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# Form **990-PF**

Department of the Freasury

Internal Revenue Service

### **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

2009

OMB No 1545-0052

For	calen	dar year 2009, or tax year beginning			, and en	ding		
G	heck	all that apply Initial return		Initial return of a fo	-		Final return	1
		Amended re	eturn	Address chan	ge		Name change	<del></del>
Use	the l	IRS Name of foundation					A Employer identification	number
1	abel	THE TAGGET TOU					70 1075501	
-	erwis					D	72-1375501	·
	print r type	Number and street (or PO box number	r if mail is not d	elivered to street address)		Room/suite	B Telephone number	06
	Spec	1610 2011 0011		<u> — — — — — — — — — — — — — — — — </u>		<del></del>	337 439-19	
	ructio	one   City of town, State, and Zir Code	A 706	06			C If exemption application is p	
	·	LAKE CHARLES, L.		xempt private foundation			D 1. Foreign organizations 2 Foreign organizations me check here and attach co	s, CRECK REFE L
n (		*		xempt private roundation Other taxable private founda	ation.		check here and attach co	omputation
		ction 4947(a)(1) nonexempt charitable irket value of all assets at end of year	J Account		Accru		E If private foundation sta under section 507(b)(1)	tus was terminated
		Part II, col (c), line 16)		ther (specify)	Accid	aı	1	
	·\$			ımn (d) must be on cash l	basis.)		F If the foundation is in a under section 507(b)(1)	
	irt l	Analysis of Revenue and Expenses	10	(a) Revenue and	(b) Net inv	actment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a)	d (d) may not ) )	expenses per books	Inco		income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receiv			,~			
	2	Check X if the foundation is not required to				***************************************	······································	
	3	Interest on savings and temporary cash investments		<u> </u>			<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	Dividends and interest from securities		6,590.		5,590.		STATEMENT 1
	5a	Gross rents						<u> </u>
	b	Net rental income or (loss)						
\$	<b>6a</b>	Net gain or (Idss) from sale of assets not on the Gross sales price for all 1 C C C	<del></del>	<392.	>			
2 Revenden	b	assets on line 6a	<u>-U</u>					
ě	7	Capital gain ret income (from Part IV, tine 2)	Sc			0.		
E. €	8	Net short-term capital gain 1 9 20	110 0		···!ii···', ', ,I. , .	··· · · · · · · · · · · · · · · · · ·		
	9	Income modifications Gross sales less rêtums	RS					
OCT	10a	and allowances			<del>                                      </del>	<del></del>		
		Less Cost of goods son GDEN,	U I					
<u>u</u>	ŧ	Gross profit or (loss)		-4 100		100		
\$	11	Other income		<4,190. 2,008.		1,190.	<del></del>	STATEMENT 2
*	12	Total Add lines 1 through 11		2,008.		2,400. 0.	0.	0.
SCANNED	13	Other employee coloring and wages	, etc	0.		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
90	14 15	Other employee salaries and wages Pension plans, employee benefits				· · · · · · · · · · · · · · · · · · ·		
es	1	Legal fees						
ens		Accounting fees ST.	мп 3	1,370.		370.	0.	0.
X			MT 4	150.		150.	0.	0.
Š	17	Interest						
rati		Taxes						
nist	19	Depreciation and depletion						
<u> </u>	20	Occupancy				·		
Ad	21	Travel, conferences, and meetings						
auc	22	Printing and publications						
g	23	Other expenses				<del> </del>		
rati	24	Total operating and administrative						
Operating and Administrative Expenses		expenses Add lines 13 through 23		1,520.		L,520.	0.	0.
		Contributions, gifts, grants paid		4,735.				4,735.
	26	Total expenses and disbursements.						4 535
	-	Add lines 24 and 25		6,255.	· · · · · · · · · · · · · · · · · · ·	1,520.	0.	4,735.
	1	Subtract line 26 from line 12		_4 247				
	l .	Excess of revenue over expenses and disput		<4,247.	<u> </u>	880.	······································	
	1	Net investment income (If negative, enter - Adjusted net income (If negative, enter -				000.	0.	
		alasina noi monnio (ii negative, enter -	~ /	t	L		<u> </u>	L

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
Part II Dallatice Siteets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	_ 4.	5.	5.
2 Savings and temporary cash investments	81,874.	87,243.	87,243.
3 Accounts receivable ►			
Less allowance for doubtful accounts			
4 Pledges receivable ►			
Less allowance for doubtful accounts ▶		1	
5 Grants receivable			
			<del></del>
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges		· ·	
🥉 9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 5	46,379.	46,379.	47,363.
c Investments - corporate bonds STMT 6	75,000.	75,000.	66,370.
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation		ì	
12 Investments - mortgage loans			
	32,089.	22,703.	68,105.
	32,009.	22,103.	00,103.
14 Land, buildings, and equipment basis			
Less accumulated depreciation	100		
15 Other assets (describe )	120.	0.	0.
ļ			
16 Total assets (to be completed by all filers)	235,466.	231,330.	269,086.
17 Accounts payable and accrued expenses			
18 Grants payable			
I la pre de la			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	·		
21 Mortgages and other notes payable			
22 Other liabilities (describe ► OTHER PAYABLE )	0.	120.	
22 Other induffices (describe  TITIE TITIE )		120.	
On Tabel habitation (add have 47 bbs set 00)	0.	120.	
23 Total Irabilities (add lines 17 through 22)		120.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31			
	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
27 Capital Stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds	235,466.	231,210.	
	235,466.	231,210.	
30 Total net assets or fund balances	233,400.	231,210.	
	225 466	221 220	
31 Total trabilities and net assets/fund balances	235,466.	231,330.	
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3i	)		
(must agree with end-of-year figure reported on prior year's return)	-	1	235,466.
2 Enter amount from Part I, line 27a		,——	<4,247.
		2	0.
3 Other increases not included in line 2 (itemize)		3	
4 Add lines 1, 2, and 3	VDDVATA	4	231,219.
5 Decreases not included in line 2 (itemize) ► NONDEDUCTIBLE E			9.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	ımn (b), line 30	6	231,210.

Part IV Capital Gains an	d Losses for Tax on Ir	vestment	Income					
	the kind(s) of property sold (e g louse, or common stock, 200 sha			(b) F	low acquired - Purchase - Donation		acquired day, yr )	(d) Date sold (mo , day, yr )
1a FROM PARTNERSHIE	PS					VARI	OUS	VARIOUS
<u>b</u>	-			<u> </u>				
<u>C</u>			-	-				
<u>d</u>				-				
<u>e</u>	(f) Depreciation allowed	(a) Coc	it or other basis	<del>1</del>		/b) (	Gain or (loss	<u> </u>
(e) Gross sales price	(or allowable)		xpense of sale	ł			is (f) minus	
a			39	2.		<del></del>		<392.
b			•					
C	·····							
d								
е				_				
Complete only for assets showing g		· · · · · · · · · · · · · · · · · · ·	<del></del>				Col (h) gain not less tha	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				(from col (	(h))
a								<392.
b								
<u>C</u>								
<u>d</u>								
е		_		$\overline{}$				
2 Capital gain net income or (net capital	al loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$			}	2		·	<392.
3 Net short-term capital gain or (loss)		d (6)						
If gain, also enter in Part I, line 8, col	umn (c)			•			N/A	
Part V Qualification Unc	ter Section 4940(e) for	Reduced	Tax on Net	Inv	3   estment Inc	come	N/A	
(For optional use by domestic private for	<del> </del>					301110		
	•	1040(a) tax on	net myestment m	1001110	,			
If section 4940(d)(2) applies, leave this	part blank							
Was the foundation liable for the section	4942 tax on the distributable am	ount of any ye	ar in the base pei	rıod?				Yes X No
If "Yes," the foundation does not qualify								
1 Enter the appropriate amount in each	h column for each year, see instri	uctions before	making any entri	es	,			74)
(a) Base period years	(b) Adjusted qualifying dis	tributions	Not value of no	(C)	ıtable-use assets	.	Distrit	(d) bution ratio
Calendar year (or tax year beginning i	"' <i>I</i> . 1	4,875.	ivet value of fio	·	253,686		(col (b) div	vided by col. (c)) • 058635
2008		0,900.			296,915			.036711
2007		5,895.			264,168			.098025
2005		9,363.			253,207			.076471
2004		9,879.			264,490			.075160
2 Total of line 1, column (d)						2		.345002
3 Average distribution ratio for the 5-ye	ear base period - divide the total (	on line 2 by 5,	or by the number	of yea	ars			
the foundation has been in existence	ıf less than 5 years					3		.069000
4 Enter the net value of noncharitable-	use assets for 2009 from Part X.	line 5				4		230,245.
				•			1	
5 Multiply line 4 by line 3						5	ļ	15,887.
6 Enter 1% of net investment income (	1% of Part I, line 27b)					6		9.
7 Add lines 5 and 6		_				7		15,896.
8 Enter qualifying distributions from D	art XII line 4	•						4,735.
8 Enter qualifying distributions from Pa If line 8 is equal to or greater than lin		1b, and comp	lete that part usin	ıg a 19	% tax rate	8_	1	
See the Part VI instructions		_						

FUIII	1990-FF (2009) THE LACOSTE FOUNDATION	12-	13/3	<u> </u>		raye 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 -	see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	of Part I, line 27b  c 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-)  2 0					
b		1	I			18.
	of Part I, line 27b				********	
C	1 <b>)</b>	1	I			
		2				0.
	Add lines 1 and 2	3			_	18.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		-		18.
6	Credits/Payments	-			***************************************	***********
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,824.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments Add lines 6a through 6d	7			1,8	24.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,8	06.
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,806. Refunded ▶	11			<u> </u>	0.
	rt VII-A Statements Regarding Activities	•				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			1a		X
b	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	d or				******
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			10		Х
d	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 •					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ▶ \$ 0 •					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N.	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	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)					
	LA					
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	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				
	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? It says a school a school letter their names and addresses			آم⊾ا		ly ¯

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X

Х

3b

4a

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?

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

Form 990-PF (2009) THE LACOSTE FOUNDATION			72-13755	01	Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During thé year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indir				
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	? .	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
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				
the prevention of cruelty to children or animals?		Ye	es X No	-	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify uni	· · · · · · · · · · · · · · · · · · ·	ın Regulations	4-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere		▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		_ /			
expenditure responsibility for the grant?		I/A 🔲 Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494	: •				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	-			
a personal benefit contract?		Ye	es X No		1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
4.1 No. 200 A. Maria	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense bunt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	owances
ALAN D. LACOSTE, MD	TRUSTEE				_
P. O. BOX 6344					
LAKE CHARLES, LA 706066344	3.00	0.	0.		0.
				1	
				}	
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1	r
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e)	Expense ount, other
NO.	devoted to position	(1, 1000)	compensation	all	owances
NONE	ļ				
				İ	
		-		<del> </del>	
				<del> </del>	
	ł				
	<del> </del>			1	
	-			]	
Total number of other employees paid over \$50,000		1		L	0

Part IX-B Summary of Program-Related Investments

All other program-related investments. See instructions

Total. Add lines 1 through 3

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

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**Amount** 

0.

0.

1 NONE

P	art X Minimum Investment Return (All domestic foundations must complete this part.	Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
а	Average monthly fair market value of securities		1a	149,192.
	Average of monthly cash balances		1b	149,192. 84,559.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)	1d	233,751.	
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	233,751.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	3,506.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	230,245.
6	Minimum investment return Enter 5% of line 5		6	11,512.
P	Part XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here  and do not complete this part.)	oundations an	d certain	
1	Minimum investment return from Part X, line 6		1	11,512.
2a	·	18.		· · · · · · · · · · · · · · · · · · ·
b				
C	,		2c	18.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	11,494.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	1	5	11,494.
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	11,494.
=	art XII Qualifying Distributions (see instructions)			
1_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			1 725
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	4,735. 0.
	Program-related investments - total from Part IX-B		1b	<u> </u>
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			
a			3a	
	Cash distribution test (attach the required schedule)		3b	4,735.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	4,733.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_	Λ
_	Income Enter 1% of Part I, line 27b	1	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	<del></del>
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether th 4940(e) reduction of tax in those years	e ioundation d	qualifies for th	e section

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		· · · · · · · · · · · · · · · · · · ·		11,494.
line 7				11,474.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only			0.	İ
b Total for prior years	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>!'id!                                       </del>	<b>U</b> •	<del>hallasahkadandikil adaladandi</del> I
B Total for prior years		0.		İ
3 Excess distributions carryover, if any, to 2009				<del></del>
a From 2004 6,864.				1
b From 2005 6,767.				1
c From 2006 12,787.				1
d From 2007				l
e From 2008 2,298.				
f Total of lines 3a through e	28,716.			l
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 4,735.				
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	— <del>1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1</del>			** ***********************************
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		***************************************	**************************************	4,735.
e Remaining amount distributed out of corpus	0.		***************************************	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) }	6,759.	·	H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-	6,759.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,957.			
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		0.		······································
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				<u></u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		·····	*******************	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004		•		······································
not applied on line 5 or line 7	105.	`		
9 Excess distributions carryover to 2010		~~~~		······
Subtract lines 7 and 8 from line 6a	21,852.	1		
O Analysis of line 9				
a Excess from 2005 6,767.			1	
b Excess from 2006 12,787.				
c Excess from 2007				
d Excess from 2008 2,298.			1	
e Excess from 2009				
			······································	Form 900 PE (2000)

	OSTE FOUNDA		(1) A green (1)		75501 Page 10
Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·			N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective to		<del>-</del>	<b>▶</b>	14040(1)(0) 1	040(1)(5)
<ul><li>b Check box to indicate whether the found</li><li>2 a Enter the lesser of the adjusted net</li></ul>	<u> </u>	ing roundation described	Prior 3 years	4942(j)(3) or 4	942(j)(5) T
- · · · · · · · · · · · · · · · · · · ·	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4) 2003	(8) 2000	(0) 2007	(4) 2000	(6) 10(0)
investment return from Part X for					
each year listed			<del> </del>	<del>                                     </del>	
b 85% of line 2a		<del> </del>	<del> </del>		
c Qualifying distributions from Part XII,					1
line 4 for each year listed			<del> </del>		<del> </del>
d Amounts included in line 2c not					
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  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		<u> </u>			
(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 at any time during t	rmation (Comple he year-see the	ete this part only instructions.)	if the foundation	had \$5,000 or m	ore in assets
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m	o have contributed more nore than \$5,000) (See :	than 2% of the total consection 507(d)(2) )	tributions received by the	foundation before the clo	se of any tax
ALAN D. LACOSTE, MD					
b List any managers of the foundation who other entity) of which the foundation has	o own 10% or more of the	ne stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
NONE	ou to to or grouter intere	••			
		Cabalaaskia ska E	· · · · · · · · · · · · · · · · · · ·		
Information Regarding Contribution Check here	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds If
···			<del></del>	ompiete items za, o, c, and	J U
a The name, address, and telephone numl	Der OT the person to who	m applications should be	e addressed		
b The form in which applications should b	e submitted and informa	ition and materials they s	should include		
c Any submission deadlines					· · · · · · · · · · · · · · · · · · ·
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors	
	<del></del>				

Part XV · Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	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		
a Paid during the year				
		1		
		1		
		•		
SEE STATEMENT 8		_		4,735
Total b Approved for future payment		<u> </u>	<b>▶</b> 3a	4,733
a reproved for latere payment				1
V0V-				
NONE				
		1		
Total	_		<b>▶</b> 3b	
Total			= 30	0

#### Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated    1   Program service revenue	Related or exempt function income
a	Tunction income
b c d d d d d d d d d d d d d d d d d d	
t g Fees and contracts from government agencies  2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
d e f g Fees and contracts from government agencies  2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
f g Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5 Net rental income or (loss) from real estate  a Debt-financed property  b Not debt-financed property	
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
investments  4 Dividends and interest from securities  5 Net rental income or (loss) from real estate  a Debt-financed property  b Not debt-financed property	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property	
a Debt-financed property b Not debt-financed property	6,590.
b Not debt-financed property	
6 Net rental income or (loss) from personal	
property	
7 Other investment income	<4,190.
8 Gain or (loss) from sales of assets other	
than inventory	<392.
9 Net income or (loss) from special events	
O Gross profit or (loss) from sales of inventory	
1 Other revenue	
ă	
b	
C	
d	
2 Subtotal Add columns (b), (d), and (e)	0. 2,008.
3 Total Add line 12, columns (b), (d), and (e)	0. 2,008. 13 2,008.
See worksheet in line 13 instructions to verify calculations )	
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	

_		1						-										Juntin	Duteu	шроп	lantiy	נט נוופ	acco	ıııbıışııı	Hellt.	,		
		<u>tn</u>	e tou	indatio	n's ex	empt	purpo	oses (	(other	than b	y prov	viding	tund:	s tor s	uch p	urpose	s)											
4	, 8	THE	F	OUN	DA'	ГІО	N'S	SI	PUR	POS	E ]	ΙS	то	PR	OV]	DE	FI	NAN	CI	TT :	SUE	POI	RT	то	CH	ARI'	rabl	Ē
		ORG								ARE	Εž	KEM	1PT	FR	MO	FEI	DERA	AL	INC	COM	ΕΊ	'AX	UN	IDER	1			_
		SEC	TI	ON	50	1 (C	) (:	3).	•																-			_
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P	Part XVII Information Regarding Transfers To a Exempt Organizations	and Transactions a	nd Relationships With N	loncharitable		ge 10
1	Did the organization directly or indirectly engage in any of the following	ng with any other organizatio	in described in section 501(c) of	1,000	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52	27, relating to political organ	izations?			
i	a Transfers from the reporting foundation to a noncharitable exempt or	- · · · · · · · · · · · · · · · · · · ·				
	(1) Cash	•		1a(1)		Х
	(2) Other assets		_	1a(2)		X
ı	b Other transactions		_			
	(1) Sales of assets to a noncharitable exempt organization			15(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization			. 1b(2)		Х
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		Х
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		X
(	c Sharing of facilities, equipment, mailing lists, other assets, or paid em			10		Х
	d If the answer to any of the above is "Yes," complete the following sche	• •	vavs show the fair market value of th	e goods, other ass	ets.	
	or services given by the reporting foundation. If the foundation receiv			=	,	
	column (d) the value of the goods, other assets, or services received		, , , , , , , , , , , , , , , , , , , ,	· • · · · · · · · · · · · · · · · · · ·		
(a)	) Line no (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transa	ctions, and sharing ar	rangeme	nts
	N/A					
				•		
					•	
				- (		
				- "		
					-	
2:	a Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organiz	rations described	·		-
	in section 501(c) of the Code (other than section 501(c)(3)) or in section	. •		Yes	ГХ	No
ı	b If "Yes," complete the following schedule			163		טאו ב
	(a) Name of organization	(b) Type of organization	(c) Description o	f relationship	-	
	N/A		· · · · · · · · · · · · · · · · · · ·			· ·
			-	· · - · - · · · · · · · · · · · · · · ·		
	Under penames of perjury, i declare that trave examined this return, including acco	ompanying schedules and statem	ents, and to the best of my knowledge and	belief, it is true corre	ct,	
	and complete Dicaration of brabarer (other than taxpayer or followary) is based on	all information of which preparer	1 1			
	IN I VIOUNIAN : CONTANT HI		10 15 20	(6		
ere	Signature of officer or trustee	Date	Title	· <del></del>		-
sign Here	Preparer's \		ater Check if	Preparer's identify	-	•
ğ	signature signature firm's name (or yours it self-employed).  145 EAST STREET	)  1	0   15   10   self- employed ► □	P0036	143	6
•	P & Syntation GRAGSON, CASIDAY &	GUILLORY	EIN ►		. , ,	<u> </u>
	il self-employed). 145 EAST STREET	<b> </b>	Ella -		_	
	address, and ZIP code LAKE CHARLES, LA. 7	0601	Phone no	337-439-	198	6

FORM 990-PF DIVIDENDS	AND I	INTERI	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE	(	GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
FROM PARTNERSHIPS MERRILL LYNCH			93. 6,497.		0.	6,4	93. 97.
TOTAL TO FM 990-PF, PART I, LN	4 =		6,590.		0.	6,5	90.
FORM 990-PF	ОТІ	HER II	NCOME			STATEMENT	2
DESCRIPTION		1	(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
LOSS FROM PARTNERSHIPS			<4,1	90.>	<4,190.	>	0.
TOTAL TO FORM 990-PF, PART I,	LINE 1	11	<4,1	90.>	<4,190.	>	0.
FORM 990-PF	ACC	TITNUC	NG FEES			STATEMENT	3
	(A) EXPENS PER BO	SES	(B) NET INVE	e ce m	(C) ADJUSTED	(D)	
		JONE	MENT INC		NET INCOME	CHARITA	
ACCOUNTING FEES	1,	,370.			NET INCOME	CHARITA	
<del></del>			1,	OME	NET INCOME 0	CHARITAL PURPOS	ES
TO FORM 990-PF, PG 1, LN 16B	1,	,370.	1,	370.	NET INCOME  0	CHARITAL PURPOS	0.
	1,	,370. ,370. ROFES:	1,	370. 370. EES	NET INCOME  0	CHARITAL PURPOS:  STATEMENT  (D) CHARITAL	0. 0. 4
TO FORM 990-PF, PG 1, LN 16B	HER PH	,370. ,370. ROFES:	1, 1, SIONAL FE (B) NET INVE	370. 370. EES	O (C) ADJUSTED NET INCOME	CHARITAL PURPOS:  STATEMENT  (D) CHARITAL	0. 0. 4

FORM 990-PF	CORF	PORATE STOCK		STATEMENT	5	
DESCRIPTION			BOOK VALUE	FAIR MARKE	T	
CORPORATE STOCK		-	46,379.	47,3	63.	
TOTAL TO FORM 990-PF, PART 1	II, LINE	10B	46,379.	47,363.		
FORM 990-PF CORPORATE BONDS				STATEMENT	6	
DESCRIPTION			BOOK VALUE	FAIR MARKE	T	
CORPORATE BONDS		·	75,000.	66,3	70.	
TOTAL TO FORM 990-PF, PART 1	II, LINE	10C	75,000.	66,3	70.	
FORM 990-PF	OTHER	R INVESTMENTS		STATEMENT	7	
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE' VALUE	T	
PARTNERSHIPS		COST	22,703.	68,1	05.	
TOTAL TO FORM 990-PF, PART 1	II, LINE	13	22,703.	68,1	05.	

FORM 990-PF GF		AND CONTRIBUTIONS DURING THE YEAR	STATEMENT	
RECIPIENT NAME AND ADDRESS		RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
MSU LIBRARY 4205 RYAN STREET LAKE CHARI LA 70609	LES,	CHARITY		100.
THE LEUKEMIA & LYMPHOMA SOCI 3715 NORTHSIDE PARKWAY BLDG STE 300 ATLANTA, GA 30327		CHARITY		250.
AMERICAN CANCER SOCIETY ONE LAKESHORE DRIVE LAKE CHARLES, LA 70601		CHARITY		200.
LA STATE TROOPERS ASSOCIATION 8120 JEFFERSON HWY BATON ROLA 70809		CHARITY		50.
THE FOUNDATION OF LCMH 1701 OAK PARK BLVD LAKE CHARLES, LA 70601		CHARITY		1,000.
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVENUE NV WASHINGTON, DC 20009	<b>V</b>	CHARITY		35 <b>.</b>
AUTISM SERVICE OF SW LA 625 RYAN STREET STE 20 LAKE CHARLES, LA 70601	E	CHARITY		1,000.
MANRESA HOUSE OF RETREATS P. O. BOX 89 CONVENT, LA 70	723	RELIGIOUS		2,000.

THE LACOSTE FOUNDATION	• 72-1375501
CALCASIEU PARISH MEDICAL SOCIETY P. O. BOX 1210 LAKE CHARLES, LA CHARITY 70602	100.

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

4,735.

Department of the Treasury

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

► File a separate application for each return.

OMB No 1545-1709

a Maria Revenue 3		Dort Land shook this have	X
	iling for an Automatic 3-Month Extension, complete only		
	iling for an Additional (Not Automatic) 3-Month Extension te Part II unless you have already been granted an automate		
Part I Auto	matic 3-Month Extension of Time. Only submit orig	inal (no copies needed).	<u></u>
A corporation	required to file Form 990-T and requesting an automatic	6-month extension - check this	box and complete
•			
	orations (including 1120-C filers), partnerships, REMICs ome tax returns.	, and trusts must use Form 7	004 to request an extension of
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 86 turns noted below (6 months for a corporation require f (1) you want the additional (not automatic) 3-month composite or consolidated From 990-T. Instead, you must be details on the electronic filing of this form, visit www.irs.	ed to file Form 990-T) However extension or (2) you file Forms submit the fully completed an	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	<del></del>	Employer Identification number
print	LACOSTE FOUNDATION		72-1375501
File by the	Number, street, and room or suite no. If a P O. box, see instructi	ons	
due date for	P.O. BOX 6344		
filing your return See	City, town or post office, state, and ZIP code. For a foreign additional	ess, see instructions	
instructions	LAKE CHARLES, LA 70606		
Check type o	f return to be filed (file a separate application for each re	turn):	
Form 990	Form 990-T (corporation)	Fo	rm 4720
Form 990	-BL Form 990-T (sec 401(a) or 408	B(a) trust) Fo	rm 5227
Form 990	-EZ Form 990-T (trust other than at	pove) Fo	rm 6069
X Form 990	-PF Form 1041-A	Fo	rm 8870
Telephone			
	nization does not have an office or place of business in the		• • •
	a Group Return, enter the organization's four digit Group	· · · · · · · · ·	If this is
	roup, check this box ⋅ ▶ ☐☐ If it is for part of the grounds of all members the extension will cover	p, check this box · · P L a	nd attach a list with the
until AUG	ganization's return for: calendar year 2009 or		m 990-T) extension of time n named above The extension is
<b>▶</b>	tax year beginning,	_, and ending	
2 If this tax	year is for less than 12 months, check reason  Initi	al return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or dable credits. See instructions.	6069, enter the tentative tax,	less any 3a \$ 1,824.00
b If this ap	plication is for Form 990-PF or 990-T, enter any refunda	ble credits and estimated tax i	
made inc	clude any prior year overpayment allowed as a credit		3b \$ 1,824.00
c Balance	Due. Subtract line 3b from line 3a Include your paymen	nt with this form, or, if required	l, deposit
with FT	coupon or, if required, by using EFTPS (Electronic	c Federal Tax Payment Syste	em) See
Instructio	ns		3c \$ O
Caution. If you	are going to make an electronic fund withdrawal with this	Form 8868, see Form 8453-E	
for payment in	structions		
For Privacy A	et and Paperwork Reduction Act Notice, see Instructions		Form 8868 (Pey 4-2009)

•			4	•	
Form 8868 (Rev 4-2009)				Page :	2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and o	heck this bo	ЭX		ightharpoons	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pre	viously filed	Form 8	3868.		
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the o	riginal (no c	opies n	eeded).		_
Type or Name of Exempt Organization		Empl	oyer ide	ntification number	
arine		_			
THE LACOSTE FOUNDATION		7	2-13	75501	_
extended Number, street, and room or suite no. If a P.O. box, see instructions.  due date for P.O. BOX 6344		For IF	RS use o	ıly	
filing the return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LAKE CHARLES, LA 70606					
Check type of return to be filed (File a separate application for each return):	<u> </u>	2001,,11.12		<del></del>	<u> </u>
	1041-A [	☐ Fo	rm 5227	Form 8870	)
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form	4720 [	Fo	rm 6069		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension of	n a previou	sly file	d Form 8	<b>1868.</b>	_
ALAN D. LACOSTE		=			
• The books are in the care of ▶ 145 EAST STREET, LAKE CHARLES, LA	- 70	601			
Telephone No. ▶ 337 439-1986 FAX No. ▶					_
If the organization does not have an office or place of business in the United States, check this box				- ▶ □	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If th	ıs ıs for	the who	le group, check this	3
box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and					
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.					_
5 For calendar year 2009, or other tax year beginning, a	nd ending _				
6 If this tax year is for less than 12 months, check reason: Initial return Final r	eturn		Change i	n accounting period	į
7 State in detail why you need the extension					
	YER TO	FI:	LE A	COMPLETE	_
AND ACCURATE RETURN.	·				_
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny				
nonrefundable credits. See Instructions.		8a	\$	1,824	•
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estil	nated				
tax payments made. Include any prior year overpayment allowed as a credit and any amount pai	t	200			
previously with Form 8868.		8b	\$	1,824	<u>.</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, or	•	1			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in	structions.	8c	\$	0	<u>•</u>
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement is true, correct, and complete, and that I am ay the rized to prepare this form.	its, and to the	best of	my know	ledge and belief,	
			<b>8</b>	15/2010	
Signature Title ENROLLED AGENT		Date	<u> </u>	10 200	