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Department of the

SCANNED JUN 29

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

| For cal | endar year 2009, or tax year beginning | , 2009 | , and ending | | | , , | |
|-------------------|--|------------------------------|-----------------------|--------|-----|---|-------------------|
| | | al Return of a former p | ublic charity | | _ | Fina | al return |
| | Amended return | Address of | hange [| Nam | e c | hange | |
| Use t | Name of foundation | | <u> </u> | | A | Employer identification nur | nber |
| IRS lab | | FOUNDATION. IN | VC - | 1 | | 84-1675571 | |
| Otherw | /ISE, Number and street (or P O box number if mail is not | | Room/suite | | В | Telephone number (see the | instructions) |
| prin or typ | | | | | _ | (985) 873-820 | 00 |
| See Spe | ecific City or town | State | ZIP code | 10 | C | If exemption application is | |
| Instruct | | LA | 70363 | | _ | 1 Foreign organizations, chec | · · · — |
| H C | | (c)(3) exempt private f | | | | 2 Foreign organizations meet | |
| · ř | Section 4947(a)(1) nonexempt charitable tr | | | tion | | here and attach computation | |
| I Fa | | ounting method X C | | | E | If private foundation status | |
| | (6 18 1 () 1 () 1 | Other (specify) | | | F | under section 507(b)(1)(A) If the foundation is in a 60 | |
| ► \$ | | column (d) must be or | cash basis) | 7 | Г | under section 507(b)(1)(B) | |
| Part I | Analysis of Revenue and | (a) Revenue and | | octmon | | (c) Adjusted net | (d) Disbursements |
| | Expenses (The total of amounts in | expenses per books | (b) Net inve incom | | וו | income | for charitable |
| | columns (b), (c), and (d) may not neces- | *F=:::=== F =::===::= | | | | | purposes |
| | sarily equal the amounts in column (a) (see the instructions)) | | | | | | (cash basis only) |
| | 1 Contributions, gifts, grants, etc, received (att sch) | 281,507. | | | | | |
| | 2 Ck ► if the foundn is not req to att Sch B | | | | | | |
| | 3 Interest on savings and temporary | | | | | | |
| | cash investments | | | | _ | | - |
| | 4 Dividends and interest from securities | | | | _ | | |
| | 5a Gross rents b Net rental income | | | | _ | | |
| ь | or (loss) 6a Net gain/(loss) from sale of assets not on line 10 | | | | | | |
| R E | b Gross sales price for all | | | | | | |
| V | assets on line 6a 7 Capital gain net income (from Part IV, line 2) | | | | | | |
| Ė | 8 Net short-term capital gain | | | | | | |
| U | 9 Income modifications | | | | | | 1 |
| Ε | 10 a Gross sales less | | | | | | |
| | returns and allowances | | | | | | |
| | b Less Cost of goods sold | | | | | | |
| | c Gross profit/(loss) (att sch) | | | | | | |
| | 11 Other income (attach schedule) | | | | | | |
| | | | | | | | |
| | 12 Total. Add lines 1 through 11 | 281,507. | | | | | |
| | 13 Compensation of officers, directors, trustees, etc | | | | | | |
| | 14 Other employee salaries and wages | | | | | | |
| | 15 Pension plans, employee benefits | · | | | | | |
| A | 16a Legal fees (attach schedule) | | | | | | |
| M | b Accounting fees (attach sch) | | | | | | |
| Ň | c Other prof fees (attach sch) | | | | | • | |
| P S T R | 18 Taxes (attach schedule)(see instr.) | | | | | | |
| | | | | | | | |
| A A | 19 Depreciation (allach D scriptario de pletton - D | 19,462. | | | | | |
| N V G E | 20 Occupancy | | | | | | |
| | 21 Travel conferences and neetings | 442. | | | | | 442. |
| A E N X D P | 22 Printing and publications (5) | | | | | | |
| A N P E N | 23 Cother expenses (attach schedule) | 143,883. | | | | | |
| N S | 24 Total operating and administrative | 143/003. | | | | | |
| E S | expenses. Add lines 13 through 23 | 163,787. | | | | | 144,325. |
| - | 25 Contributions, gifts, grants paid | | | | | | |
| | 26 Total expenses and disbursements. | | | | | | |
| | Add lines 24 and 25 | 163,787. | | | | | 144,325. |
| | 27 Subtract line 26 from line 12: | | | | | | |
| | a Excess of revenue over expenses and disbursements | 117,720. | | | | | |
| | b Net investment income (if negative, enter -0-) | | | (| 0. | | |
| | C Adjusted net income (if negative, enter -0-) | | | | | 0. | |

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

4 Add lines 1, 2, and 3

6

Decreases not included in line 2 (itemize)

4

5

6

492,712.

492,712.

| Par | t IV Capital Gains and L | osses for Tax on Investment | Income | | | |
|----------------|--|---|--|-------------------------------------|---|--|
| | (a) List and describe 2-story brick warehouse | (b) How acquired P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) | | |
| 1 a | | | | - | | |
| | | | | | | |
| c | | | | | ļ | |
| d | | | | | | <u> </u> |
| e | | (6 Dangapation allowed | (g) Cost or other bas | | (h) Caup or | (1000) |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | plus expense of sal | | (h) Gain or (e) plus (f) m | |
| a | | | | | | · ,— |
| | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | | ng gain in column (h) and owned by | | | (I) Gains (Col | |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if ai | | gain minus column (han -0-) or Losses (f | |
| a | | | | | | <u>. </u> |
| | ***** | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 | Capital gain net income or (net | capital loss) — If gain, also If (loss), en | enter in Part I, line 7 ter -0- in Part I, line 7 | 2 | | |
| 3 | Net short-term capital gain or (I | loss) as defined in sections 1222(5) | - | | | |
| | If gain, also enter in Part I, line in Part I, line 8 | 8, column (c) (see the instructions) | If (loss), enter -0- | 3 | | |
| Par | | Section 4940(e) for Reduced | Tax on Net Investme | | | |
| | | foundations subject to the section 4 | | | | |
| • | | · | | | | |
| If sec | ction 4940(d)(2) applies, leave th | nis part blank | | | | |
| Was | the foundation liable for the sect | tion 4942 tax on the distributable am | ount of any year in the base | period? | Yes | ∐ No |
| <u>If 'Y</u> € | , ' | fy under section 4940(e) Do not con | | | | |
| 1 | | n each column for each year, see the | | any entries. | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets (co | (d) Distribution lumn (b) divided | |
| | 2008 | | | | | |
| | 2007 | | · | | | |
| | 2006 | | | | | |
| | 2005 | | | | | |
| | 2004 | | | | T | |
| 2 | Total of line 1, column (d) | | | 2 | | |
| 3 | | e 5-year base period - divide the tot | | | | |
| | number of years the foundation | has been in existence if less than 5 | years | 3 | | |
| 4 | Enter the net value of nonchard | table-use assets for 2009 from Part | K, line 5 | 4 | | |
| 5 | Multiply line 4 by line 3 | _ 5 | _ | · | | |
| 6 | Enter 1% of net investment inc | ome (1% of Part I, line 27b) | | 6 | | |
| 7 | Add lines 5 and 6 | | | 7 | | |
| 8 | Enter qualifying distributions from | om Part XII, line 4 | | _ 8 | | |
| | If line 8 is equal to or greater the Part VI instructions | nan line 7, check the box in Part VI, | line 1b, and complete that p | art using a 1% | tax rate. See the | • |

| Form | 990-PF (2009) REGIONAL MILITARY MUSEUM FOUNDATION, INC. | 84-1 | 675571 | | F | age 4 |
|------------|--|------------------|------------------------|--|----------|-------------|
| Pari | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | - see t | he instruc | tions) | l | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here | | _ | | | _ |
| | Date of ruling or determination letter: (attach copy of letter if necessary - see instr.) | | | | | |
| ì | Domestic foundations that meet the section 4940(e) requirements in Part V, | - | 1 | | | 0. |
| | check here ► ☐ and enter 1% of Part I, line 27b | - 1 | | | | , |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | _ - | | | _ |
| | foundations only Others enter -0-) | - | 2 | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | 3 | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter - |)-) | 4 | | _ | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | - | 5 | | | 0. |
| 6 | Credits/Payments | | | | | |
| | 2009 estimated tax pmts and 2008 overpayment credited to 2009 | | | | | |
| | Exempt foreign organizations — tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) 6c | | | | | • |
| | Tan paid that approach to the control of the contro | | | | | t |
| | Total Mariotaling Commission | | _ | | - | - ' |
| 7 | Total credits and payments Add lines 6a through 6d | F | 7 | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | | | <u>0.</u> |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | - | | 0. |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax | | 11 | | | |
| | VII-A Statements Regarding Activities | | | T | Yes | No |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign? | l it | | 1 a | 162 | Х |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | | 1 b | | х |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material | als pub | olished | | | |
| _ | or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? | | | 1 c | - | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | <u> </u> | - | |
| | (1) On the foundation ►\$ (2) On foundation managers ►\$ | | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp | osed o | n | | | |
| | foundation managers \$ | | | | | |
| 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, a | rticles | | | | |
| | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change | es | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| _ | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4 b | | |
| 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 | | | | 1 | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions twith the state law remain in the governing instrument? | hat co | nflict | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | | 7 | X | <u> </u> |
| 8 <i>a</i> | Enter the states to which the foundation reports or with which it is registered (see the instructions) | _ | | | | |
| t | of 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 <i>General Instruction G</i> ? If 'No,' attach explanation | | | 8b | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' co | (3) or mplete | 4942(j)(5) Part XIV | 9 | | x |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing | | | | | |
| | and addresses | | | 10 | 0.05 | (2009) |
| RΔΔ | | | - | urm 4º | 71.J-P'P | . / (1) (1) |

| Form 990-PF (2009) REGIONAL MILITARY MUSEUM FOUNDATION, INC. | 84-167557 | 1 | F | age 5 |
|--|--------------------------|--------------|-------------|----------|
| Part VII-A Statements Regarding Activities Continued | | | | |
| At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | | 11 | | x |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | | 12 | | х |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemp | tion application? | 13 | Х | |
| | one no ► (985) | 688 | -416 | <u> </u> |
| Located at ► 1154 BARROW STREET HOUMA LA ZIP + 4 | | - - - | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check he | | | > | |
| and enter the amount of tax-exempt interest received or accrued during the year | ▶ 15 | | | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 1 | | г |
| File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | Yes | No |
| 1a During the year did the foundation (either directly or indirectly) | | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes X No | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X No | | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes X No | | | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | Yes X No | | | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instru | in ictions)? | 1 b | | |
| Organizations relying on a current notice regarding disaster assistance check here | ▶ 🗌 | | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009? | ets, | 1c | - | Х_ |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? | Yes X No | | | , |
| If 'Yes,' list the years ▶ 20 , 20 , 20 , 20 | | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49) | 942(a)(2) 42(a)(2) to | | | |
| all years listed, answer 'No' and attach statement — see the instructions) | (-)(-) (-) | 2b | | х |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year ≥ 20_ , 20_ , 20_ , 20 | rs here | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes X No | | | |
| b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approximately the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) | oved or | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | х |
| h Did the foundation make any investment in a prior year (but after December 21, 1000) that and | | | | |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of | | | | |
| the tax year beginning in 2009? | | 4b | 0.65 | (3000) |
| BAA | Fo | rm 99 | U-PF | (2009) |

| Form 990-PF (2009) REGIONAL MILITARY | | | 84-167 | 75571 Page 6 |
|--|--|---|--|---------------------------------------|
| Part VII-B Statements Regarding Activit | ies for Which Form | 1 4720 May Be Req | uired (continued) | ··· · - |
| 5a During the year did the foundation pay or incu | • | | | |
| (1) Carry on propaganda, or otherwise attemption | ot to influence legislatio | n (section 4945(e))? | ☐ Yes X | No |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ation drive? | 1 4955), or to carry | Yes X | No |
| (3) Provide a grant to an individual for travel, | No | | | |
| (4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section | No | | | |
| (5) Provide for any purpose other than religio educational purposes, or for the prevention | us, charitable, scientific on of cruelty to children | c, literary, or or animals? | Yes X | No |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the excep ding disaster assistance | tions | 5b |
| Organizations relying on a current notice rega | irding disaster assistand | ce check here | ► 🗌 | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | sibility for the grant? | | Yes | No |
| If 'Yes,' attach the statement required by Reg | | • • | | |
| 6a Did the foundation, during the year, receive a on a personal benefit contract? | | | Yes X | - - - |
| b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870 | iums, directly or indirec | tily, on a personal bene | tit contract? | 6b X |
| 7a At any time during the tax year, was the found | dation a party to a proh | ibited tax shelter transa | ction? Yes X | No |
| b If yes, did the foundation receive any proceed | ls or have any net incor | me attributable to the tra | ansaction? | 7b |
| Part VIII Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees, |
| and Contractors | | | 4! \ | |
| 1 List all officers, directors, trustees, foundation | T | | | (a) Funance consumb |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| C J CHRIST | | | | |
| 1154 BARROW STREET | PRESIDENT | | | |
| HOUMA LA 70363 | 30.00 | 0. | 0. | 0. |
| WILL THERIOT 1154 BARROW STREET | VICE-PRESIDENT | | | |
| HOUMA LA 70363 | 30.00 | 0. | 0. | 0. |
| KEN ROYSTON | | | | |
| 1154 BAROW STREET | SEC-TREASURER | | | |
| HOUMA LA 70363 | 20.00 | 0. | 0. | 0. |
| | | | | |
| 2 Compensation of five highest-paid employee | s (other than those inc | luded on line 1— see ir | istructions). If none, ei | iter 'NONE.' |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | - | | | - |
| 0 | | | <u></u> | |
| Total number of other employees paid over \$50,000 |) | | • | None |
| RΔΔ | TEFA0306 0 | 7/06/09 | | Form 990-PF (2009) |

84-1675571

Form 990-PF (2009) REGIONAL MILITARY MUSEUM FOUNDATION, INC.

| Forn | 990-PF (2009) REGIONAL MILITARY MUSEUM FOUNDATION, INC. | 84-1675571 | Page 8 |
|------|---|------------------|------------------------|
| Pai | Minimum Investment Return (All domestic foundations must complete this part. see instructions.) | Foreign found | dations, |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities | 1 a | |
| | Average monthly cash balances | 1b | |
| | Fair market value of all other assets (see instructions) | 1c | |
| | Total (add lines 1a, b, and c) | 1 d | |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | 1-1 | |
| • | (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | ₂ | |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 0. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| Par | TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► and do not complete this | | ations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0. |
| 2 a | | 0. | |
| t | Income tax for 2009 (This does not include the tax from Part VI.) | 2 0000000 | |
| (| : Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| _ 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 0. |
| Pa | t XII Qualifying Distributions (see instructions) | | |
| | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes | | 144 225 |
| | Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a 1 b | 144,325. 206,335. |
| | Program-related investments — total from Part IX-B. Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | 200,333. |
| 2 | Amounts paid to acquire assets used (or neid for use) directly in carrying out charitable, etc., purposes | - | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 350,660. |
| 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 (see instructions) | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 350,660. |
| U | | | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years | hether the found | ation |
| BAA | | Forn | n 990-PF (2009) |

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, | _ | | | ^ |
| 2 | line 7 Undistributed income, if any, as of the end of 2009 | | | | 0. |
| | a Enter amount for 2008 only | | | 115. | |
| | b Total for prior years: 20 , 20 , 20 | | | | |
| | Excess distributions carryover, if any, to 2009 | | | | |
| | a From 2004 0 . | | | | |
| 1 | b From 2005 0. | | | | |
| • | c From 2006 0. | | | | |
| (| d From 2007 0. | | | | |
| | From 2008 599, 273. | and a - almanine is an eq. with | | | |
| | f Total of lines 3a through e | 599,273. | | | |
| 4 | Qualifying distributions for 2009 from Part | | | | |
| | XII, line 4 ► \$ 350,660. | | | | |
| | a Applied to 2008, but not more than line 2a | | | | |
| I | b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| (| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| (| d Applied to 2009 distributable amount | | | | |
| • | e Remaining amount distributed out of corpus | 350,660. | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| | (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| | Same amount made to discuss in committee (4) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | indicated below: | 040 022 | | | |
| • | a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 949,933. | | | |
| 1 | b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| | c Enter the amount of prior years' undistribut- | | 0. | | |
| • | ed income for which a notice of deficiency | | | | |
| | has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| | | | | | <u>.</u> |
| (| 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 instructions | | | 115. | |
| | | | | | |
| 1 | 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 | | | | |
| | corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| | (see instructions) | | | | |
| 8 | Excess distributions carryover from 2004 not | 0. | | | |
| | applied on line 5 or line 7 (see instructions) | 0. | <u> </u> | | |
| 9 | Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 949,933. | | | |
| 10 | Analysis of line 9 | | | - | |
| | a Excess from 2005 0. | | | | |
| | b Excess from 2006 0. | | | | |
| | c Excess from 2007 0. | | | | |
| | d Excess from 2008 599, 273. | | | | |
| | e Excess from 2009 350, 660. | | | | |
| | | | | | |

| 1a If the foundation has received a ruling or | determination letter | | | <u>')</u> | N/A | | | |
|---|---|--|---|---|-------------------|--|--|--|
| la if the foundation has received a ruling of | determination letter | Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling | | | | | | |
| is effective for 2009, enter the date of the ruling | | | | | | | | |
| | | rating foundation de | | X 4942(j)(3) or | 4942(j)(5) | | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | 43.000 | Prior 3 years | 4 13 0005 | . | | | |
| investment return from Part X for | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total | | | |
| each year listed | 0. | 115. | 0. | 0. | | | | |
| b 85% of line 2a | | | | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | 805,608. | 599,273. | 0. | 0. | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 0. | 0. | 0. | 0. | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | | | | |
| 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 | | | | | | | | |
| 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 | 0. | 115. | 0. | 0. | | | | |
| Part XV Supplementary Information assets at any time during t | | | organization ha | d \$5,000 or mor | e in | | | |
| Information Regarding Foundation Man a List any managers of the foundation who close of any tax year (but only if they ha NONE | agers: have contributed mo | re than 2% of the to | otal contributions resection 507(d)(2)) | eceived by the found | dation before the | | | |
| b List any managers of the foundation who a partnership or other entity) of which th NONE | own 10% or more of e foundation has a 10 | the stock of a corp % or greater intere | oration (or an equa st | ally large portion of | the ownership of | | | |
| 2 Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only requests for funds If the foundation make complete items 2a, b, c, and d. | makes contributions | to preselected char | itable organizations | | | | | |
| a The name, address, and telephone number | per of the person to w | hom applications sl | hould be addressed | ĺ | | | | |
| | | | | | | | | |
| b The form in which applications should be | submitted and inform | nation and material | s they should include | de | | | | |
| c Any submission deadlines: | | | | | | | | |
| d Any restrictions or limitations on awards | such as by geograph | nical areas, charitab | le fields, kinds of i | nstitutions, or other | factors | | | |

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Total

Page 12

| Part XVI-A | | | |
|------------|-----------|-------------|-----------------------|
| | Amaly cic | at Imaama D | A cetiv vieti a c |
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| | | | |
| | | | |

| ter gross amounts unless otherwise indicated | | ed business income | | section 512, 513, or 51 | 4_ |
|--|-------------------------|-------------------------|-----------------------|-------------------------|---------------------------------------|
| • | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue | | | code | | (see the instructions |
| a | | | | | |
| b | | | _ | | _ |
| С | | | _ | | |
| d | | | | | |
| e | | | | | - |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | - | | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate | | | | | - |
| a Debt-financed property | | | <u> </u> | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other than inventory | | | \perp | | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
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| | | | | 1; | 3 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | alculations) | | | 1; | 3 |
| 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify columns. | | shment of Exemp | t Purpose: | | 3 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify count XVI-B Relationship of Activities to the | e Accompli | | | s | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify count XVI-B Relationship of Activities to the line No. Explain below how each activity for which in | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify count XVI-B Relationship of Activities to the | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify country to the line No. Explain below how each activity for which in | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify country to the line No. Explain below how each activity for which in | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify count XVI-B Relationship of Activities to the line No. Explain below how each activity for which in | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify continuous and the columns (b). The No. Explain below how each activity for which in | e Accompli | rted in column (e) of F | Part XVI-A co | S ntributed importan | itly to the |
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Form 990-PF (2009) REGIONAL MILITARY MUSEUM FOUNDATION, INC. 84-1675571

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1. Did the organization directly or indirectly engage in any of the following with any other organization

| | | | | | | | | | Yes | No |
|--|---|---------------------------------------|--------------------------------------|--|-------------------------|-----------------------------------|----------------------|--|-----------|-------------|
| 1. Did the organ described in relating to po | nzation directly section 501(c) c litical organizat | of the Code (oth | gage in any of ier than section | the following wi 501(c)(3) organ | th any ot nizations) | her organization or in section | on 527, | | | |
| | - | | noncharitable | exempt organiz | ation of | | | [| | ĺ |
| (1) Cash | / - p g | | | | | | | 1a(1) | | Х |
| (2) Other as | sets | | | | | | | 1a (2) | | Х |
| b Other transac | | | | | | | | 1 (_/ | | |
| | assets to a non- | charitable even | ant organization | 1 | | | | 16(1) | | х |
| , , | s of assets fron | | | | | | | 1b(2) | _ | X |
| ` ` | | | | mization | | | | 1b(2) | i | X |
| • • | facilities, equip | • | assets | | | | | 1b (3) | | X |
| ` ' | sement arranger | | | | | | | <u> </u> | - | _ |
| • • | loan guarantee | | | | | | | 1b (5) | | X |
| • • | nce of services | • | _ | | | | | 1 b (6) | | X |
| c Sharing of fa | cilities, equipme | ent, mailing lists | s, other assets, | or paid employ | ees | | | 1c | | <u> </u> |
| d If the answer | to any of the a | hove is 'Ves' c | omplete the fol | lowing schedule | Column | (h) should alv | wave show the t | fair market val | ue of | |
| the goods, of | her assets, or s | services aiven b | v the reporting | foundation If the street of th | ne founda | ation received | less than fair m | narket value in | JC 01 | |
| (a) Line no. (b) | Amount involved | (c) Name of | noncharitable exem | npt organization | (d) | Description of tra | nsfers, transactions | , and sharing arrai | ngemeni | ts |
| ,,,, | | | | - | 1 | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | 1 | | | | | |
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| · II | | | | | | | | | | |
| İ | | | | | | | | | | |
| | section 501(c) c | of the Code (oth | ted with, or rela er than section | ated to, one or n n 501(c)(3)) or in | nore tax- | exempt organı 527? | zations | Yes | x | No |
| | olete the following | | | | — т | | | | | |
| (a) Na | ne of organizati | on | (b) Type | e of organization | <u> </u> | (| c) Description o | f relationship | | |
| | | | | · <u>-</u> - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | <u>.</u> | | | |
| | | | | | | | | | | |
| Under penalties of pe | rjury, I declare that I | have examined this | return, including ac | companying schedule Linformation of which | s and stater | ments, and to the b | est of my knowledge | and belief, it is true | e, correc | t, and |
| complete Declaratio | or preparer (other t | nan taxpayer or nout | ciary) is based on al | i information of writer | i preparer na | as any knowledge | _ | _ | | |
| | ///_ | \ \X | | | 1 | | - D / |) FC | | |
| - | 4/1/2 | <u>~//</u> | | | | | _ 🟲 🛒 🖊 | <u>- </u> | | |
| Signature of of | noër or trustee | | | | Date | | Title | r | | |
| Preparen | <u></u> | AMIA | MANA | b. con | Date | | Check if | Preparer's Identify (See Signature in | | |
| Paid signature | Doug | Guidry | - UNIVIII | us coff | 05 | /24/10 | self- employed |] | | - |
| Pre- parer's Firm's na | | 1 - 11. | v, CPAs | / | | | EIN -72- | 095620 | 16 | |
| Use yours if | elf- D | Box 9053 | | | | | | - 1/4) 4 | -0- | |
| Only employe address, ZIP code | and | | | | LA 703 | 361 | Phone no ► | (985) 868 | _4n= | 56 |
| I ZIP code | 110011 | | | | | - · · | 1. Hone no | Form 99 | | |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

| Name of the organization | | Employer identification number | | | | | | |
|--|---|---|--|--|--|--|--|--|
| REGIONAL MILITARY MUSEUM FOUN | 84-1675571 | | | | | | | |
| Organization type (check one) | | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | | |
| | 527 political organization | | | | | | | |
| | | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a priv | rate foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| 0.1.6 | and Dula and Consider Dula | | | | | | | |
| Check if your organization is covered by the Go Note: Only a section 501(c)(7), (8), or (10) org | eneral Rule or a Special Rule anization can check boxes for both the General Rule and a S | Special Rule See instructions | | | | | | |
| | | | | | | | | |
| General Rule — | | | | | | | | |
| For an organization filing Form 990, 990-E2 contributor (Complete Parts I and II) | Z, or 990-PF that received, during the year, \$5,000 or more | (in money or property) from any one | | | | | | |
| contributor (Complete Parts I and II) | | | | | | | | |
| | | | | | | | | |
| Special Rules – | | | | | | | | |
| | form 990 or 990-EZ, that met the 33-1/3% support test of the nany one contributor, during the year, a contribution of the | | | | | | | |
| | or (II) Form 990-EZ, line 1. Complete Parts I and II | greater or (1) \$5,000 or (2) 2% or the | | | | | | |
| For a section 501(c)(7), (8), or (10) organiz | ation filing Form 990 or 990-EZ, that received from any one | contributor, during the year, | | | | | | |
| aggregate contributions of more than \$1,00 prevention of cruelty to children or animals | 00 for use <i>exclusively</i> for religious, charitable, scientific, liter | ary, or educational purposes, or the | | | | | | |
| · | • | contributor during the year | | | | | | |
| contributions for use <i>exclusively</i> for religiou | ation filing Form 990 or 990-EZ, that received from any one is, charitable, etc, purposes, but these contributions did not | aggregate to more than \$1,000. If | | | | | | |
| this box is checked, enter here the total co | ntributions that were received during the year for an exclusi- unless the General Rule applies to this organization becaus | vely religious, charitable, etc. | | | | | | |
| religious, charitable, etc, contributions of \$ | • | ► S | | | | | | |
| | | T | | | | | | |
| Caution: An organization that is not covered by | y the General Rule and/or the Special Rules does not file Sc e 2 of their Form 990, or check the box on line H of its Form | hedule B (Form 990, 990-EZ, or | | | | | | |
| 990-PF, to certify that it does not meet the film | ig requirements of Schedule B (Form 990, 990-EZ, or 990-Pl | F) | | | | | | |
| BAA For Privacy Act and Paperwork Reducti | on Act Notice, see the Instructions Schedule B | (Form 990, 990-EZ, or 990-PF) (2009) | | | | | | |
| for Form 990, 990EZ, or 990-PF. | , | , | | | | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2009) | Page 1 | of 1 of Part I |
|---------------|--|-----------------------------------|---|
| Name of org | | ' ' | identification number |
| | NAL MILITARY MUSEUM FOUNDATION, INC. | (04-16 | 575571 |
| Part I | Contributors (see instructions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | STATE OF LOUISIANA-CASH GRANT BATON ROUGE, LA. | \$251,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| | | | |
| (a) Number | (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) Number | (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) Number | (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) Number | (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) Number | (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) |

Form 4562

Department of the Treasury Internal Revenue Service (99)

REGIONAL MILITARY MUSEUM FOUNDATION, INC.

Depreciation and Amortization (Including Information on Listed Property)

 OMB No 1545-0172

2009

Attachment Sequence No 67

See separate instructions.

Identifying number 84-1675571

Business or activity to which this form relates Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 \$250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 R 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 12,584 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (C) Basis for depreciation (b) Month and (f) Method (a) (g) Depreciation (e) (business/investment use Classification of property year placed in service Recovery period Convention deduction only - see instructions 19a 3-year property 6,069 5 YRS S/L 202 **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 200,266 20 YRS S/L 6,676. 25 yrs S/L g 25-year property 27.5 yrs S/L h Residential rental MM property 27.5 yrs MM S/L S/L 39 yrs MM i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year 40 yrs MM S/L c 40-year Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on 22 19,462. the appropriate lines of your return Partnerships and S corporations — see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

REGIONAL MILITARY MUSEUM FOUNDATION, Form 4562 (2009) INC 84-1675571 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes Yes No (c) Business/ investment (i) (b) (e) Elected section 179 cost Basis for depreciation (business/investment Type of property (list vehicles first) Depreciation deduction Cost or Recovery Method/ Date placed Convention in sérvice other basis period LISE use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) **(f)** (a) (b) (c) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) 32 miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI **Amortization** (b) (c) (d) (e) **(f)** (a) Date amortization begins Code section Amortization for this year Description of costs Amortizable Amortization period or percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions) 43 Amortization of costs that began before your 2009 tax year 43

44

Total. Add amounts in column (f) See the instructions for where to report

- Miscellaneous Statement

| PART 1, LINE 1CONTRIBUTIONS, GIFTS GRANTS ETC | | |
|---|----------|--|
| MEMBERSHIP DUES | 8,425. | |
| MEMORIALS | 2,370. | |
| DONATIONS | 4,418. | |
| DESK | 2,952. | |
| GIFTS-STATE OF LA | 251,000. | |
| ROUND TABLE | 149. | |
| YARD SALE | 3,683. | |
| MISC INCOME | 3,712. | |
| SPLASH PROGRAM | 3,298. | |
| HONOR AIR | 1,500. | |

Total <u>281,507.</u>

Form 990-PF, Page 1, Part I, Line 23

- Line 23 Stmt

| Other expenses | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity_Disb |
|----------------------------------|--------------|---------------------------------------|-------------|--------------|
| RENT | 500. | | | |
| ELECTRICITY | 1,911. | . | | |
| INTEREST | 4,194. | _ | | |
| TELEPHONE | 667. | · · · · · · · · · · · · · · · · · · · | | |
| WATER | 652. | | | |
| DUES | 135. | | | |
| POSTAGE | 629. | | | |
| ALARM SYSTEM | 247. | ··· | | |
| CREDIT CARD FEES | 117. | _ | | |
| ADVERTISING | 5,317. | | | |
| BANK CHARGES | 66. | | | |
| SECRETARY | 2,989. | | | |
| INSURANCE | 7,558. | | | |
| LUNCHES FOR WORKERS | 19. | | | |
| MAINTENANCE | 3,902. | | | |
| MANNEQUINS | 1,481. | | | |
| FIRE EXT SERVICE | 111. | | | |
| RE-ENLISTMENT PROGRAM | 33. | | | |
| ARTIFACTS MAINTENANCE | 95. | | | |
| ROUND TABLE | 1,922. | | | |
| PLAQUES | 130. | | | |
| MEMORIAL BOOK | 25. | | | |
| MOTOR POOL | 939. | | | |
| LCVP | 3,016. | | | |
| RENOVATIONS | 3,528. | | | |
| HOUSE KEEPING SUPPLIES | 404. | | | |
| GRASS CUTTING | <u>750.</u> | | | |
| IRS FEE | 640. | | | |
| LCVP CHRISTENING | 2,501. | | | |
| MISC EXPENSES | 262. | | <u> </u> | |
| PROF FEES | 160. | | | |
| HONOR AIR PROGRAM | 1,500. | | | |
| RETURN-BUILDING & LAND TO PARISH | 97,483. | | l | |

Total

143,883.