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# Form 990-PF

Department of the Treasury 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.

2010

Ford	aler	ndar year 2010, or tax ye	ar beginning		, and e	nding			
G C	heck	all that apply:	Initial return	Initial return of a fo		harity		al return	
		<u>_</u>	Amended return	Address chan	ge		Name change		-
Nar	ne of	f foundation					A Employer ident	ification num	ber
							72 112	0040	
		H.U.G.S.,	INC .	Laddroon)	<del>-</del> ,	Room/suite	72-1128		
Nun	nder a	•		•		noonvalle	B Telephone numl 504-583		
0.1			SHELL SQUARE	<u> </u>					
Ully	or t	own, state, and ZIP code NEW ORLEA	NS, LA 7013	10			C If exemption applic D 1. Foreign organ		
ц с	hook		X Section 501(c)(3) ex				2. Foreign organize check here and	ations meeting t	the 85% test,
n	_	ction 4947(a)(1) nonexer		Other taxable private foundation	ation		Į.		
Fa			end of year J Account		Accr	ual	E If private founda under section 5		
		Part II, col. (c), line 16)	1 ,	ther (specify)		ou.	F If the foundation	, , , , , , ,	
<b>•</b>		1:	3 . 523 . (Part I, colu	ımn (d) must be on cash i	basis )	<del></del>	under section 50		
	rt I	Analysis of Revenue a	nd Expenses	(a) Revenue and	(b) Net in	vestment	(c) Adjusted r	net	(d) Disbursements
		<ul> <li>(The total of amounts in column necessarily equal the amounts)</li> </ul>	umns (b), (c), and (d) may not ints in column (a) )	expenses per books	inco		income	fo	or charitable purposes (cash basis only)
	1	Contributions, gifts, gran	nts, etc., received	86,105.			N/A		
	2		ion is not required to attach Sch. B		10. 1				
	3	Interest on savings and temp	porary					,	- '
	4	Dividends and interest fr	rom securities						,
	5a	Gross rents						-	
	b	b Net rental income or (loss)			• ,	· · · · · · · · · · · · · · · · · · ·	"		
Ð	6a	Net gain or (loss) from sale of	f assets not on line 10		, ,				
ne.	b	Gross sales price for all assets on line 6a		10 100	120° 11 74				
Revenue	7	Capital gain net income (from	n Part IV, line 2)	~ 340 F 4	5 4 4	0.	\$5.00	-	
ш	8	Net short-term capital ga	ain .	1 1 1	-1 - Tolk of 31 32				
9		Income modifications . Gross sales less returns		i 1		* , ,			
	10a	and allowances	700.		* , ,	_ * .	N.	STA	ATEMENT
		Less Cost of goods sold		700.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	'	<u> </u>	****
		Gross profit or (loss)	•	700.	'			<del></del>	
		Other income	 ab 11	86,805.		0.			
	13	Total. Add lines 1 through	*	0.		0.		<del></del>	<del></del>
	14	Compensation of officers, dir Other employee salaries	· · · · · · · · · · · · · · · · · · ·						
		Pension plans, employee	•	<del> </del>					
es	!	Legal fees	o conomo					- n 4 - D	
enses	Ι.	Accounting fees			-		I REC	EIVED	<b>-3</b>
Expe	, c	Other professional fees							181
ve E	17	Interest					1= NOV	2 1 201	
rati	18	Taxes					101		
Administrative	19	Depreciation and deplete	on				سارا	DENI	IT T
Ē	20	Occupancy					I OG	DEN, L	
Ad	21	Travel, conferences, and	l meetings						
and	22	Printing and publications					-		
ng	23	Other expenses	STMT 2	2,370.		0.	ļ		· <del>-</del>
Operating	24	Total operating and adm		1		•			
		expenses. Add lines 13		2,370.		0.			77. 20
		Contributions, gifts, gran		76,320.			3 ,	1 - ' '	76,32
	26	Total expenses and disl	bursements.	70 (00		^			76 20
		Add lines 24 and 25	40.	78,690.		0.	- 2	<del></del>	76,32
	l	Subtract line 26 from lin		1 - J	3 "		1	1 2	
	ı	Excess of revenue over expe		8,115.		0.		<del>- (                                   </del>	- 1,203,
	1	Net investment income		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- U -	N/A		13 p 1 p 1
	<b>C</b> 01 7-10	Adjusted net income (if	Reduction Act Notice, see	·			, A/A		rm <b>990-PF</b> (20

4

Form 990-PF (2010)

023511

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

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

Decreases not included in line 2 (itemize)

7

8

46,066.

76,320.

Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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

	1990-PF (2010) H. U.G.S., INC. 72-1	T T 75	3842	<u>:</u>	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%		_		0.
	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-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:		1	-	
a	2010 estimated tax payments and 2009 overpayment credited to 2010				•
b	Exempt foreign organizations - tax withheld at source			-	
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6				
7	Total credits and payments. Add lines 6a through 6d			_	0.
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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a	<u></u>	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 or				. 1
	distributed by the foundation in connection with the activities.			•	
C	Did the foundation file Form 1120-POL for this year?		_1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		* -		
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$			,	١
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		, t		ļ
	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			-	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
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?	'A	4b	ļ	
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			İ	
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	L
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	ļ
	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				ļ
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	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes." attach a schedule listing their names and addresses		10	l	Х

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Pa	art VII-A Statements Regarding Activities (continued)			
11	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	ŀ	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 exemption application?	13	Х	<u> </u>
	Website address ► N/A	<u></u>		
14	The books are in care of ► ALFRED A. PARDEN JR. Telephone no. ► 504-	-585-0	354	
		70139		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			-
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		<b></b>	<del></del>
	the foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
	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?	0		٠.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	`		١.
	a disqualified person?	o		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			`
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			<b>5</b> -
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	, I		
	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.)	n   '		,
b	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1, 1,		
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	. 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> ۱۳۳</u>	,	
С	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<b>-</b>   . ¹		
	before the first day of the tax year beginning in 2010?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	٠, ١,	a	
	defined in section 4942(j)(3) or 4942(j)(5)):	' [,	_ '	5 1 <sub>2</sub>
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X N	ا ا		
	If "Yes," list the years		ł	19-2
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		i	16
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			. ' '
	statement - see instructions.)	. 2b	İ	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			***
		٠ -	ľ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	,		
	during the year?	,   .	1	`. ·
b	If "Yes," did it have excess business holdings in 2010 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 approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		-	
	Form 4720, to determine if the foundation had excess business holdings in 2010)  N/A	. зь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2010?	4b		Х
		Form <b>990</b>	-PF (2	
			,-	- /

Port VII R Statements Degrading Activities for Which	Corm 4700 May Bo	Poguirod (	12-11288	342 Pagi	<u>e e</u>
Part VII-B Statements Regarding Activities for Which	Form 4/20 May be	Required (contin	nuea)	<del></del>	_
5a During the year did the foundation pay or incur any amount to:	10.15( )\0	<u> </u>	<b>□</b>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` <i>''</i>		es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or illul		₩	-	
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	i i	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		<b>□</b>		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		[TV]		
the prevention of cruelty to children or animals?		•	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	NT / 3	_	
section 53.4945 or in a current notice regarding disaster assistance (see instru		-	N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check I				'	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	•	N/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	· .	. L Ye	es X No		_
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	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 🗶 No 📙		
b If Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation				
List all officers, an ectors, a disters, foundation managers and then	i	(c) Compensation	(d) Contributions to	(a) Eynenso	_
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, oth allowances	er S
MARK C. SURPRENANT	PRESIDENT				
4500 ONE SHELL SQUARE					
NEW ORLEANS, LA 70139	0.00	0.	0.	0	١.
LINDA SOILEAU	SECRETARY				
4500 ONE SHELL SQUARE	_				
NEW ORLEANS, LA 70139	0.00	0.	0.	0	١.
		<u> </u>			
	1				
		ļ			
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	, enter "NONE."	(d) Contributions to	(a) Evpans	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, othe	er
NONE	devoted to position	<del> </del>	compensation	allowances	<u> </u>
NONE	-		ļ		
		<del> </del>		<del> </del>	
	1	1			
				<del></del>	_
	1				
		<del></del>		<del> </del>	_
	1	1			
				<del></del>	—
	-				
T. I. I. washer of other employees and extra 000 000	1			L	_
Total number of other employees paid over \$50,000					<u>0</u>
			Form :	<b>990-PF</b> (2010	U)

Form 990-PF (2010) H.U.G.S., INC.	72-11	28842	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of se	rvice	(c) Com	pensation
NONE	_		-
		-	
		<del> </del>	
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	3
1 ASSISTANCE TO VARIOUS MEDICAL RESEARCH ORGANIZATIONS			
2 ASSISTANCE THROUGH PARTIES AND GIFT GIVING TO CHILDREN WH	0	27	,271.
ARE NEGLECTED, ABUSED OR WHO SUFFER FROM FAMILY PROBLEMS SERIOUS ILLNESS		0	,884.
3 PARTIES AND SPECIAL FUNCTIONS ARE HELD FOR VARIOUS			,004.
ORGANIZATIONS THAT SUPPORT MENTALLY AND PHYSICALLY			
HANDICAPPED INDIVIDUALS		13	,201.
4 ASSISTANCE TO VARIOUS ORGANIZATIONS THAT HELP TO PROVIDE		<del></del>	,
FOOD FOR NEEDY AND POOR			
		12	,244.
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
2			
			- <del></del>
All other program-related investments. See instructions.  3			
Total. Add lines 1 through 3	<b>•</b>		0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	<u>0.</u> 9,168.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	9,168.
e Reduction claimed for blockage or other factors reported on lines 1a and		
	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	9,168.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	138.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9.030.
6 Minimum investment return. Enter 5% of line 5	6	9,030. 452.
Distributable Amount (see instructions) (Section 4042(i)/2) and (i)/5) private operating foundation	ns and certain	
Part XI   Distributable Amount (see instructions) (section 4942(j)(3) and (j)(3) private operating roundation foreign organizations check here   and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	452.
2a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010. (This does not include the tax from Part VI.)	<u> </u>	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	452.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	452.
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	452.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		7.5 0.00
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,320.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	<del></del>
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	76,320.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
income. Enter 1% of Part I, line 27b	5	<u> </u>
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,320.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat 4940(e) reduction of tax in those years.	tion qualifies for the	section

# Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,		' e		
line 7				452.
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only			U •	
b Total for prior years:	•	0.		•
3 Excess distributions carryover, if any, to 2010:		· · · · · · · · · · · · · · · · · · ·		
a From 2005 80, 467.	·			
b From 2006 65, 696.				
c From 2007 80,862.				
d From 2008 75,525.			,	
e From 2009 63, 489.	,			
f Total of lines 3a through e	366,039.			
4 Qualifying distributions for 2010 from			, -	
Part XII, line 4: ►\$ 76,320.			•	
a Applied to 2009, but not more than line 2a	1 1	- '	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_	-		
(Election required - see instructions)	0.		7	450
d Applied to 2010 distributable amount	75 050		۱ به وارد	452.
e Remaining amount distributed out of corpus	75,868.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))	-			
6 Enter the net total of each column as	. 7	, * a	, , , , , , , , , , , , , , , , , , ,	
indicated below:	441,907.	,		,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5     b Prior years' undistributed income. Subtract	##I/JU/•	<u> </u>	337	* * * * * * * * * * * * * * * * * * * *
line 4b from line 2b	4 1	0.		
c Enter the amount of prior years'			3 4	, 1
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously	•		÷ , .*	,
assessed	# #	0.	•	
d Subtract line 6c from line 6b. Taxable				, ,
amount - see instructions	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	0.	•	
e Undistributed income for 2009. Subtract line		•		
4a from line 2a. Taxable amount - see instr.	<del></del>		0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must		a a		0.
be distributed in 2011	-	- موا	<u> </u>	U •
7 Amounts treated as distributions out of			,	
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	80,467.		* * * * * * * * * * * * * * * * * * * *	
9 Excess distributions carryover to 2011.	00/20.0	4 1, 4	1	1
Subtract lines 7 and 8 from line 6a	361,440.		·	
10 Analysis of line 9:	2.5		- C	١,
a Excess from 2006 65,696.	) 		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1
b Excess from 2007 80,862.				
c Excess from 2008 75,525.	1 .		- 3 *	
d Excess from 2009 63, 489.	ا المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام ا المام المام ال		4	- 1
e Excess from 2010 75,868.	, ya	7 1		Form <b>990</b> - <b>PF</b> (2010)

Form 990-PF (2010) H.U.G.S					1288 <b>4</b> 2 Page 10
Part XIV Private Operating F	<del></del>		I-A, question 9)	N/A	
1 a If the foundation has received a ruling o		• -			
foundation, and the ruling is effective fo	•	-	. ▶ ∟	1,0,0()(0)	10.10(.)(5)
<b>b</b> Check box to indicate whether the found		ng toundation described		4942(j)(3) or 4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2000	Prior 3 years (c) 2008	(4) 2007	/a) Total
income from Part I or the minimum	(a) 2010	(b) 2009	(6) 2000	(d) 2007	(e) Total
investment return from Part X for					
each year listed			ļ	ļ	<del></del>
<b>b</b> 85% of line 2a					<del> </del>
c Qualifying distributions from Part XII,					·
line 4 for each year listed				<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			<u> </u>	ļ	<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(I)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers:	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
a List any managers of the foundation wh		than 2% of the total con	tributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed r			•		·
NONE					
b List any managers of the foundation wh	o own 10% or more of t	ne stock of a corporation	(or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation ha			, , , , , , , ,	•	•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., P	rograms:		
Check here ► X if the foundation of				not accept unsolicited rec	wests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions, c	omplete items 2a, b, c, ar	nd d.
a The name, address, and telephone num	<u> </u>				<del>- · · · · · · · · · · · · · · · · · · ·</del>
, address, and tolephone fluir	C por con to 11110	of the second se			
b The form in which applications should	he submitted and informa	ntion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls. such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	
a mily resultations of militations on award	o, saon as by goograpine	a. a. sas, onanasio nolus	,		

Form 990-PF (2010) H.U.G.S., INC Part XV Supplementary Information	C. (continued)		72-1128	3842 Page 11
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	ona to do	···
a Paid during the year SCHEDULED CONTRIBUTIONS SEE ATTACHED	N/A	PUBLIC	SENERAL PURPOSE OF THE CHARITY	76,320.
Total	т	<del></del>	▶ 3a	76,320.
b Approved for future payment  NONE  Total			▶ 3b	0.

#### Part XVI-A **Analysis of Income-Producing Activities**

enter gross amounts unless otherwise indicated.	(a) Business	ed business income (b) Amount	Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7 1110 2111	code	, mount	
a			<del> </del>		
b	1		<del> </del>		
<u> </u>			1-		
d	1		1		
e	-		+		
- Food and contracts from covernment againsts			+		<del></del>
g Fees and contracts from government agencies Membership dues and assessments	<del></del>		+		
Interest on savings and temporary cash			+		
investments			1 1		
Dividends and interest from securities	•		_		
Net rental income or (loss) from real estate:		st , , , , ,	+	1	1
a Debt-financed property		<u> </u>			
b Not debt-financed property			<del> </del> -		
Net rental income or (loss) from personal			+		·
property					
Other investment income			ļ!		
Gain or (loss) from sales of assets other					
than inventory			<u> </u>		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			01	700.	
Other revenue:					
a	_ [		<u> </u>		······
b	_		<u> </u>		
c	_		<del>  </del>		
d			ļ		
e	*41 4.		-		
Subtotal. Add columns (b), (d), and (e)	***	0.	<u>.l</u>	700.	0
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				. 13	700
rart XVI-B Relationship of Activities ne No. Explain below how each activity for which in	ncome is reported	ın column (e) of Part XVI-A			plishment of
the foundation's exempt purposes (other th	an by providing tu	nds for such purposes).			
621 07-10					Form <b>990-PF</b> (201

Part X	VII Information Re Exempt Organi		sfers To a	ınd Transactio	ns and R	elations	hips With No	ncharitabl	е	
1 Did th	ne organization directly or indire		of the followin	g with any other organ	ization desc	ribed in sect	ion 501(c) of		Yes	No
	ode (other than section 501(c)(									<del>                                     </del>
	ifers from the reporting foundal				Ü				į	1
(1) (	• •			,				1a(1)		Х
• •	Other assets		•				_	1a(2)		X
	transactions:	-								
(1) 8	Sales of assets to a noncharitab	le exempt organiza	ition					16(1)		X
(2) F	Purchases of assets from a non-	charitable exempt	organization					1b(2)		X
(3) F	Rental of facilities, equipment, o	r other assets						1b(3)		X
(4) F	Reimbursement arrangements	-						1b(4)		X
(5) L	oans or loan guarantees							1b(5)	ļ	X
(6) F	erformance of services or men	nbership or fundra	ısıng solicitatio	ns			•	1b(6)		X
c Share	ng of facilities, equipment, mail	ing lists, other asso	ets, or paid em	ployees <sub>.</sub>			•	1c	<u> </u>	X
or sei	answer to any of the above is " vices given by the reporting for an (d) the value of the goods, o	undation. If the fou	ndation receive	• •					sets,	
(a) Line no	(b) Amount involved	(c) Name of	f noncharitable	exempt organization	(	d) Description	of transfers, transaction	ns, and sharing ar	rangeme	ents
			N/A						_	
						<del></del>	· · · · · · · · · · · · · · · · · · ·			
			<del></del>							
							<del></del>			
									_	
					<del></del>	·				
						<del></del>				
ın sec	foundation directly or indirectly stron 501(c) of the Code (other to, complete the following schedulers to the following schedulers).	than section 501(c			ganizations	described		Yes	X	] No
_ <del></del>	(a) Name of orga			(b) Type of organizat	ion		(c) Description of re	lationship	•	
	N/A									
Sign	Under penalties of perjury, I declare to and complete peclaration of prepare							and belief, it is tri	је, сопе	ct,
Here	* Xmda.	SOUL	all	111-1	5-11	5.50	crotaruli	easur	er	
	Signature of officer or trus	stee	<u> </u>	Date	<u>ر، ن</u>		itle	- Our	<u> </u>	
	Print/Type preparer's nam		Preparer's si		Date	<del></del>		PTIN	-	
Paid	ERIC D. SMI		1-	Smuch	NOV	1 0 20	19elf- employed	10000	11	113
Prepar	er Firm's name ► BOUF		ENNETT,	L.L.C.	1		Firm's EIN ►	<del> </del>		<del>/=</del>
Use Or	Firm's address ► 111	VETERAN	IS BLVD	. 17TH FL	OOR					
		TAIRIE, L					Phone no. 50	04.831.	494	9

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

2010

Н	.U.G.S., INC.	72-1128842						
Organization type (check								
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 private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo							
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (ii) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.							
aggregate contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III							
contributions for If this box is chec purpose Do not (	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization because it ole, etc., contributions of \$5,000 or more during the year	gregate to more than \$1,000. ly religious, charitable, etc ,						
	that is not covered by the General Rule and/or the Special Rules does not file Schedule B n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of or	ganization	Emp	loyer identification number
H.U.G	.S., INC.		2-1128842
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ADAMS AND REESE, L.L.P.  4500 ONE SHELL SQUARE  NEW ORLEANS, LA 70139	\$65,465.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)

Page

of Part II

Employer identification number

Η	•	U	G	S	,	INC

72-1128842

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

	990, 990-EZ, or 990-PF) (2010)		Page of
me of organi	ization		Employer identification number
.U.G.S	., INC.		72-1128842
art III	Exclusively religious, charitable, etc., in	e columns (a) through (e) and the folloous, charitable, etc., contributions of	O1(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing
a) No. from		(c) Use of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) use of gift	(d) besarption of now girt is field
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 -			
		(e) Transfer of gift	

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 1
INCOME		
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAI 3. LINE 1 LESS LINE 2	NCES	700
	(LINE 15)	700
6. OTHER INCOME 7. GROSS INCOME (ADD )	LINES 5 AND 6)	700
9. MERCHANDISE PURCHAS 10. COST OF LABOR 11. MATERIALS AND SUPPI 12. OTHER COSTS 13. ADD LINES 8 THROUGH	LIES	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSES	2,370.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	2,370.	0.		0.	

#### H.U.G.S., INC. 72-1128842 CONTRIBUTIONS PAID PART XV, LINE 3a 2010

AMERICAN CANCER SOCIETY P O. Box 22718 Oklahoma City, OK 73123-1718	3,848
AMERICAN RED CROSS 2025 East St NW Washington, D.C. 20001	2,139
BIG BROTHER / BIG SISTER 3801 Canal Street New Orleans, LA 70119	2,500
BOY'S HOPE 251 Florida Street Baton Rouge, LA 70801	1,712
CATHOLIC CHARITIES P O Box 17066 Baltimore, MD 21297-1066	1,000
CHILDREN'S BUREAU 400 Lafayette Street, Suite 140 New Orleans, LA 70130	2,605
CRESCENT CITY REHAB CENTER 1420 General Taylor Street New Orleans, LA 70115	3,500
HAPPY HEARTS DCA 204 Delta Drive Marion, AR 72364	1,400
INTERFAITH MINISTRIES (Meals on Wheels) 3217 Montrose Blvd Houston, TX 77006	1,390
JUVENILE DIABETES RESEARCH FOUNDATION 9457 Brookline Avenue Baton Rouge, LA 70809	1,962
JOYFUL TOYFUL FIESTA, INC P.O. Box 638 Baytown, TX 77522-0638	1,447
LSBA SECRET SANTA 601 St Charles Avenue New Orleans, LA 70130-3404	1,447

#### H.U.G.S., INC. 72-1128842 CONTRIBUTIONS PAID PART XV, LINE 3a 2010

MUSCULAR DYSTROPHY ASSOCIATION 3300 East Sunrise Drive Tucson, AZ 85718	1,800
ODYSSEY HOUSE 1125 N. Tonti Street New Orleans, LA 70119	3,479
RAINTREE HOME 1219 8th Street New Orleans, LA 70115	1,004
SECOND HARVEST FOOD BANK 331 Great Circle Road Nashville, TN 37228	3,835
SOLACE 701 Poydras Street, Suite 4500 New Orleans, LA 70139	1,570
SPECIAL OLYMPICS-TEXAS 7715 Chevy Chase Drive, Suite 120 Austin, TX 78752	2,500
ST. ANDREWS VILLAGE PO Box 444 Abita Springs, LA 70420	3,173
ST. TAMMANY ASSOCIATION OF RETARTED CITIZENS (STARC) 1541 St. Ann Place Slidell, LA 70460	4,888
ST. JOSEPHS COMMUNITY CENTER 1802 Tulane Avenue New Orleans, LA 70112	1,961
ST. MICHAELS SPECIAL SCHOOL 1522 Chippewa Street New Orleans, LA 70130	2,641
STAR OF HOPE 419 Dowling Street Houston, TX 77003	1,200
SUSAN G KOMEN BREAST CANCER FOUNDATION 210 Baronne Street New Orleans, LA 70112	11,631

#### H.U.G.S., INC. 72-1128842 CONTRIBUTIONS PAID PART XV, LINE 3a 2010

WINGARD HOME, INC. (Little Lambs Christmas) 1279 North West Street Jackson, MS 39202-2059	2,330
Organizations paid less than \$1,000 each	9,358
	76,320

Saved in Engagement as BB WP 11/10/2011 13 45

00699-4 ES

Form **8868** 

(Rev January 2011)

Department of the Treasury

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

OMB No 1545-1709

Internal Reve	nue Service File a Sep	arate app	ication for each return.		
<ul> <li>If you a         Do not co     </li> <li>Electroni         required t     </li> </ul>	tre filing for an Automatic 3-Month Extension, completing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional for a second for a filing (e-file). You can electronically file Form 8868 if of file Form 990-T), or an additional (not automatic) 3-months.	ctension, can automa you need a	complete only Part II (on page 2 of this tic 3-month extension on a previously fa 3-month automatic extension of time to soon of time You can electronically file I	iled Form 8868 to file (6 month Form 8868 to r	is for a corporation equest an extension
	file any of the forms listed in Part I or Part II with the ex				
Personal	Benefit Contracts, which must be sent to the IRS in pag	oer format	(see instructions). For more details on t	the electronic f	iling of this form,
visit www	irs gov/efile and click on e-file for Charities & Nonprofits	s		<del></del>	
Part I	Automatic 3-Month Extension of Time				
A corpora	ition required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and cor	nplete	
Part I only					
	corporations (including 1120-C filers), partnerships, RENome tax returns.	IICs, and t	rusts must use Form 7004 to request a	n extension of	time
Type or print	Name of exempt organization			Employer id	lentification number
print	H.U.G.S., INC.			72-11	.28842
File by the due date for filing your	Number, street, and room or suite no. If a P O box, s	see instruc	tions		
return See instructions	4500 ONE SHELL SQUARE  City, town or post office, state, and ZIP code For a f	oreign add	lress, see instructions.		
	NEW ORLEANS, LA 70139				
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)		0 4
Application	on	Return Code	Application Is For	· · · · · · · · · · · · · · · · · · ·	Return Code
<u>Is For</u> Form 990		01	Form 990-T (corporation)		07
Form 990		02	Form 1041-A		08
Form 990		03	Form 4720		09
Form 990		04	Form 5227		10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
• The bo Teleph • If the o • If this i box • [ 1   I rec is fo	ALFRED A. PARD books are in the care of ► 4500 ONE SHELL come No ► 504-585-0354 organization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 3-month (6 months for a corporation)	SQUA: s in the Ur Group Exe and atta n required of organiza , an	FAX No Fax No Fa	nis is for the wh I members the til above The ext	extension is for
	us application is for Form 990-BL, 990-PF, 990-T, 4720, arefundable credits. See instructions	or 6069, e	enter the tentative tax, less any	3a \$	0.
	as application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		
esti	mated tax payments made Include any prior year over	payment a	llowed as a credit.	3b \$	0.
	ance due. Subtract line 3b from line 3a Include your pa				^
by i	using EFTPS (Electronic Federal Tax Payment System)	See Instru	ictions,	3c   \$	0.

Form 886	88 (Rev 1-2011)		AIR 11 705	,	'a lenn'	Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.		ox		
•	ly complete Part II if you have already been granted an					_
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies needed).		
Type or	Name of exempt organization			Employer ide	entification num	ıber
print	H H G G TNG			72 11	20042	
File by the	H.U.G.S., INC.		A	72-11	28842	
extended due date for	Number, street, and room or surte no. If a P.O. box, s 4500 ONE SHELL SOUARE	ee instruc	ctions.			
filing your return See	City, town or post office, state, and ZIP code. For a fo	oreign add	fress see instructions			
instructions	NEW ORLEANS, LA 70139	Jieigii adc	ness, see instructions.			
	KHIT ORDERING, BIT 10195					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		[0	4
Linoi tiio	Total 1 occor for the fotal 1 that this application to for the	- и оорин				نت
Applicati	on	Return	Application		Ret	turn
ls For		Code	Is For		Co	ode
Form 990		01				
Form 990	-BL	02	Form 1041-A		0	8
Form 990	-EZ	03	Form 4720		0	9
Form 990	-PF	04	Form 5227		1	0
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		1	1
	-T (trust other than above)	06	Form 8870			2
STOP! Do	not complete Part II if you were not already granted			sly filed Form	3868	
	ALFRED A. PARDI			E0120		
	boks are in the care of $\triangleright$ 4500 ONE SHELL	SQUAL		70139	<u></u>	
	one No. ► 504-585-0354		FAX No. >			ı
	organization does not have an office or place of business					
	s for a Group Return, enter the organization's four digit (	1	· · · · · · · · · · · · · · · · · · ·		• .	this
box ▶ L	. If it is for part of the group, check this box  quest an additional 3-month extension of time until  1			members trie e	xtension is for.	
	calendar year 2010, or other tax year beginning	AO A EPIT	, and ending			
	te tax year entered in line 5 is for less than 12 months, cl	heck reas		Final return		<u> </u>
""	Change in accounting period	i icon reac	on	i ii iai rotarri		
7 Stat	te in detail why you need the extension					
	DITIONAL TIME IS REQUESTED T	O PRO	OCESS INFORMATION RE	CENTLY E	RECEIVED	
	AT WILL FINALIZE THE FOUNDAT					
PR	EPARE A COMPLETE AND ACCURAT	E RE	TURN.			
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
non	refundable credits. See instructions.			8a \$		0.
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax	payments made. Include any pnor year overpayment alle	owed as a	credit and any amount paid			
pre	viously with Form 8868.			8b \$		0.
	ance due. Subtract line 8b from line 8a. Include your pa	=	h this form, if required, by using			_
EFT	PS (Electronic Federal Tax Payment System). See instru			8c \$		0.
	•		d Verification			
Under pena	alties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fo	ng accones	OWRGEOIS, BENNETT, L.L.C.	best of my know	ledge and belief,	
	5/5 TA 004	CE	RTIFIED PUBLIC ACCOUNTANTS			2011
Signature J	CA Smile CAT Title	1. O. B	ox 60600, New Orleans, LA 70160-0600. D. #72-0136870 Ph. 831-4949			
			( III AM I - 4 A 1 A	FOΠ	n <b>8868</b> (Rev. 1-2	U11)