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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

		it of the Treasury venue Service Note. The foundation may	be able to use a copy of th	ite Fouridation is return to satisfy state repo	ortina requirements.	ZUU9		
_		ndar year 2009, or tax year beginning		, and ending				
		call that apply: Initial return	Initial return of a	former public charity	Final return			
		Amended return	Address cha	nge 🔲	Name change			
J Us	e the	IRS Name of foundation			A Employer identification	number		
19	label		_)			
思	label herwi print	se, ZITA CHARITABLE TRUST			20-5177582			
	prini or typi	Number and street (or P O box number if mail is not do	elivered to street address)	1 2 0 0	B Telephone number	2202		
	e Spe			1200	(318) 228-			
™ins	tructio	SHREVEPORT, LA 71101			C If exemption application is pe D 1. Foreign organizations,			
ģ	Check	type of organization: X Section 501(c)(3) ex			Foreign organizations mee check here and attach con	ating the 85% test,		
I	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	dation	i			
N)	air ma	arket value of all assets at end of year J Account		Accrual	E If private foundation state under section 507(b)(1)(
<u>_</u>	rom i		ther (specify)		F If the foundation is in a 6	0-month termination		
_	<u>> ⊅</u>	12,3/9,851. (Part 1, Cold	ımn (d) must be on cash	basis.)	under section 507(b)(1)(
TP	ărt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes		
_	Τ.		6.233	· Same and the sam	N/A	(cash basis only)		
	,	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch 8	0,233		N/A	Markar Markaran Marka		
	- 3	Interest on savings and temporary cash investments	621		1	STATEMENT 1		
	4	Dividends and interest from securities	112,131	112,131.	 	STATEMENT 2		
	5a	Gross rents	310,052	310,052.	 	STATEMENT 3		
	b	Net rental income or (loss) 248,552.		LEAM LESS		STATEMENT 4		
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	<592,346		\$ \$45 W \$27 W			
Revenue	b	Gross sales price for all assets on line 6a 3,138,887.	CONTRACTOR OF THE PARTY OF THE		RECEN	en de		
R _o	7	Capital gain net income (from Part IV, line 2)	MANAGE TENNEY	0.				
	8	Net short-term capital gain Income modifications		BORE ALCOHOLD	S NOV 16	731 H C 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	102	Gross sales less returns and allowances			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	1.	Less Cost of goods sold			A OCHEK			
	c	Gross profit or (loss)		OF VALUE OF THE	7			
	11	Other income .	23,057			STATEMENT 5		
	12	Total. Add lines 1 through 11	<140,252					
	13	Compensation of officers, directors, trustees, etc	109,199	54,599.	ļ	54,600.		
	14	Other employee salaries and wages Pension plans, employee benefits		 				
ď	16a	Legal fees	·					
S.C.	b	Accounting fees STMT 6	18,850	14,138.		4,712.		
Š	C	Other professional fees						
<u>\$</u>	17	Interest						
12.1	18	Taxes . STMT 7	12,007	90.		0.		
	19	Depreciation and depletion	46,941	46,941.	<u> </u>			
	20	Occupancy Travel, conferences, and meetings						
G.	22	Printing and publications		 				
<u>_</u>	23	Other expenses STMT 8	68,620	44,796.		10,109.		
	24	Total operating and administrative						
		expenses. Add lines 13 through 23	255,617			69,421.		
	25	Contributions, gifts, grants paid	162,682		多年之人,多至是大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	162,682.		
13	26	Total expenses and disbursements.	410 000	160 564		000 400		
2	27	Add lines 24 and 25 Subtract line 26 from line 12:	418,299	160,564.	1999 C 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	232,103.		
CCPNNTO NOV 1 9 2010 Operation and Administrative Expenses	\\ ',	Excess of revenue over expenses and disbursements	<558,551					
V1 21	1	Net investment income (if negative, enter -0-)		285,297.				
	C	Adjusted net income (if negative, enter -0-)	WALES CARROL		N/A			
923	501	I LIA For Drive ov Act and Department Deduction	A sa Nisalan ann abn Issani	-47		Form 900 DE 2000)		

Гр	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	767,518.	1,073,737	1,073,737.
	3	Accounts receivable -	, , , , , , , , , , , , , , , , , , ,		
	}	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	· All San Laght -	Will die Control	-5
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	}	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use .			
Assets	ı	Prepaid expenses and deferred charges			<u> </u>
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 10	2,215,710.		
	C	Investments - corporate bonds STMT 11	848,301.	2,215,176	2,237,824.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<u> </u>
	13	Investments - other STMT 12 Land, buildings, and equipment basis 1,363,688.	<u> </u>	2,678,673	3,770,000.
_	14	Land, buildings, and equipment basis \triangleright 1, 363, 688.			an agent we - support the top to the state of the support to t
		Less accumulated depreciation	1,549,900.	1,363,688	
	15	Other assets (describe	0.	0	18,074.
			0.050.100	10 600 650	40.000.004
_		Total assets (to be completed by all filers)	8,060,102.	10,600,679	12,379,851.
	ı	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue		<u> </u>	
Ē		Loans from officers, directors, trustees, and other disqualified persons	554,359.	373,879	
Ë		Mortgages and other notes payable Other liabilities (describe ▶	334,339.	3/3,6/9	
	22	Other natimities (describe		<u></u>	
	22	Total liabilities (add lines 17 through 22)	554,359.	373,879	
_	23	Foundations that follow SFAS 117, check here		373,075	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
auc	25	Temporarily restricted			
Baj		Permanently restricted		· 	
힏		Foundations that do not follow SFAS 117, check here	- 		
Net Assets or Fund Balances	1	and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	7,505,743.	10,226,800	
É	30	Total net assets or fund balances	7,505,743.	10,226,800	
~					
	31	Total liabilities and net assets/fund balances	8,060,102.	10,600,679	
	ärt				
215	ar,t	Allalysis of Changes in Net Assets of Tund B			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)			7,505,743.
		r amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 9 3	
		lines 1, 2, and 3		4	10,226,800.
		eases not included in line 2 (Itemize)			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	1 6	10,226,800.

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gallis	allu L	Jases IOI Tax OIT II	IAE2fillell	t income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) D	How ac - Purci - Dona	nase	(c) Date acquir (mo., day, yr.		(d) Date sold (mo., day, yr.)	
1a MORGAN KEEGAN	- AD	VISOR					P			
b SMITH BARNEY -					T		P			
c MANNING & NAPI							P			
d OTHER TRANSACT							P			
e										
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale		-		(h) Gain or (e) plus (f) m)
a 604,212.				838,23	1.					<234,019.
b 972,498.				1,143,82						<171,328.
c 1,562,177.				1,746,23						<184,054.
d				2,94						<2,945.
e				2/32	-					\Z,J 3 3.
Complete only for assets showing	ות מצוח וח	column (h) and owned by	the foundation	on 12/31/69			/IV	Gains (Col. (h)	0010 00	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)			col.	(k), but not les Losses (from	s than -	O-) or
a						_				<234,019.
b				·						<171,328.
C										<184,054.
d			 							<2,945.
e										
Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0	r ın Part I, lıne - in Part I, lıne	7 7	}	2				<592,346.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		ined in sections 1222(5) an			٦					
If (loss), enter -0- in Part I, line 8	COMMINI	· · · · · · · · · · · · · · · · · · ·				3		N	I/A	
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	ome	.,	
Was the foundation liable for the sec If "Yes," the foundation does not qual 1 Enter the appropriate amount in	ıfy under	section 4940(e). Do not co	mplete this pa	rt.						Yes X No
(a) Base period years Calendar year (or tax year beginni	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchai	ıtable-ı	use assets	(co). (i	d) Distribut D) divide	i) ion ratio ed by col. (c))
2008		4	1,036.		_3	.76	3,713.		7	.010903
2007			7,217.			40	3,087			.067521
2006			673.				3,998			.002077
2005			- 0,00				<u> </u>	<u>'</u>		.002011
2004								 		
2 Total of line 1, column (d)								2		.080501
3 Average distribution ratio for the the foundation has been in existent			on line 2 by 5,	or by the number	of ye	ars		3		.026834
4 Enter the net value of noncharitat	ile-use as	sets for 2009 from Part X,	line 5					4	6	,420,505.
5 Multiply line 4 by line 3		·	••	•				5		172,288.
			••			٠				
6 Enter 1% of net investment incom	ic (176 0ì	raiti, iiii8 210)	-					6		2,853.
7 Add lines 5 and 6			•					7		175,141.
8 Enter qualifying distributions from If line 8 is equal to or greater than			1b, and comp	lete that part using	g a 1'	% tax r	ate.	8		232,103.
See the Part VI instructions.										000 05

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) ZITA CHARITABLE TRUST			20-51//	<u> </u>	Page 6
Part;VII+B: Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:				•	1, -
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		`
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				Ì
any voter registration drive?			es 🗶 No 📗		7
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y	es X No	-		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			·	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			で変すがっ	A STANCE
the prevention of cruelty to children or animals?		Y	es X No	3) T. Jan 11 . 12 . 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations	Ì,	秦国	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		. ▶□ [3 3 3 3	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		. —	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	end brannenna an		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.	croonar bonom contract:			ALYS CAK	1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		s X No		
b If yes, did the foundation receive any proceeds or have any net income attribute	***	II	N/A.	7h	\$ \$5. ABS(7)
Information About Officers Divestors Truck		nagara Highli		7b	ــــــــــــــــــــــــــــــــــــــ
Partivilla Paid Employees, and Contractors	ees, roundation wa	magers, nigni	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
		(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accoun	pense it, other
JP MORGAN CHASE BANK	to position TRUSTEE	enter -0-)	compensation	allowa	ances
400 TEXAS STREET	IKOSIEE		}]	
SHREVEPORT, LA 71101	4.00	109,199.	0.	Į.	0
SHREVEPORI, DA /IIUI	4.00	109,199.	<u> </u>	'	0.
				1	
	- ,			┼	
		<u>'</u>			
		 		├ -	
			L		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) Fv	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expanding	pense L other
	devoted to position	.,	compensation	allowa	inces
NONE					
				ļ	
	•				
	<u> </u>				
			-	T	
		1		T	
Fotal number of other employees paid over \$50,000	<u> </u>	·			

Total. Add lines 1 through 3

P	art'X - Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
·		1a	5,576,526.
þ		1b	941,753.
c	Fair market value of all other assets	1c	332,133.
d		1d	6,518,279.
-	Reduction claimed for blockage or other factors reported on lines 1a and		0/020/2/5
·	· · · · · · · · · · · · · · · · · · ·	• \$\frac{1}{2} \tag{2}	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,518,279.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	97,774.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,420,505.
6	Minimum investment return. Enter 5% of line 5	6	321,025.
-	Distributable Amount (see instructions) (Section 4942())(3) and ())(5) private operating foundations		
_	foreign organizations check here and do not complete this part.)		204 205
1	Minimum investment return from Part X, line 6	1	321,025.
2a	· · · · · · · · · · · · · · · · · · ·		
þ	Income tax for 2009. (This does not include the tax from Part VI.)		
C	·	2c	2,853.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	318,172.
4	Recoveries of amounts treated as qualifying distributions	4	0.
⁻ 5	Add lines 3 and 4	5	318,172.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	318,172.
P	art;XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	232,103.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	232,103.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	2,853.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	229,250.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	
	4940(e) reduction of tax in those years.	,	-

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2009 from Part XI, line 7	318,172.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only 134,991.	
b Total for prior years:	
3 Excess distributions carryover, if any, to 2009: a From 2004	
b From 2005	
c From 2006	
d From 2007	
e From 2008	
f Total of lines 3a through e	
4 Qualifying distributions for 2009 from	
Part XII, line 4: ►\$ 232,103.	
a Applied to 2008, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c-Treated as distributions out of corpus	
(Election required - see instructions)	学术或数数
d Applied to 2009 distributable amount	97,112.
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.
must be shown in column (a).)	
6 Enter the net total of each column as	
indicated below: 8 Corous Add Ines 31 4c and 4e Subtract line 5	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c Enter the amount of prior years'	· · · · · · · · · · · · · · · · · · ·
undistributed income for which a notice of	
deficiency has been issued, or on which the section 4942(a) tax has been previously	
assessed 0.	
d Subtract line 6c from line 6b. Taxable	TANK MELATY
amount - see instructions 0.	
e Undistributed income for 2008. Subtract line	
4a from line 2a. Taxable amount - see instr.	11/14/24
f Undistributed income for 2009. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2010	221,060.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) 0.	A STATE OF THE PARTY WHEN
8 Excess distributions carryover from 2004	
not applied on line 5 or line 7	4 14 1 23
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 0.	
10 Analysis of line 9:	
a Excess from 2005	
b Excess from 2006	
c Excess from 2007	
d Excess from 2008	
e Excess from 2009	

	ARITABLE TR				177582	Page 1
Part XIV Private Operating Fo			-A, question 9)	N/A		
1 a If the foundation has received a ruling or						
foundation, and the ruling is effective for		="	▶ ∟			
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	1942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		-1	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) To	tal
investment return from Part X for						
each year listed						
b 85% of line 2a						_
c Qualifying distributions from Part XII,						
line 4 for each year listed			{		{	
d Amounts included in line 2c not						
used directly for active conduct of					İ	
exempt activities				1	1	
e Qualifying distributions made directly				 	 	
				}		
for active conduct of exempt activities.						
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<u> </u>	 		 		
alternative test relied upon:			l			
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying			1			
under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year						
listed						
c "Support" alternative test - enter:					1	
(1) Total support other than gross						
investment income (interest,				1	1	
dividends, rents, payments on						
securities loans (section				}	1	
512(a)(5)), or royalties)		 			 	
(2) Support from general public and 5 or more exempt						
organizations as provided in						
section 4942(j)(3)(B)(iii)	_ 				ļ	
(3) Largest amount of support from					1	
an exempt organization						
(4) Gross investment income				<u> </u>		
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in asse	ets .
at any time during the	he year-see the i	nstructions.)				
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation who	_	than 2% of the total conti	ributions received by the	foundation before the clo	ose of any tax	
year (but only if they have contributed m				1001100010101010101010101010101010101010	oo or any tax	
NONE						
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a r	nartnerchin or	
other entity) of which the foundation has			or an equally large portion	on or the ownership of a p	Jai tilei Silip Oi	
NONE						
2 Information Regarding Contribution						
Check here X if the foundation of						lf
the foundation makes gifts, grants, etc. (ompiete items 2a, b, c, an	o a.	
a The name, address, and telephone numb	er of the person to whor	n applications should be	addressed:			
						
b The form in which applications should be	e submitted and informat	tion and materials they sh	ould include:			
c Any submission deadlines:						
d Any restrictions or limitations on awards	, such as by geographica	al areas, charitable fields,	kınds of institutions, or o	other factors:		
923801 02-02-10		4.0			Form 990-P	F (2009)

Part XV Supplementary Information				. 5 0 <u>1</u> 1 1 1 1 1
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
8 Paid during the year HOLY ANGELS SCHOOL 2052 PEPPER RIDGE DR SHREVEPORT, LA 71115	NONE	PUBLIC	TUITION FOR CHILDREN	73,062
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE ROAD SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	425
HOLY ANGELS RESIDENTIAL FACILITY 10450 ELLERBE ROAD SHREVEPORT, LA 71106	NONE	PUBLIC	DEMOLITION OF OLD DORMITORIES	89,195
				·
				4.60-600
b Approved for future payment	Т	,	<u>▶ 3a</u>	162,682.
NONE				
Total	·		▶ 3b	0.
923611 02-02-10			Fo	orm 990-PF (2009)

Part XVI-A	Analysis of Income-Producing A	ctivitie
------------	--------------------------------	----------

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	- }				
b	-				
<u> </u>	- - -				
d	1				
e	-				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					,
investments	1		14	621.	
Dividends and interest from securities			14	112,131.	
5 Net rental income or (loss) from real estate:		CANAL TO THE STATE OF			
a Debt-financed property	77.00 1000 1000 1000 1000	- 1 Mar 9 - 12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.24		100 - Cambre of the . S
b Not debt-financed property			16	248,552.	
6 Net rental income or (loss) from personal	-				
property					
7 Other investment income			- 15	- 23,057.	
8-Gain or (loss) from sales of assets other					
than inventory			18	<u><592,346.</u>	>
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:	-				
a				_	
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)	W. F.		0.821	<207,985.b	
3 Total. Add line 12, columns (b), (d), and (e)	•			. 13	<207,985.
See worksheet in line 13 instructions to verify calculations.)		 			
Part XVI_B Relationship of Activities	to the Accom	plishment of	f Exempt P	urposes	
Line No. Explain below how each activity for which inc	come is reported in c	olumn (e) of Part X	VI-A contributed	I importantly to the accomi	plishment of
the foundation's exempt purposes (other that				•	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	,
		
		
		
		
_		
		
		
3821		5 000 DE 1000
3621 -02-10		Form 990-PF (2009

Pa	art XVII	Information Re Exempt Organ	egarding Transfers To a	and Transactions a	and Relationsl	hips With None	charitable)	
1	Did the ora:		rectly engage in any of the following	a with any other organizati	on described in secti	on 501/c) of		Yes	No
•		•			011 30 1(0) 01	}	163	140	
9	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organization from the reporting foundation to a noncharitable exempt organization of:							. ~	ĺ
ū	(1) Cash	om the reporting round	ation to a nononanable exempt of			1a(1)		Х	
	(2) Other a	iccetc					1a(2)	<u> </u>	X
b Other transactions:									;
(1) Sales of assets to a noncharitable exempt organization									x
	• •		ncharitable exempt organization				1b(1) 1b(2)	ļ	X
		of facilities, equipment,	· -				1b(3)		X
		ursement arrangements					1b(4)		X
	` '	or loan guarantees	,			•	1b(5)		X
			embership or fundraising solicitatio	ns			1 <u>b(5)</u>		X
			uling lists, other assets, or paid em				10(0)	\vdash	X
	•		"Yes," complete the following sche		wave chow the fair m	arket value of the one		otc	
u			oundation. If the foundation receive					.c.c.,	
			other assets, or services received.	oo looo than ign market van	do in any transaction	or snaring arrangem	ong onow m		
(a)		b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description	of transfers, transactions	and sharing an	ran come	
(-,-		· · · · · · · · · · · · · · · · · · ·	N/A		1 (3)		,	<u> </u>	
			N/A						
_			 		+				
									
					- 				
_					+				
					+				
			ļ						
			 		- 				
									
					_				
									
2a	is the found	lation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described				
	in section 5	01(c) of the Code (other	r than section 501(c)(3)) or in sect	ion 527?			Yes	X] No
b	If "Yes," con	nplete the following sch	edule.						
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relat	tionship		
		N/A							
-					1				
_									
Т	Under penalties	s of perjury, I declare that I h	nave examined this return, including acco	mpanying schedules and staten	nents, and to the best of	my knowledge and belief	, it is true, correc	ct,	
1	and complete	Declaration of preparer (other	er than taxpayer or fiduciary) is based on	all information of which preparer	r has any knowledge	<u></u>			
-	god	a a mi	eller Troll	10-1-10	True	+ office	eR		
<u>ا</u> ي	Signatur	e of officer or trustee		Date	Title	' -//	<u></u>		
위						eck if Pi	reparer's identify	ing num	ber
Sign Here	Signa signa	arer's h	Plito		a / C / a Sell	·		•	
ַ פֿע	드레스트		D MCELROY & VES			ployed L			
- }	A G S Hrm's			TAL, L.L.P.		EIN ▶			
	로그 square		TEXAS STREET	NTN 71101		21	0 400	1	_
_	- I soules	SHRE	VEPORT, LOUISIA	NA 71101		Phone no. 31	8-429-		
							Form 990	-ヒト(;	2009)

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY C	ASH INVESTMENTS	STATEMENT	1
SOURCE			AMOUNT	
JP MORGAN CHASE			6	21.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		6	21.
FORM 990-PF DIVIDENDS AND) INTEREST FROM	SECURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
MANNING & NAPIER - DIVIDENDS MANNING & NAPIER - INTEREST	27,494. 29,972.	0.	27,4 29,9	
MORGAN KEEGAN - DIVIDENDS SMITH BARNEY - DIVIDENDS	18,446. 15-,11-3-	· · · · · · · · · · · · · · · · · · ·	18,4 15,1	46.
SMITH BARNEY - INTEREST	21,106.	0.	21,1	
TOTAL TO FM 990-PF, PART I, LN 4	112,131.	0.	112,1	31.
FORM 990-PF REN	TAL INCOME		STATEMENT	3
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCO	ЭМЕ
ZITA RESIDENTIAL FACILITY ZITA HOMES		1 2	220,00 90,0!	
TOTAL TO FORM 990-PF, PART I, LINE	: 5A		310,0	52.
FORM 990-PF RENT	AL EXPENSES		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
TAXES - RESIDENTIAL FACILITY DEPRECIATION OTHER EXPENSES		40. 46,941. 150.		
- SUBTOT	'AL - 1	50.	47,13	31.

~ ZITA CHARITABLE TRUST				20-5177582
REPAIRS	SUBTOTAL -	2	14,319.	14 360
- ,	SUBTOTAL -	2	_	14,369.
TOTAL RENTAL EXPENSES			_	61,500.
NET RENTAL INCOME TO FORM 99	0-PF, PART I	, LINE 5B	=	248,552.
FORM 990-PF	OTHER I	NCOME		STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MINERAL INCOME CLASS ACTION PROCEEDS LEASE BONUSES		612. 6,569. 15,876.	612. 6,569. 15,876.	
TOTAL TO FORM 990-PF, PART I	, LINE 11	23,057.	23,057.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HEARD MCELROY & VESTAL	18,850.	14,138	- -	4,712.
TO FORM-990-PF, PG 1, LN 16B	18,850.	14,138.	· · · · · · · · · · · · · · · · · · ·	4,712.
FORM 990-PF	TAX	ES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX AMENDED RETURN FOR 2006 AMENDED RETURN FOR 2007	914. 1,923. 3,392.		•	0. 0. 0.
EXTENSION AND BALANCE FOR 2008 TAXES - RESIDENTIAL	5,688.	0.		0.
FACILITY TAXES - ZITA HOMES	40. 50.			0. 0.
TO FORM 990-PF, PG 1, LN 18	12,007.	90.	,	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 8			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM				
ANNUAL REPORT INVESTMENT ADVISOR FEES INTEREST EXPENSE OTHER EXPENSES REPAIRS	50. 40,436. 13,665. 150. 14,319.	0. 30,327. 0. 150. 14,319.		0. 10,109. 0. 0.			
TO FORM 990-PF, PG 1, LN 23	68,620.	44,796.		10,109.			
DESCRIPTION TO MERGE MANNING & NAPIER INV TOTAL TO FORM 990-PF, PART II		TFOLIO, ETC		AMOUNT 3,279,608. 3,279,608.			
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 10			
DESCRIPTION EQUITIES			OK VALUE 3,269,405.	FAIR MARKET VALUE 3,708,010.			
TOTAL TO FORM 990-PF, PART II	, LINE 10B		3,269,405.	3,708,010.			
FORM 990-PF	CORPORAT	E BONDS		STATEMENT 11			
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE			
FIXED INCOME			2,215,176.	2,237,824.			
TOTAL TO FORM 990-PF, PART II	, LINE 10C		2,215,176.	2,237,824.			

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ZITA RESIDENTIAL FACILITY, LLC	FMV	2,678,673.	3,770,000.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	2,678,673.	3,770,000.

ZITA Homes Information for preparation of depreciation schedules

ZITA

	Date	Months	C-4							
	Acquired	Owned Prior To 2009	Estimated Value	Cost	Land	Improvements	Pnor Depreciation	2009 Depreciation 27 50	Depreciation Monthly	12-31-09 Accumulated Deprecation
9839 Ballantrae Circle	7-31-07	17	315,000 00	362,339 72	65,000 00	297,339 72	14,029 93	10,812 35	901 03	24,842 28
2052 Pepper Ridge Dr	8-28-03	64	325,000 00	325,322 36	52,000 00	273,322 36	53,007 97	9,938 99	828 25	62,946 97
9803 Scottwood Dr	8-31-04	52	356,000 00	371,609 50	85,000 00	286,609 50	45,162 71	10,422 16	868 51	55,584 87
9842 Scottwood Dr	8-28-03	64	295,000 00	289,579 12	52,000 00	237,579.12	46,075 95	8,639 24	719 94	54,715 19
9900 Wildoak	8-2-04	53	275,000 00	251,033 64	55,000 00	196,033 64	31,484 19	7,128 50	594 04	38,612 69
		•	1,566,000 00	1,599,884 34	309,000 00	1,290,884 34	189,760 75	46,941 25	•	236,702 00

Ballantrae includes 24,994 11 of costs capitalized during 2009

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ X			
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this						
Do not	complete Part II unless you have already been granted an automatic 3 month extension on a previously fil	led Fo	rm 8868				
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)						
A corpo	ration required to file Form 990 T and requesting an automatic 6-month extension - check this box and com	nlete					
Part I or		picic		.			
All other	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	audor	anian of time				
	come tax returns	exter	ision of time				
noted b (not aut you mu:	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or collect submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally ii nsolid	f (1) you want th ated Form 990-1	e additional			
Type or	Name of Exempt Organization	Emp	loyer identifica	tion number			
print							
File by the	ZITA CHARITABLE TRUST	2	<u>0-517758</u>	2			
due date fo filing your	n Number, street, and room or suite no. If a PO box, see instructions						
return See							
	SHREVEPORT, LA 71101						
Check 1	ype of return to be filed (file a separate application for each return)						
	orm 990 Form 990-T (corporation) Form 47	20					
	orm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52						
==	orm 990-EZ Form 990-T (trust other than above) Form 60						
LX. Fo	orm 990-PF	70					
Telep	JPMORGAN CHASE BANK blooks are in the care of ▶ 400 TEXAS STREET, SUITE 1200 - SHREVEPO bloom No. ▶ (318) 228-2382 FAX No ▶ organization does not have an office or place of business in the United States, check this box is stor a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all in	s is fo	r the whole grou	p, check this			
· 	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- AUGUST 15, 2010 , to file the exempt organization return for the organization named al for the organization's return for		The extension				
Þ	X calendar year 2009 or						
•	tax year beginning, and ending		_				
2 If	this tax year is for less than 12 months, check reason.		Change in accou	unting period			
3a If	this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
_	nrefundable credits. See instructions	3a	\$	6,000.			
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			•			
_	x payments made Include any prior year overpayment allowed as a credit	3b	\$	<u> </u>			
	plance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,						
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			C 000			
Se	e instructions	3c	\$	6,000.			
Caution	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO for payment i	nstructions.			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 886	3 (Rev. 4-2009)			

923831

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Page.	2

ì	E0-m	0000	/Pau	4-2009)	
ı	ronn	8888	(Rev	4-20091	

	filing for an Additional (Not Automatic) 3-I						
	omplete Part II if you have already been grant			eviously filed F	⁻ orm 8868.		
	filing for an Automatic 3-Month Extension						
Part II	Additional (Not Automatic) 3-Month E	xtension of Time. Only file	the origina				
Type or	Name of Exempt Organization				lentification number		
print	ZITA Charitable Trust		20-5177582				
File by the	Number, street, and room or suite no. If a P.O.			For IRS use	only		
extended due date for	400 Texas Street, Suite	1200					
filing the	City, town or post office, state, and ZIP code. For a	foreign address, see instructions.					
return See instructions	Shreveport, Louisiana 7	1101					
Check type	of return to be filed (File a separate applic	ation for each return):	-				
☐ Form 990	0 🛛 Form 990-PF	☐ Fc	rm 1041-A		Form 6069		
☐ Form 990	0-BL	or 408(a) trust)	rm 4720		Form 8870		
Form 990	•		rm 5227				
	ot complete Part II if you were not already			on a previous	ly filed Form 8868.		
	are in the care of ▶ JPMorgan Chas				<u>,</u>		
Talantana	No. ► 318/572-3271	FAX No. ► 318/22	6-2366				
relephone	No. ► 310/3/2-32/1			h	, n		
	nization does not have an office or place of						
• If this is to	r a Group Return, enter the organization's f	our digit Group Exemption No	imber (GEN)		If this is		
	e group, check this box ▶ 🔲 . If i		eck this box.	▶ ⊔	and attach a		
list with the	names and EINs of all members the extens	Morrombox	20				
4 I reque	st an additional 3-month extension of time	untilNovember	30	, 20,10.			
5 For cal	endar year, or other tax year beginni	ng, 20	, and endı	<u>ng</u>	, 20		
6 If this t	ax year is for less than 12 months, check re	eason: 🔲 Initial return 🔲	Finai return i	□ Change if	n accounting period		
7 State in	n detail why you need the extension Ther	e are six separa	ce accou	ints (er	itities and		
advi	sors) which must be consc	olidated to prepa	re an a	ccurate	return.		
More	time is needed to develo	op this information	on.				
8a If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720, or 6069, enter the	tentative ta	x,	11 500 00		
less an	y nonrefundable credits. See instructions.			8a	\$ 11,520.00		
	application is for Form 990-PF, 990-T, 4720	, or 6069, enter any refundab	le credits ar	nd .			
estimat	ted tax payments made. Include any prior ye	ear overpayment allowed as a	credit and ar	ny -			
	t paid previously with Form 8868.	· ·		8b	\$ 11,520.00		
	e Due. Subtract line 8b from line 8a. Include you	r payment with this form, or, if re	equired, depos	sıt			
with FT	O coupon or, if required, by using EFTPS (Electron	ic Federal Tax Payment System).	See instruction	s. 8c	\$ 0.00		
	Signa	ture and Verification					
Under penalties	of penury, I declare that I have examined this form, inc	luding accompanying schedules and s	statements, and	to the best of m	y knowledge and belief,		
it is true, correct	tt, and complete, and that I am authorized to prepare th	s form.					
	n a A						
Signature ▶	Chrolyolite a	Title ► CPA		Date ► C	7/26/10		
Signature P	o composition of the			· · · · · · · · · · · · · · · · · · ·	m 8868 (Rev 4-2009)		
				For	m 5000 (nev 4-2009)		

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COPY

If y	ou are	filing for an Add	itional (Not Autor	natic) 3-Month Exte	nsion, com	plete	only Part II a	ind check	this b	ox . ► 🗓
				een granted an autom				viously filed	Form	1 8868.
				xtension, complete				/no conic		adad\
Par	_			Month Extension	or rime. O	nly ille	e the original			fication number
Type	or	Name of Exemp	_							
print			ritable Tru		 		15 1 1 2 A	20-517		
File by	the			o. If a P.O. box, see ins	structions.		12-25-31	For IRS us	e only	
due da	ate for		Street, S		····		8 13	. ' . 6		3 1
filing the return.				code. For a foreign addre	ss, see instruc	tions.			٠,	
instructions. Shreveport, Louisiana /IIUI							- ()		- , '	
				ate application for ea	ach return):	_		_		
_	orm 990		X Form 990-PF			_	orm 1041-A	ᆜ		n 6069
	orm 990			ec. 401(a) or 408(a) to			orm 4720		Forn	n 8870
	orm 990			ust other than above	,		orm 5227			<u> </u>
				already granted an		3-mont	th extension o	n a previo	usly f	led Form 8868.
• The	books	are in the care	of > JPMorgan	n Chase Bank	, N.A.					
Tel	ephone	No. ▶ 318/	572-3271	FAX N	o ▶ 318	8/22	6-2366			
				r place of business in						▶ □
				zation's four digit Gr						
				► □ . If it is for par						
				ne extension is for.					_	
4	1 reque	st an additional	3-month extension	of time until	Novem	ber	30	$\frac{1}{20}10$.	-	
5	For calc	endar vear	, or other tax ver	ar beginning		, 20	, and endir	 ng		, 20 .
6	If this t	ax vear is for les	ss than 12 months	, check reason:	Initial return	n 🗇	Final return [Change	in ac	counting period
7	State in	n detail why you	need the extension	_{on} There are	six sep	para	ite accoi	ınts (e	enti	ities and
•	advi	sors) whi	ch must be	consolidate	d to p	repa	re an a	ccurate	e re	eturn.
	More	time is	needed to	develop this	infor	mati	on.			
8a	If this	application is fo	r Form 990-BL, 99	00-PF, 990-T, 4720,	or 6069, er	nter th	e tentative ta	х,		
			credits. See instr		·			8	a \$	11,520.00
h				0-T, 4720, or 6069,	enter any re	efunda	ble credits ar	nd 👰	<u>(†</u>	
				ny prior year overpay						
			with Form 8868.	., p , ca., c . c . pa.,				8	5 s	11,520.00
_				nclude your payment v	with this form	or if	required denos			
C	with FTI	Due. Subtract in Dicoupon or, if req	uired, by using EFTP	S (Electronic Federal Ta	x Payment S	ystem).	See instruction	is. 8	c \$	0.00
				Signature and						
Under	penalties	of perjury, I declare	that I have examined t that I am authorized t	his form, including accomp	panying schedu	ules and	I statements, and	to the best of	my kn	owledge and belief,
15 11	00, 00, 00	.,		- FF						
		D D .	1 .		CD7				07	/26/10
Signa	ture ►	May	whiter	Title ▶	CPA		<u> </u>			/26/10
		•						I	Form €	3868 (Rev 4-2009)