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ENVELOPE SEP 1 3 2012

	42-
Form	990-PF

Department of the Treasury

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

	ternal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.														
For c	or calendar year 2009, or tax year beginning , and ending														
G C	heck	all that apply:		Initial retur				Initial return of a f	•	, , , , , , ,			nal return		
				Amended r	eturn			Address char	ige		Name ch	ange			
Use the IRS Name of foundation label.						A Emplo	oyer iden	ntification	number						
	erwis	e. CARL	E PAN	VEBIAN	IGO	FAMI	LY	FOUNDATI	ON		26	-283	8191		
ŗ	rint	Number and	d street (or P	O box numbe	r if mail i	ıs not deliv	ered to	street address)	•	Room/suite	B Telepi	hone nun	nber		
	type	4554	CEDAF	RLAWN	DR						50	4-83	5-10	50	
See		City or toy		nd ZIP code							C If exem	ption appl	ication is pe	ending, check he	ere X
Instr	uctio	ns. MARRE			072						D 1. For	eign org	anızatıons	, check here	ightharpoons
H C	heck	type of organiz	zation:	X Sectio	n 501(d	c)(3) exer	npt pr	vate foundation			2. For	eign organ ck here an	zations me	eting the 85% to mputation	est,
] Sec	ction 4947(a)(1						xable private found	ation						
I Fa		rket value of all		•		ccounting	meth	od: X Cash	Acci	rual				tus was termii (A), check hei	
(fro	om F	Part II, col. (c),	. line 16)	•		·	er (spe						, ,, ,	. . 60-month terr	
		, , , ,	,	<122.	∉ Part			must be on cash	basis)					(B), check he	
Pa	rt l	Analysis of R (The total of aminecessarily equ	ounts in colu	mns (b), (c), ar	nd (d) ma	y not		Revenue and enses per books		ivestment ome	(c)	Adjusted income		for charitab	ursements de purposes asis only)
	1	Contributions,						171,555.			-			(
ļ	2			n is not required t		ch B		,							
.	3	Interest on saving	as and tempo	-		F			<u> </u>				RFC	EIVED	
	4	Dividends and		om securitie	s	<u> </u>									
	5a	Gross rents										8			8
	b	Net rental income	e or (loss)									8	SEP J	7 2012	19
	6a	Net gain or (loss)	from sale of	assets not on	line 10										181
Ž	b	Gross sales price assets on line 6a	e for all									(OGDE	N IIT	
Revenue	7	Capital gain net i		Part IV, line 2))					0.				,	
œ	8	Net short-term	n capital gai	ın											
	9 10a	Income modification Gross sales less and allowances		l											
	b	Less Cost of goo	ods sold												
	C	Gross profit or	r (loss)												
	11	Other income													
	12	Total. Add line	es 1 throug	յի 11				171,555.		0.			0.		
	13	Compensation of	of officers, dire	ectors, trustee	s, etc			0.		0.			0.		0.
	14	Other employe	ee salaries a	and wages		L		· · · · · · · · · · · · · · · · · · ·							
,,	15	Pension plans	s, employee	benefits		_									
ses	16a	Legal fees							ļ					ļ	
ben	b	Accounting fee				_			ļ						
Ä	C	Other professi	ional fees			L					ļ				
ţį	17	Interest				<u> </u>									
tra	18	Taxes							ļ <u>.</u>						
inis	19	Depreciation a	and depletio	on		-									
Ē	20	Occupancy		_		-					 -				
۷۶	21	Travel, confere		•		-		<u> </u>			<u> </u>				
an	22	Printing and p			13.600	,									
ting	23	Other expense			TMT	- -		60.		0.			0.		60.
Ze a	24	Total operation	_					60.		0.			0.		60.
₹	25	expenses. Ad		=		+		181,810.	 	<u> </u>			<u> </u>	10	1,810.
() \$ 7UTZ Operating and Administrative Expense	25 26	-		-				TOT, OTO.						10	<u> </u>
C	20	Add lines 24 a		uisements.				181,870.		0.			0.	1 2	31,870.
	27	Subtract line 2		12.				101,070		<u> </u>	.		<u> </u>	 10	<u> </u>
UC		Excess of revenu			Irenman's	,		<10,315.							
	a h	Net investmen	•			" -		<u> </u>		0.					
92350 192350	c	Adjusted net i				F			 	<u> </u>			0.	 	
92350	1							ion con the instru		_ -				- 000)-PF (2009)

For	m 93	10-PF (2009) CARL E PANEBIANGO FAMILY			2838191 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
$\stackrel{\cdot}{=}$			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	10,193.	<122.	> <u><122.</u> >
	2	Savings and temporary cash investments		<u>_</u>	
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	,			 	
	' '	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ssets	l	Inventories for sale or use			
SS	ı	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis			
	• •	Less accumulated depreciation			
	15	Other assets (describe >			
	13	Other assets (describe >			
	40	T . I	10,193.	<122.	> <122.>
_		Total assets (to be completed by all filers)	10,193.	<124.	<u> </u>
		Accounts payable and accrued expenses			4
	18	Grants payable		 	4
es	19	Deferred revenue			4
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
iab	21	Mortgages and other notes payable			1
_	22	Other liabilities (describe)]
	23	Total liabilities (add lines 17 through 22)	0.	0.	<u>]</u>
		Foundations that follow SFAS 117, check here			1
		and complete lines 24 through 26 and lines 30 and 31.			
ės	24	Unrestricted			
SE SE	25	Temporarily restricted			1
3al	26	Permanently restricted			†
ā	20				†
Assets or Fund Balances		•			
<u>6</u>		and complete lines 27 through 31.	_	0	
ţ	27	Capital stock, trust principal, or current funds	0.	<u> </u>	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ţ	29	Retained earnings, accumulated income, endowment, or other funds	10,193.	<122.	
Net	30	Total net assets or fund balances	10,193.	<122.	₽
_	31	Total liabilities and net assets/fund balances	10,193.	<122.	<u> </u>
	art	III Analysis of Changes in Net Assets or Fund Ba			
드	arı	Analysis of Changes in Net Assets of Fand Bo			
1	Tota	I 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)		1	10,193.
2		r amount from Part I, line 27a		2	<10,315.>
3		ir increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	<122.>
5		reases not included in line 2 (itemize)		5	0.
-		I net assets or fund balances at end of year (line 4 minus line 5) - Part 11, co	dumn (h) line 30	6	<122.>
<u> </u>	i Ula	r not about or fund balances at end of year time 4 timings line by - Fait II, co	TOTAL TOTAL STATE OF	1.0	Form 990-PF (2009)
					101111 330-1 1 (2003)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

orm !	990-PF (2609) CARL E PANEBIANGO FAMILY FOUNDATION 26-2	<u> 2838191</u>		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instru	<u>ictioi</u>	<u>15)</u>
1a (Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			_
ы	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			0.
(of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
	Add lines 1 and 2			0.
4 3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2009 estimated tax payments and 2008 overpayment credited to 2009			
	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d 6d			•
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	_		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
_	rt VII-A Statements Regarding Activities		Voo	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	Yes	-
	any political campaign?	1 <u>a</u>		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			٠.,
	Did the foundation file Form 1120-POL for this year?	<u> 1c</u>	ļ	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .	,	-	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0.		j	37
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.		1	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-	7,7
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
		/A 4b	 	37
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	 	X
	If "Yes," attach the statement required by General Instruction T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X.	
	If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	_ 9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT		X	<u> </u>
		Form 99 0)-PF	(2009)

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of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

923541

N/A

36

4a

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X

orm 990-PF (2009) CARL E PANEBIANGO FAMILY			<u> 26-28381</u>	<u>.91 </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	ı 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o				İ	
any voter registration drive?	☐ Ye	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	•				
(4) Provide a grant to an organization other than a charitable, etc., organization				ļ	
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			Ì
the prevention of cruelty to children or animals?	, , ,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	ļ
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		I/A 🗀 Ye	s 🗆 No		
If "Yes," attach the statement required by Regulations section 53.4945		., 21	3 L 110		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
	pay premiums on	□ v _o	es X No		
a personal benefit contract?	aroanal hanafit aantraatO	16	is LALINU	C L	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	 ^
If "Yes" to 6b, file Form 8870	L-111	v.	es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye			
b If yes, did the foundation receive any proceeds or have any net income attribute		magaga Uighli	N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, roundation Ma	inagers, n igniy	,		
List all officers, directors, trustees, foundation managers and their	compensation				
List all officers, directors, a ustees, foundation managers and their	· ·	(c) Compensation	(d) Contributions to	(0)	Eynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	accol	Expense unt, other
\\\	to position	enter -0-)	compensation	allo	wances
				}	
					_
SEE STATEMENT 3		0.	0.	<u> </u>	0.
				İ	
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation		wances
NONE					
				1	
		1		1	
	1		1		
	-	<u> </u>		1	
	1			1	
			 	+	
	†		1		
Total number of other employees paid over \$50,000	ŀ	· · · · · · · · · · · · · · · · · · ·			0
Total number of other employees paid over \$50,000			Earm	990-P	PF (2009)
			FUIII	330-F	· (2009)

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Pa	rt X Minimum Investment Return (All domestic foundations	must complete this part	. Foreign four	idations, see	e instructions)
1	air market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:			
a	Average monthly fair market value of securities			1a	0.
b	Average of monthly cash balances			1b	8,044.
c I	air market value of all other assets			1c	
ď.	Total (add lines 1a, b, and c)			1d	8,044.
e l	Reduction claimed for blockage or other factors reported on lines 1a and				
	c (attach detailed explanation)	1e	0.	l l	
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	8,044.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)		4	121.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	7,923.
6	Minimum investment return. Enter 5% of line 5			6	396.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this part		foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	396.
2a	Fax on investment income for 2009 from Part VI, line 5	2a		ļ	
b	ncome tax for 2009. (This does not include the tax from Part VI.)	2b			
C .	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	396.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	396.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		7	396.
Pa	rt XII Qualifying Distributions (see instructions)				
	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes:			101 070
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	181,870. 0.
	Program-related investments - total from Part IX-B			1b	<u> </u>
	Amounts paid to acquire assets used (or held for use) directly in carrying out chari	table, etc., purposes		2	
	Amounts set aside for specific charitable projects that satisfy the:				
	Suitability test (prior IRS approval required)			3a	11.5 = 7.5
	Cash distribution test (attach the required schedule)	10 13/01 1 4		3b	101 070
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,			4	181,870.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vesiment		_	^
	ncome. Enter 1% of Part I, line 27b			5	0. 181,870.
	Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V. column (b), in subsequent years			6	

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see	nstructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI,				
line 7				396.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004		ļ		
b From 2005				
c From 2006				
d From 2007				
e From 2008 2,774.				
f Total of lines 3a through e	2,774.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 181,870.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				396.
e Remaining amount distributed out of corpus	181,474.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,248.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			· ·	
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				

0.

0.

184,248.

corpus to satisfy requirements imposed by

2,774. 181,474.

section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2004

Subtract lines 7 and 8 from line 6a

not applied on line 5 or line 7 9 Excess distributions carryover to 2010.

10 Analysis of line 9: a Excess from 2005 \boldsymbol{b} Excess from 2006 c Excess from 2007

> d Excess from 2008 e Excess from 2009

		FAMILY FOU			<u>5-2838191 </u>	Page 1
Part XIV Private Operating Fo	oundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating	· I			
foundation, and the ruling is effective for	2009, enter the date of	the ruling	▶ _	 -		
b Check box to indicate whether the found	ation is a private operat	ng foundation described		4942(j)(3) or	4942(j)(5)	. <u> </u>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) To	otal
investment return from Part X for					1	
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		1	1	1		
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c		<u> </u>				
3 Complete 3a, b, or c for the						
alternative test relied upon: a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying						
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) Total support other than gross						
Investment income (interest,						
dividends, rents, payments on						
securities loans (section 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)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income			-			
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundat	tion had \$5,000	or more in ass	ets
at any time during t			, ii diio rodiida	40,000	o	
1 Information Regarding Foundatio	_ _		***			
a List any managers of the foundation who	•	than 2% of the total co	ntributions received b	v the foundation before	the close of any tax	
year (but only if they have contributed m			THE IDELICATION OF THE CONTROL OF	y the loundation belon	, the close of any tax	
CARL E PANEBIANGO	. , , ,	,,,,,				
b List any managers of the foundation who other entity) of which the foundation has			n (or an equally large	portion of the ownersh	ip of a partnership or	
••	or greater intere					
NONE CONTRACTOR	0 : 0::: :	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
2 Information Regarding Contribution Check here ► X if the foundation o	nly makes contributions	to preselected charitabl	e organizations and d			s. If
the foundation makes gifts, grants, etc.	·			ns, complete items 2a,	u, c, and d.	
a The name, address, and telephone number	ber of the person to who	om applications should b	e addressed:			
b The form in which applications should b	e submitted and inform	ation and materials they	should include:			
c Any submission deadlines:						
<u></u>	n quah as hu assassas	and proper short-bla field	o kindo of inchibition	or other features		
d Any restrictions or limitations on awards	s, sucn as by geographii	cai areas, charitable field	s, kinas ot institutions	s, or other factors:		
923601 02-02-10					Form 990-l	PF (2000

3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00111110011011	
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 4				
Total		ī	<u>▶ 3a</u>	181,810.
NONE Total			▶ 3b	0.
Total	 		► 3b	000 DE ::::::
923611 02-02-10			F	orm 990-PF (2009)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	id by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Allount	Tanotton moonic
a b		_			
			1	· · ·	
· ·	1 1			-	
	- 1		+ +		
e	 				
g Fees and contracts from government agencies	-			<u>, </u>	
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1	· · ·	
investments					
4 Dividends and interest from securities			1 1		
5 Net rental income or (loss) from real estate:			1 1		
a Debt-financed property		 	1		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			1 1		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d			1 1		
e					
12 Subtotal. Add columns (b), (d), and (e)	-	0		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	,	<u> </u>	<u> </u>		0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inc			A contribu	ted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	n by providing fun	ds for such purposes).			
	·			· · · · · · · · · · · · · · · · · · ·	
<u>.</u>					
					· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			
					
					
					
_				· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·
923621 02-02-10					Form 990-PF (2009

	n 900-F art X\		E PANEBIANGO FA			2838191		ige 13
<u> </u>	III A	Information Re Exempt Organ		and Transactions a	nd Relationships With Nor	icnaritable	7	
1	Did th		rectly engage in any of the followi	ing with any other organization	on described in section 501(c) of		Yes	No
•			:)(3) organizations) or in section 5				1	110
2		•	lation to a noncharitable exempt o		izationo.	i		
•	(1) C	· ·	ation to a nononamable exempt o	ngamzation of.		1a(1)		x
		ther assets				1a(2)		X
h		transactions:				1.5(2)		
		ales of assets to a noncharita	able exempt organization			1b(1)		х
			oncharitable exempt organization			1b(2)	T	X
		ental of facilities, equipment,				1b(3)		Х
		leimbursement arrangements				1b(4)		Х
		oans or loan guarantees	'			1b(5)		X
			embership or fundraising solicitati	ions		1b(6)	T	Х
c			ailing lists, other assets, or paid er			1c		Х
					ways show the fair market value of the g	loods, other as:	sets.	
_					ie in any transaction or sharing arrange		•	
			other assets, or services received		,			
(a)ı	ine no	(b) Amount involved	(c) Name of noncharitab	ole exempt organization	(d) Description of transfers, transaction	ns, and sharing a	талдет	ents
			N/A					
				· · · · · · · · · · · · · · · · · · ·				

			<u> </u>					
2a		•	ctly affiliated with, or related to, or		zations described		r*=-	
		• • • • • • • • • • • • • • • • • • • •	er than section 501(c)(3)) or in se	ection 527?		Yes	LX.	No
<u>b</u>	If "Ye	s," complete the following sch		(h) Turn of properties	(a) Description of re	lationahin		
		(a) Name of or	ganization	(b) Type of organization	(c) Description of re	Hattoriship		
		N/A						
_		···						
							-	
\neg	Under r	enalties of periury. I declare that I	have examined this return, including ac	companying schedules and staten	Inents, and to the best of my knowledge and be	ilief, it is true, corr	ect.	
	and cor	nplete Declaration of preparer (oth	net than taxpayer or fiduciary) is based o	on all information of which prepare	has any knowledge			
		(10,0		19-17-1	PRESIDENT			
<u>e</u>	\overline{s}	gnature of officer or trustee	- , ~\\\	Date	Title			
윈		Prenarer's A	- 110		Date Check if	Preparer's identi	fying nui	mber
Sign Here	< ۲	signature	meMWulls	0	9-12-12 self- employed ►	P0050	100	//
တ	Paid Spare Se On	Firm's name (or yours LAPC	ORTE, APAC	1_	EIN ►			
	Paid Preparer's Use Only	if self-employed), 111		IAL BLVD., SU	VITE 600			-
	ر تم	address, and ZIP code	ATRIE IA 70005		l l	5041835	5-55	22

(504)835-5522

111 VETERANS MEMORIAL BLVD., SUITE 600 METAIRIE, LA 70005-4958

Phone no.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

C	CARL E PANEBIANGO FAMILY FOUNDATION	26-2838191
Organization type (check	cone).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See instructions.
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 nplete Parts I and II.	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 17	11(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% suppo 0(b)(1)(A)(vi), and received from any one contributor, during the year, a co n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	ntribution of the greater of (1) \$5,000 or (2) 2%
aggregate contr	11(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 11(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 110(c)(7), (8), or (10), organization for use exclusively for religious, charitable, so of cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is che purpose Do not	or (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from use exclusively for religious, charitable, etc., purposes, but these contributed, enter here the total contributions that were received during the year complete any of the parts unless the General Rule applies to this organitable, etc., contributions of \$5,000 or more during the year.	utions did not aggregate to more than \$1,000 ir for an exclusively religious, charitable, etc.
but it must answer "No" that it does not meet the	n that is not covered by the General Rule and/or the Special Rules does not not part IV, line 2 of its Form 990, or check the box on line H of its Form 990 filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	90-EZ, or on line 2 of its Form 990-PF, to certify
LHA For Privacy Act an	nd Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

CARL :	Е	PANEBIANGO	FAMILY	FOUNDATION
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26-2838191

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARL E PANEBIANGO 2532 CEDARLAWN DR MARRERO, LA 70072	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CARL E PANEBIANGO FAMILY FOUNDATION

2<u>6-</u>2838191

art II Nonc	ash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.	(b)	(c) FMV (or estimate)	(d)
art I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Sehadula B/Face	990, 990-EZ, or 990-PF) (

Name of orga	m 990, 990-EZ, or 990-PF) (2009)			Page of of Pau Employer identification number
wame or orga	IIIZALIOII			Lingity of Identification fluinger
	PANEBIANGO FAMILY FOU			26-2838191
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	e columns (a) through (e) a ous, charitable, etc., contrib	nd the following outlons of	e)(7), (8), or (10) organizations aggregating ag line entry. For organizations completing
(a) No.		·		
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
		-		
	· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
Parti				11.1
	<u> </u>			
<u> </u>		(a) Transfer		
		(e) Transfer	or girt	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
		-		
(a) No. from	(b) Purpose of gift	(c) Use of gif	•	(d) Description of how gift is held
Part I	(b) rui pose oi giit	(c) ose or gir	·	(a) Description of now girt is need
	 ;	-		
		· · ·		
ļ				
		(e) Transfer	of gift	
	Transferencia nomo addresa as	-d 7ID . 4	ъ.	eletionship of transferor to transferor
	Transferee's name, address, ar	IU ZIF + 4	<u></u>	elationship of transferor to transferee
		.		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
-		(e) Transfer	r of gift	·
		ζ-,	· · · • · · ·	
_	Transferee's name, address, at	nd ZIP + 4	R	elationship of transferor to transferee
1				

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	60.	0.	0.	60.	
TO FORM 990-PF, PG 1, LN 23	60.	0.	0.	60.	
FORM 990-PF LIST OF	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S SI	PATEMENT 2	
NAME OF CONTRIBUTOR	ADDR	ESS			
CARL E PANEBIANGO		2532 CEDARLAWN DR MARRERO, LA 70072			

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CARL E PANEBIANGO 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR/PRESI	IDENT/TREASU		0.
JULIE MOORRE PANES 2532 CEDARLAWN DR MARRERO, LA 70072	BIANGO	DIRECTOR/ SECH 0.50	RETARY 0.	0.	0.
MEGAN HEBERT 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR 0.50	0.	0.	0.
MORGAN HEBERT 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR 0.50	0.	0.	0.
STEPHEN MALONE 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR 0.50	0.	0.	0.
MICHAEL MALONE 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR 0.50	0.	0.	0.
WANDA LUPARELLO 2532 CEDARLAWN DR MARRERO, LA 70072		DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAG	E 6, PART VIII	0.	0.	0.

FORM 990-PF

STATEMENT

	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	_	
WHITE DOVE FELLOWSHIP 3600 MANHATTAN BLVD HARVEY, LA 70058	NONE CHARITABLE CONTRIBUTION		172,600.
BELLE CHASSE HIGH SCHOOL AA 8346 HIGHWAY 23 BELLE CHASSE, LA 70037	NONE TO FURTHER EDUCATIONAL ACTIVITIES		500.
BELLE CHASSE HIGH SCHOOL SOFTBALL TEAM 8346 HIGHWAY 23 BELLE CHASSE, LA 70037	TO FURTHER EDUCATIONAL		1,000.
MEN OF FASHION 601 POYDRAS ST. NEW ORLEANS, LA 70130	NONE FOR ASSISTANCE TO INDIGENT FAMILIES		1,000.
BELLE CHASSE HIGH SCHOOL CHEERLEADERS 8346 HIGHWAY 23 BELLE CHASSE, LA 70037	TO FURTHER EDUCATIONAL	₹*	250.
GULF RESTORATION NETWORK 338 BARONNE ST, STE 200 NEW ORLEANS, LA 70112		PUBLIC CHARITY	240.
JPRD WESTBANK BOOSTERS 6921 SAINTS DR. METAIRIE, LA 70003	NONE TO ASSIST RECREATION DEPARTMENT	PUBLIC CHARITY	300.
EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVE NEW ORLEANS,	NONE TO ASSIST DONEE	PRIVATE FOUNDATION	3,600.

GRANTS AND CONTRIBUTIONS

ORGANIZATION

LA 70130

CARL E PANEBIANGO FAMILY FOUNDA	TION		26-2838191
NEW ISRAEL BAPTIST CHURCH 6322 ST. CLAUDE AVE NEW ORLEANS, LA 70117	NONE FOR FELLOWSHIPS		1,070.
HEALING PLACE CHURCH 19202 HIGHLAND AVE BATON ROUGE, LA 70809	NONE FOR FELLOWSHIPS		750.
CAMPUS OUTREACH GULF COAST P.O. BOX 851207 MOBILE, AL 36685	NONE FOR FELLOWSHIPS	PUBLIC CHARITY	500.

181,810.

TOTAL TO FORM 990-PF, PART XV, LINE 3A