	
Part	II Conserv			S. Com	olete if the	- oraș	nization a	nswered	"Ves" on F	orm 990	Part IV	line 7		tes	No
	Purpose(s) of cons									01111 000,	r art iv,				
• •	Preservation			,	0		•		<u> </u>	ervation o	f a histo	orically	, import	tant land are	<u>-</u> a
	Protection o		•		ampio, rot	oroun		Jaciony		ervation o					54
	Preservation										i a corti	neu m			
2 (	Complete lines 2a			anizatior	n held a a	ualifie	d conserv	ation cor	ntribution in	the form	of a co	nserva	ation ea	sement on	the last
	day of the tax year			,											the Tax Year
a T	otal number of co	onservation	easemen	ıts								2a			
b٦	Total acreage rest	tricted by co	onservatio									2b			
c١	Number of conser	rvation ease	ments on	a certifie	d historic	struc	ture inclu	ded in (a)				2c			
d١	Number of conser	rvation ease	ments inc	luded in	(c) acquir	ed aft	er 7/25/06	6, and no	t on a histo	oric structu	ure				
li	isted in the Natior	nal Register	•									2d			
	Number of conser											zation	during	the tax	
У	vear 🕨														
	Number of states														
	Does the organiza							oring, ins	pection, ha	ndling of					
	violations, and enf													Yes	No
6 5	Staff and voluntee	er hours dev	voted to m	ionitoring	g, inspecti	ing, ha	andling of	violation	s, and enfo	rcing con	servatio	n ease	ements	during the	year
_	•														
	Amount of expens	ses incurred	l in monito	oring, ins	pecting, h	nandlir	ng of viola	tions, and	d enforcing	conserva	ition eas	semen	its durir	ng the year	
-	►\$									170	/L-\/ 4\/D\	(*)			
	Does each conser				• • •			•				.,		Vaa	
	and section 170(h) n Part XIII, descrit													Yes	└── No
	palance sheet, and		•							•				ho	
	organization's acc					00110		nganizati		a statem		11 003		inc.	
Part		ations M	aintaini	ng Col	ections	s of /	Art, Hist	orical	Treasure	es, or O	ther S	imila	r Ass	ets.	
	Complete if														
<b>1</b> a	f the organization	elected, as	permitter	d under F	ASB ASC	C 958,	not to rep	oort in its	revenue st	atement a	and bala	ance s	heet wo	orks	
c	of art, historical tre	easures, or	other sim	ilar asset	s held for	publi	c exhibitio	n, educa	tion, or rese	earch in fu	urtherar	nce of	public		
s	ervice, provide in	n Part XIII th	e text of t	he footn	ote to its f	financ	ial statem	ents that	describes t	these iten	าร.				
b l	f the organization	elected, as	s permitte	d under F	ASB ASC	C 958,	to report	in its rev	enue staten	ment and	balance	sheet	t works	of	
a	art, historical treas	sures, or otl	ner similar	assets ł	neld for pu	ublic e	xhibition,	educatio	n, or resear	rch in furtl	herance	of pu	blic ser	vice,	
F	provide the followi	ing amount	s relating	to these	items:										
(	i) Revenue inclu	uded on For	m 990, Pa	art VIII, lir	ne 1								\$		
(	ii) Assets include												\$		
<b>2</b> I	f the organization	received o	r held wor	ks of art,	historica	l treas	sures, or o	ther simil	lar assets fo	or financia	al gain, p	orovid	е		
t	he following amou	unts require	ed to be re	eported u	inder FAS	B AS	C 958 rela	ting to th	nese items:						
	Revenue included												\$		
b /	Assets included in	<u>ו Form 990,</u>	Part X	<u></u>		<u></u>							\$		

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

		RIL LAGASSE				42 - 15			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	•	-		se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia						<b>-</b>	_	٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				A		
							Amount		
	Beginning balance								
	Additions during the year								
e 4	Distributions during the year								
20	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •				
Par									_
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	407,176.	290,909.	105,000.		05,000.		105,	
b	Contributions	304,619.		218,610.		,		,	
	Net investment earnings, gains, and losses	34,843.	118,073.	-32,701.					
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	2,333.	1,806.						
g	End of year balance	744,305.	407,176.	290,909.	. 1	.05,000.		105,	000.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	27.0000	_%						
b	Permanent endowment  73.0000	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	d administered for t	the organiz	ation	r		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the		vment funds.						
Fai	t VI Land, Buildings, and Equipm		David IV / line 11a O		( line 10				
	Complete if the organization answered						( ) > -		
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulat epreciation		(d) Bool	< valu	e
1a	Land								
	Buildings								
с	Leasehold improvements								
d	Equipment			8,545.	3,8			<u>1,7</u>	
	Other			6,129.	24,3			L,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ⟩	(, column (B), line 1	)c.)			26	5,5	20.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         1) Financial derivatives	Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X, line 12.	
2) Clocely held equity interests	-			of-year market value
2) Clocely held equity interests	(1) Financial derivatives			
a) Other				
(A)				
(B)				
Cite				
(D)         (E)         (E)           (F)         (F)         (F)           (G)         (F)         (F)           (F)         (F)         (F)				
(G)				
(F)       (G)         (G)				
(G)       (H)         (H)       (H)         (H)       (H)         Part YUII       Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV. line 11c. See Form 990, Part X. line 13.         (a) Description of investment       (b) Book value         (1)       (a) Method of valuation: Cost or end-of year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)         (G)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)				
(H)				
tail. (c0. (b) must equal Form 990, Part X, col. (d) line 12.)       Investments - Program Related.         Complete it the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (a) Description of investment         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (d)       (d)       (d)       (d)       (d)         (d)       (d)       (d)       (d)       (d)         (a) Description       (b) Book value       (c) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description of Imbult       (b) Book value         (1)       (c) Description of Imbult       (c) Descriptin of Imbult         (a)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (2)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c) Method of value         (c) Book value         (c) Book value           (1)         (c) Description         (c) Book value         (c) Book value           (1)         (c) Description         (c) Book value         (c) Book value           (1)         (c) Description of more 990, Part X, line 15.         (c) Book value           (1)         (c) Description of more 990, Part X, line 15.         (c) Book value           (1)         (c) Description of part X, col. (B) line 15.         (c) Description of liability         (c) Book value           (1)         (c)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)         (		an Fauna 000 Bast IV lines	11. Cas Faure 000 Dart V line 10	
(1)				- <b>f</b>
(2)       (3)       (4)         (3)       (5)       (7)         (6)       (7)       (7)         (8)       (7)       (8)         (9)       (9)       (9)         (1)       (1)       (1)         (2)       (2)       (2)         (3)       (1)       (2)         (3)       (2)       (2)         (3)       (2)       (2)         (3)       (2)       (3)         (4)       (2)       (3)         (5)       (1)       (2)         (3)       (2)       (2)         (3)       (2)       (3)         (4)       (4)       (4)         (5)       (2)       (3)         (6)       (2)       (3)         (7)       (3)       (4)         (6)       (4)       (4)         (7)       (2)       (3)         (3)       (4)       (4)         (6)       (1)       (2)         (6)       (2)       (3)         (6)       (3)       (4)         (7)       (3)       (4)         (6)       (6)		(b) BOOK value	(c) Method of Valuation: Cost of end-	of-year market value
(3)				
(4)				
(6)				
(6)       (7)       (8)         (7)       (8)       (7)         (8)       (8)       (8)         (9)       (9)       (9)         Other Assets.       (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (3)       (9)       (9)         (6)       (7)       (9)         (7)       (9)       (9)         (7)       (9)       (9)         (9)       (9)       (9)         (1)       (1)       (1)         (8)       (9)       (1)         (9)       (1)       (1)         (9)       (1)       (1)         (1)       (2)       (1)         (2)       (1)       (2)         (3)       (1)       (2)         (1)       (2)       (2)         (2)       (2)       (2)         (3)       (1)       (2)         (1)       Federal income taxes       (2)         (2)       (3)       (2)         (3)	(4)			
(7)       (8)	(5)			
(8)	(6)			
(9)	(7)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c)	(8)			
Part IX         Other Assets.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (c)         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (8)         (c)         (c)           (9)         (c)         (c)           Other Liabilities.         (c)         (c)           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (c)           (a) Description of liability         (b) Book value         (c) Book value           (1) Federal income taxes         (c)         (c)           (2)         (c)         (c)         (c)           (3)         (c)         (c)         (c)           (4)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (7) <td< td=""><td>(9)</td><td></td><td></td><td></td></td<>	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (b) Book value           (2)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)           Other Liabilities.         (c)           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           (a) Description of liability         (b) Book value           (1) Federal income taxes         (c)           (2)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (3)         (c)           (4)         (c)           (5)         (c)           (6)         (c)           (6)         (c)           (7)         (c)           (6)         (c)           (7)         (c)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description       (b) Book value         (1)       (a)         (2)       (b)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)				
(1)			11d. See Form 990, Part X, line 15.	
(2)	(a)	Description		(b) Book value
(3)	(1)			
(4)	(2)			
(5)	(3)			
(6)	(4)			
(7)	(5)			
(8)       (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)	(6)			
(9)       Image: Control of the standard control of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       Image: Sector S	(8)			
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       (1)         (3)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (7)       (1)         (8)       (1)         (9)       (1)	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (2)       (3)         (4)       (4)         (5)       (6)         (7)       (8)         (9)       (9)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(a) Description of liability         (b) Book value           (1) Federal income taxes         -           (2)         -           (3)         -           (4)         -           (5)         -           (6)         -           (7)         -           (8)         -           (9)         -				
(1) Federal income taxes       1         (2)       1         (3)       1         (4)       1         (5)       1         (6)       1         (7)       1         (8)       1         (9)       1	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (8)       (9)	1. (a) Description of liability			(b) Book value
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)	(1) Federal income taxes			
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)	(2)			
(5)       (6)         (7)       (7)         (8)       (9)				
(5)       (6)         (7)       (7)         (8)       (9)	(4)			
(6)     (7)       (8)     (9)				
(7)       (8)       (9)				
(8)       (9)				
(9)				
		25.)		

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

#### Schedule D (Form 990) 2021 THE EMERIL LAGASSE FOUNDATION

Part VII	Investments -	Other Securities

Sche	dule D (Form 990) 2021 THE EMERIL LAGASSE FOUNDATION		42-2	1536915	Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	5,640,	<u>,236.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	-152,114.			
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d	2,413,505.			
е	Add lines 2a through 2d		2e	2,261,	<u>,391.</u>
3	Subtract line 2e from line 1		3	3,378	<u>,845.</u>
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	15,383.			
b	Other (Describe in Part XIII.) 4b				
С	Add lines 4a and 4b		4c		<u>,383.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	3,394,	,228.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses per F	leturi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	3,846,	,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.) 2d	2,413,505.			
е	Add lines 2a through 2d		2e	2,413,	
3	Subtract line 2e from line 1		3	1,432,	<u>,709.</u>
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	15,383.			
b	Other (Describe in Part XIII.) 4b			. –	
С	Add lines 4a and 4b		4c		,383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,448,	,092.
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 V, LINE 4:

THE ENDOWMENT WILL SUPPORT BOTH CURRENT PROJECTS AND INCUBATE NEW

INITIATIVES. IT WILL ALSO HELP THE ORGANIZATION BE FISCALLY PREPARED AND

RESPONSIBLE FOR FLUCTUATIONS IN THE ECONOMY BY PROVIDING CONSISTENT

FUNDING TO OVERALL OPERATIONS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT

DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO

TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED MARCH 31, 2022,

THE FOUNDATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME. MANAGEMENT HAS

Schedule D (Form 990) 2021       THE       EMERIL       LAGASSE       FOUNDATION       42-1536915       Page 5         Part XIII       Supplemental Information (continued)       (continued)       (continued)       (continued)
EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO
UNCERTAINTIES IN INCOME TAXES THAT REQUIRE ADJUSTMENTS TO OR DISCLOSURES
IN THE FINANCIAL STATEMENTS. THE 2018 THROUGH 2020 TAX YEARS REMAIN
SUBJECT TO EXAMINATION BY THE IRS. MANAGEMENT DOES NOT BELIEVE THAT ANY
REASONABLY POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT
WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.
WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 2,413,505.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 2,413,505.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-00	)47
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2021	
Department of the Treasury Attach to Form 990 or Form 990-EZ.									ic
Internal Revenue Service									
								identification nur 36915	nber
Part I Fundrais		Complete if the organization answe			Form 990, Part IV, I	ine 1			
	complete this part			00 01	ri onn ooo, r arriv, r				
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			Yes No	0
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	y) to (or retained	d by)
			Yes	No					
Total 3 List all states in whi	ch the organizatio	n is registered or licensed to solicit	 contrib	▶ utions	or has been notified	itis	exempt fron	registration	
or licensing.		3 2 3010100							

THE EMERIL LAGASSE FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events									
			CARNIVALE DU	.,		(d) Total events			
				MIGUEL	3	(add col. <b>(a)</b> through			
			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
ē			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	3,336,805.	459,027.	818,852.	4,614,684.			
	2	Less: Contributions	2,844,093.	326,019.	492,984.	3,663,096.			
	3	Gross income (line 1 minus line 2)	492,712.	133,008.	325,868.	951,588.			
	4	Cash prizes							
			420.240	114 400	146 916	700 474			
	5	Noncash prizes	439,249.	114,409.	146,816.	700,474.			
Direct Expenses	6	Rent/facility costs	272,490.	33,739.	84,139.	390,368.			
ict Exp	7	Food and beverages	165,555.	18,292.	141,874.	325,721.			
Dire	8	Entertainment	84,587.	4,240.	118,616.	207,443.			
	9	Other direct expenses	513,225.	86,797.	189,477.	789,499.			
	10	Direct expense summary. Add lines 4 through	· · · · ·		•	2,413,505.			
11 Net income summary. Subtract line 10 from line 3, column (d)									
	rt I					, , , , .			
		\$15,000 on Form 990-EZ, line 6a.							
		· , · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add			

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue						
SS	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %			
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶			
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac No," explain:				Yes No		
10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes       No         b       If "Yes," explain:								
	_							

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Sch	edule G (Form 990) 2021 THE EMERIL LAGASSE FOUNDATION 42-1	.536	915	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		103	
	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
I	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
0	If "Yes," enter name and address of the third party:			
	Name ►			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
I	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III lin	00.0	b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	L III, III I	65 9, 5	ю, тор,

	G (Form 990)
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Part IV	Supplemental Information (continued)

SCHEDULE I	(	Grants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2021		
Department of the Treasury Attach to Form 990.									
Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization       Employer identification number         THE EMERIL LAGASSE FOUNDATION       42-1536915									
Part I General Information on Grants a									
0	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?     X Yes No								
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grant	funds in the United	States.					
Part II Grants and Other Assistance to recipient that received more than					anization answered "N	′es" on Form 990, Par	t IV, line 21, for any		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ARC BROWARD									
10250 NW 53RD STREET									
SUNRISE, FL 33351	59-0809623	501(C)(3)	15,000.	0.			LIFE SKILLS DEVELOPMENT		
COVENANT HOUSE 611 N. RAMPART ST. NEW ORLEANS, LA 70112	58-1669937	501(C)(3)	50,000.	0.			CULINARY AND NUTRITION		
DAN MARINO FOUNDATION 4000 N ANDREWS AVENUE FORT LAUDERDALE, FL 33301	65-0320556	501(C)(3)	15,000.	0.			LIFE SKILLS DEVELOPMENT		
EDIBLE EDUCATION EXPERIENCE, INC. 26 EAST KING STREET ORLANDO, FL 32804	46-5655482	501(C)(3)	5,000.	0.			CULINARY AND NUTRITION EDUCATION		
EDIBLE SCHOOLYARD 300 N BROAD STREET, SUITE 107 NEW ORLEANS, LA 70119	72-1409800	501(C)(3)	5,000.	0.			CULINARY AND NUTRITION EDUCATION		
EMERALD COAST CHILDREN'S ADVOCACY 401 MCEWEN DRIVE	50.0454160	501 (5) (2)	22,222						
NICEVILLE, FL 32578	59-3454168	501(C)(3)	33,333.	0.			CHILDREN'S EDUCATION		
2 Enter total number of section 501(c)(3) a		•	e line 1 table				🛃		
3 Enter total number of other organization							Schedule I (Form 990) 2021		
	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021								

# Schedule I (Form 990) THE EMERIL LAGASSE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

	42-	15	.536915	Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THOUGHT							
174 WATERCOLOR WAY, SUITE 103							
SANTA ROSA BEACH, FL 32433	80-0734040	501(C)(3)	33,333.	0.			FEEDING/HUNGER PROGRAMS
SMAIN ROOM BENCH, TE 52455	00 0754040	501(0)(3)					
HISPANIC FEDERATION INC.							
55 EXCHANGE PLACE, STE 501							CULINARY AND NUTRITION
NEW YORK, NY 10005	13-3573852	501(C)(3)	59,200.	0.			EDUCATION
NIW 10KK, NI 10005	15 5575052	501(0)(3)	55,200.				
SECOND HARVEST FOOD BANK							
700 EDWARDS AVENUE							
NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	75,000.	0.			FEEDING/HUNGER PROGRAMS
NEW ORIEANS, DA 70125	72 0950400	501(0)(3)	,5,000.	۰.			FEEDING/HONGER FROGRAMS
WATERING HOLE FOUNDATION							
608 JULIA STREET							CULTURAL AND ARTS
	46-1662961	501(C)(3)	5,250.	0.			ENRICHMENT
NEW ORLEANS, LA 70116	40-1002901	501(0)(3)	5,250.	0.			ENRICHMENT
YOUTH EMPOWERMENT PROJECT							
1600 ORETHA CASTLE HALEY BLVD	40.100000	F01(0)(2)	20.000	0			
NEW ORLEANS, LA 70113	42-1633060	501(C)(3)	20,000.	0.			LIFE SKILLS DEVELOPMENT
EPICUREAN CHARITABLE FOUNDATION							
6765 S EASTERN AVE, STE 1							CULINARY AND NUTRITION
LAS VEGAS, NV 89119	88-0514126	501(C)(3)	5,000.	0.			EDUCATION
	00-0514120	501(0)(3)	5,000.	0.			EDUCATION
MATRIX COMMUNITY OUTREACH CENTER							
37 STATE HIGHWAY 83							
DEFNIAK SPRINGS, FL 32433	47-3295501	501(C)(3)	33,333.	0.			RELIGIOUS EDUCATION
DEFINIAR SERINGS, FL 52455	47-5295501	501(0)(3)	55,555.	0.			RELIGIOUS EDUCATION
NEW ORLEANS CULINARY & HOSPITALITY							
INSTITUTE - 725 HOWARD AVE - NEW							CULINARY AND NUTRITION
	46 2211290	$E_{01}(c)(2)$	25.000	^			
ORLEANS, LA 70130	46-3311280	501(C)(3)	25,000.	0.			EDUCATION
NEW ORLEANS CENTER FOR CREATIVE							
ARTS FOUNDATION (NOCCA) - 2800							
CHARTRES ST - NEW ORLEANS, LA							CULINARY AND NUTRITION
70117	72-0972102	501(C)(3)	21,250.	0.			EDUCATION

Schedule I (Form 990)

## Schedule I (Form 990) THE EMERIL LAGASSE FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance	
SON OF A SAINT								
2803 ST. PHILIP STREET								
NEW ORLEANS, LA 70119	46-5554558	501(C)(3)	53,000.	0.			LIFE SKILLS DEVELOPMENT	

Schedule I (Form 990)

тне	EMERIL	LAGASSE	FOUNDATION
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
	(b) Number of recipients	(b) Number of recipients       (c) Amount of cash grant         Image: state s	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance         Image: State of the s	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO PROVIDE ANNUAL REPORTS ON THE USE OF THE FUNDS AND

EMPLOYEES OF EMERIL LAGASSE FOUNDATION VISIT SITES TO MONITOR USES.

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	51			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2	<b></b>	<b> 21</b>			
Depar	tment of the Treasury	Attach to Form 990.		Open to Public Inspection				
Intern	al Revenue Service	Prvice Go to www.irs.gov/Form990 for instructions and the latest information.						
Nam	e of the organizatior			r identificat		mber		
Do		THE EMERIL LAGASSE FOUNDATION	42-	-153691	5			
Pa	rt I Question	s Regarding Compensation				T		
		a bar a chail a tha ann an an an air a tha ann an tha an taile a tha tha tha an tain an tain an tha bar a sec	000		Yes	No		
та		ate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,					
	<b>X</b> First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.	roopoluoo					
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation						
		spending account Personal services (such as maid, char						
			mear, enery					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
				1b	Х			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all director						
_	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X		
		-,						
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organizati	on's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organi						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation	committee X Written employment contract						
	X Independent c	ompensation consultant Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation	on 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 re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation					
	contingent on the re			-		v		
					+	X X		
Ø		ation?		<u>5b</u>				
~		r 5b, describe in Part III.	ation					
0		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	alion					
а	contingent on the n	-		6a		x		
		ation?				X		
0		ation? r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym	ents					
		les 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		·····   /				
-				8		x		
9		id the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (For	m 990	) 2021		

Schedule J (Form 990) 2021

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Page 2

#### 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) Breakdown of W-2 and/or 1099-MISC and/or 1099- compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	benefits (B)(i)-(D) in colur				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable				reported as deferred on prior Form 990			
(1) BRIAN KISH	(i)	249,079.	0.	0.	0.	13,437.	262,516.	0.			
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.			
	(i)										
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										
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	(ii)										
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	(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.

### PART I, LINE 1A:

#### CHARTER TRAVEL IS OCCASIONALLY PROVIDED TO FOUNDER/ CHAIRMAN IN ORDER TO

#### FACILITATE FUNDRAISING ACTIVITIES.

SCHEDULE L		Tra	nsaction	is V	Vith	Inte	erested	P	ersons			ON	1B No. 1	545-00	47
(Form 990)	Complete if	the or	28b, or 28c, c	or Forr	m 990-	-EZ, Pa		or	line 25a, 25b, 26 40b.	6, 27,	28a,	0	<b>2</b>	02	
Department of the Treasury Internal Revenue Service		Go to w							st information.				spect		DIIC
Name of the organization	า									Emp	ployer	identi	ficatio	on nu	mber
			LAGASS									3693	15		
									n 501(c)(29) orgar						
Complete it	f the organization		ered "Yes" on F elationship betv				ine 25a or 25b	o, or	Form 990-EZ, Pa	rt V, li	ine 40	b.	(4)	Corro	ected?
(a) Name of disqual	fied person	(0) "	person and or			meu	(1	<b>c)</b> De	escription of trans	sactio	'n			es	No
2 Enter the amount o	-		-	-		-	-	-	-						
section 4958 3 Enter the amount o											► \$ ► ¢				
<b>3</b> Enter the amount o	r lax, il ally, oll i	ine z, a	bove, reimburs	eu by	uie orę	Janizai					φ				
Part II Loans to	and/or Fror	n Inte	erested Pers	ons.											
Complete it	f the organization	n answ	ered "Yes" on F	orm 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; c	or if th	e orgar	nizatio	n	
	amount on For				2. an to or						. 1	<b>(h)</b> App	proved	<i>(</i> ) 14	/:.
(a) Name of interested person	(b) Relation with organ		(c) Purpose of loan	fron	n the zation?	(e) Original (f) Balance due (g) In principal amount default?				by boa	ard or		Vritten ement?		
				<u> </u>	From				·	Yes	No	Yes	No	Yes	No
															1
															<u> </u>
Total Part III Grants o	r Assistance	Bon	ofiting Intor	octor	1 Dor	<u></u>	> \$								
	f the organization		-												
(a) Name of intere			b) Relationship				c) Amount of		<b>(d)</b> Type	of		(e)	Purp	056.0	f
			interested pers the organiza	on and			assistance		assistand			• • •	assista		•
		+													
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		+													
LHA For Paperwork R	eduction Act No	otice, s	ee the Instruct	tions f	or For	m 990	or 990-EZ.		1		Sche	dule L	(Forr	n 990	) 2021

Schedule L	(Form 990) 2021	THE	EMERIL	LAGASSE	FOUNDAT	<b>TION</b>	
Part IV	Business Transaction	ons Inv	olving Inte	rested Perse	ons.		
	Complete if the organizati	on answ	ered "Yes" on	Form 990, Part	IV, line 28a, 28	8b, or 28c.	
			(1) - 1				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	f (e) Sharing or organization's revenues?	
				Yes	No
LAGASSE LAND & PROPERTY	OWNED BY BOARD MEMB	28,440.	RENT PROVID		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

## SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

## (A) NAME OF PERSON: LAGASSE LAND & PROPERTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

### OWNED BY BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: RENT PROVIDED AT FAIR MARKET RATE

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

20

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

### THE EMERIL LAGASSE FOUNDATION

information.		Inspection
	Employer	identification number
	4	2-1536915

Par	I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		0	•
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	tion a	nounts	5
1	Art - Works of art	Х	18	107,330.	FAIR MARKET	VAI	LUE	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		90,116.	FAIR MARKET	VAJ	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	212	324,021.	FAIR MARKET	VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (TRAVEL & ACCO)	Х	26	71,707.	FAIR MARKET	VA	LUE	
26	Other ( EVENT & PERFO )	X	26		FAIR MARKET			
27	Other (MISCELLANEOUS)	X	4		FAIR MARKET			
28	Other ( )							
29	Number of Forms 8283 received by the organiza	ation during	the tax year for co	ontributions				
20	for which the organization completed Form 828							
	for which the organization completed rollin ozo	0,1 art v, E	once Acknowledg				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	ih 28. that it		103	
000	must hold for at least three years from the date		• • • • •					
	exempt purposes for the entire holding period?					30a		x
h	If "Yes," describe the arrangement in Part II.					004		
31	Does the organization have a gift acceptance po	olicy that re	auires the review o	of any nonstandard contribut	ions?	31	х	
								4

b If "Yes," describe in Part II.33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

describe in Part II.

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

Schedule M (Form 990) 2021

32a

Х

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

#### SCHEDULE M, LINE 32B:

#### EMERIL LAGASSE FOUNDATION USES A HIRED AUCTIONEER TO SELL NON-CASH

DONATIONS.

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



42-1536915

THE EMERIL LAGASSE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REACH THEIR FULLEST POTENTIAL THROUGH CULINARY, NUTRITION, AND ARTS

EDUCATION WITH A FOCUS ON LIFE SKILLS DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY GRANTS PROGRAM PROVIDES CAPITAL AND PROGRAMMATIC SUPPORT TO

NONPROFIT YOUTH ORGANIZATIONS DELIVERING CULINARY, NUTRITION, AND ARTS

EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2:

EMERIL LAGASSE, III AND ALDEN LAGASSE - FAMILY REALATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B:

THE EMERIL LAGASSE FOUNDATION DOES NOT HAVE COMMITTEES THAT ACT ON BEHALF

OF THE GOVERNING BODY.

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

THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990 AND A FULL COPY

IS SENT TO ALL OF THE BOARD MEMBERS FOR REFERENCE.

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

BOARD MEMBERS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND FILLED

OUT THE "CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM". THE

EXECUTIVE COMMITTEE REVIEWS ANY POTENTIAL TRANSACTIONS WITH ANY POTENTIAL

CONFLICTS OF INTEREST OR RELATED PARTIES. BOARD MEMBERS ABSTAIN FROM VOTING

Name of the organization

THE EMERIL LAGASSE FOUNDATION

Employer identification number 42-1536915

THERE IS ONGOING, OPEN DISCUSSION AMONG THE BOARD MEMBERS ABOUT ANY

POTENTIAL CONFLICTS.

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

EMERIL LAGASSE FOUNDATION'S PRESIDENT'S COMPENSATION WAS RECOMMENDED BY AN

OUTSIDE EXECUTIVE SEARCH FIRM AND AN INTERNAL SEARCH COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA,WV,WI

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

ALL INFORMATION IS AVAILABLE UPON REQUEST.