

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	Fore	alen	dar year 2011 or tax year beginning		, and ending		
Tourne buttons, gift, garding of the state	Nar	ne of	foundation			A Employer identification	number
2532 CEDARLAWN DR	_ <u>C</u>	AR:	L E PANEBIANGO FAMILY F	OUNDATION		26-2838191	
Annahed continued to the second continued to the sec			,	address)	Room/suite	,	
MARRERO, LA 70072 G Check all find apply; Initial return Initial return of a former public charity Part Initial return Initial return Amended return						· 	
G Check alt that apply; Initial return Initial return C in former public charity Print return C in former public charity Print return C in former public charity C in the public C in						C If exemption application is pe	nding, check here
Final return Amended return Amende	<u>M</u>	AR.	RERO, LA <u>70072</u>			4	
Address change Name change 2, Force or organization:	G C	heck		Initial return of a fo	ormer public charity	D 1. Foreign organizations,	, check here
## Check type of organization: IX Section 501(c)(2) exempt private foundation Section 4947(a)(1) nonexempt charitable trust				Amended return		Foreign organizations mes	sting the 85% test
Section 4947(a)(1) nonexempt charactable trist. Uniter tasable private foundation. I arm market value of all assets at and of year Accounting method: Counting method: Counti						2. check here and attach cor	nputation
Fart market value of all assests at end of year	H_C	_		empt private foundation		E If private foundation state	us was terminated
### Company of the processor of the proc	<u>L</u> .	_] Se	ction 4947(a)(1) nonexempt charitable trust		ation	under section 507(b)(1)(A), check here
The column (c) must be on cash basis.) Part I analysis of Revene and Expenses The lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts on column (a) and (c) may not necessary the lotal of amounts of column (a) and interest from securities 1 Contributions, grits, grants, etc., received 2 Coverby—If the londstate interest to label 50 8 and formations of the lotal of the lota	I Fa	ır ma	arket value of all assets at end of year J Accounting	ng method: X Cash	Accrual		
Part II Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net myestment (c) Adjusted net income (d) Debuysments (d) Debu			Part II, col (c), line 16)	her (specify)		under section 507(b)(1)((B), check here
The botal of amounts in exchanned (s), cash of one your income incomes with youth the amounts in column (s). 1 Contributions, gifts, grants, etc., received 2 Check—bill a the breaktes increaved batta's 6 is a cash with a contract of the				mn (d) must be on cash i	basis.)		
The content of the following from the content of th	Pa	ırt l	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books			for charitable purposes
The content of the following from the content of th		1	Contributions, gifts, grants, etc., received	532,032.	-		
Televation aswings and temporary a characteristics Dividends and interest from securities Sa Gross rents Dividends and interest from securities Sa Gross rents Dividends and interest from securities Sa Gross rents Dividends and interest from securities Sa Gross serial Dividends and interest from securities Sa Gross serial Dividends and interest from securities Sa Gross serial Dividends and interest from securities Sa Gross serial season from part IV, line 2) Sa Net short-term capital gain Income modifications Gross serial season from securities Dividend serial secur		_					
A Dividends and interest from securities 5 a Gross rents 5 a Gross rents 5 b Net rental income or (cosa) 6 legal end gain or (tosa) from sale of assets not on line 10 10 b Gross solution price for all 2 2 2 2 2 2 2 2 2	enne	3	Interest on savings and temporary				•
Sa Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain a 9 Income modifications 10a and allowances 10a and allowances 10a and allowances 10 the rencome 12 Total, Add lines 1 through 11 13 Compensation of officers directors, fusities, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 9 C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 29 22 Printing and publications 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 28 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 25 Note investment income (if respative, enter-0) 26 Description of the spative, enter-0) 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 25 Note investment income (if respative, enter-0) 28 Description of the spative, enter-0) 29 Description of the spative, enter-0) 20 Description of the spative of the spative, enter-0) 20 Description of the spative of the spative of the spative of the spating and the spatial of the s		4					
68 Not ignit or floos) from sale of assets not on line 10 bits of the property of all interest on line 10 bits of the property of all interest on line 10 bits of the property of all interest on line 10 bits of the property of all interest on line 10 bits of the property of all interest on line 10 bits of the property of and allowances of and allowances of and allowances of and allowances of an allowances of allowances of an allowances of allow		5a					
		Ь	Net rental income or (loss)				
8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 532,032. 0. 0. 0. 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total expenses and dishursements Add lines 24 and 25 Add lines 24 and 25 8 Expenses revenue over expenses and disbursements b Net investment income (if negative, enter -0-) Net investment income (if negative, enter -0-) 10 Occupancy 22 Occupancy 24 Total expenses and disbursements 50, 912.		۱ ـ	Net gain or (loss) from sale of assets not on line 10				
8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 532,032. 0. 0. 0. 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total expenses and dishursements Add lines 24 and 25 Add lines 24 and 25 8 Expenses revenue over expenses and disbursements b Net investment income (if negative, enter -0-) Net investment income (if negative, enter -0-) 10 Occupancy 22 Occupancy 24 Total expenses and disbursements 50, 912.		_"					
Solution Section Sec	æ				0	•	
10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 532, '032. 0. 0. 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 C Total expenses and disbursements b Net investment income (if negative, enter -0-) Net investment income (if negative, enter -0-)		-	, •				
b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 532, 032. 0. 0. 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees c Other professional fees t Counting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)		l	Gross sales less returns				
e Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (finegative, enter -0-) 15 S22, 032. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 481,120. 0. 0.							
11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 532,032. 0. 0. 0. 0. 0. 0. 0. 0. 0. 481,120.							
12 Total. Add lines 1 through 11 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 15 Accounting fees 1 O. O. O. O. 10 O. O. O. 11 Other employee salaries and wages 1 O. O. O. 12 O. O. O. 13 Compensation of officers directors, trustees, etc 10 O. O. 14 Other employee salaries and wages 15 O. O. O. 15 O. O. 16 O. 17 O. 18 O. 19 O. 19 O. 10 O. 10 O. 11 Other employee salaries and wages 1 O. O. 12 O. 13 O. 14 Other employee salaries and wages 1 O. 15 O. 16 O. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 28 Depreciation and depletion 29 O. 20 O. 21 O. 22 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 O. 20 O. 21 O. 22 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 O. 20 O. 21 O. 22 Other expenses 20 O. 22 Other expenses 21 Other expenses 22 Other expenses 23 Other expenses 24 Total expenses 25 Other expenses 26 Other expenses 27 Other expenses 28 Other expenses 29 Other expenses 29 Other expenses 20 Other expenses 20 Other expenses 20 Other expenses 21 Other expenses 22 Other expenses 23 Other expenses 24 Total ex			, , ,				
13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)				532 032	0		·
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) Description of the professional fees PECEIVED RECEIVED O O O O O O O O O O O O O O O O O O O			<u> </u>			 	0
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 contributions, gifts, grants paid 25 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)			,			•	
16a Legal fees b Accounting fees c Other professional fees c Other professiona		' '	. ,				
b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	es	1	. , , ,				
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	Šuš	IUa h	3				
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	ğ	,	-	FORCEN	IFN I		
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	ē	17	-	HEULI	101	-	
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	aţį	18		0	101		
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	str	10		181 SEP 17	2012 1251		
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<u>=</u>	20	·	1:1			
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	₽	21		LOCOE			
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<u> </u>	22	•	UGUL!	12	_	
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	e e	23	•				
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	Ţ	24	•				
25 Contributions, girls, grains paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	્ર કૂ			0.	0	. l	0.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	ဲ ဝီ	25	· ·				
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	-	ł					
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	•	-	•	481.120.	n	. n . l	481,120.
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative enter -0-)	2	27			<u> </u>		
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative enter -0-)	1 2	1		50.912.			
C. Adjusted net income (it negative enter -0-)	2	ł	·	50,712.	0		
	8	1	Adjusted net income (if negative, enter -0-)			0.	

LHA For Paperwork Reduction Act Notice, see instructions

	_	0 ² PF (2011), CARL E PANEBIANGO FAMIL			2838191 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	ai t	Balance Sneets column should be for end-of-year amounts only	(a) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	21,048.	71,960.	71,960.
		Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			<u>-</u>
	5	Grants receivable			
	ь	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons			
	7	Other notes and loans receivable Less: allowance for doubtful accounts			
"	۰	Inventories for sale or use			
Assets	٥	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
	Į.	Investments - corporate stock		- · · · ·	
		Investments - corporate bonds			
	l	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ▶)			
Se	16	Total assets (to be completed by all filers)	21,048.	71,960.	71,960.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable	_		
_	22	Other liabilities (describe			
	l			0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted		<u>-</u>	
Jala	25	Temporarily restricted Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	21,048.	71,960.	
ēŧ	30	Total net assets or fund balances	21,048.	71,960.	
~			1	1	
	31	Total liabilities and net assets/fund balances	21,048.	71,960.	
	\		alances		
	aπ	Analysis of Changes in Net Assets or Fund B			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line			
	(mu	st agree with end-of-year figure reported on prior year's return)	1	21,048.	
2	Ente	50,912.			
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	71,960.
5		reases not included in line 2 (itemize)		5	71 060
<u>6</u>	Tota	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		71,960.

123511 12-02-11

		ANEBIANGO E			ON		<u> </u>	2	6-283	8191	Page 3
(a) List and desc	ribe the kin	d(s) of property sold (e.gor common stock, 200 sh	g., real estate,	· moonie	(b)	How ac	cquired hase ation	(c) Date a			te sold ay, yr.)
1a					 - -						
b NO	NE										
C											
d				· .							
_e					<u>L</u> ,						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale							in or (loss) (f) minus (
a			<u> </u>								
<u>b</u>											
C			-								
<u>d</u>			-								
e Constitution of the cons		-1 (1-) 1 1 1	the Country to the country	40/04/00							
Complete only for assets showing		```	· · · · · · · · · · · · · · · · · · ·						ol. (h) gain i ot less than		
(i) F.M.V. as of 12/31/69) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			COI.	Losses	(from col. (I	1))	
<u>a</u>										<u> </u>	
<u>b</u>			-					 -	 		
C											
d	····-		1					 			
<u>e</u>			.1								
2 Capital gain net income or (net ca	ipital loss)	$ \begin{cases} \text{ If gain, also ente} \\ \text{ If (loss), enter -} \end{cases} $			}	2					
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,			ind (6):		}						
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	ection 4940(e) fo	r Reduced	Tax on Net	lnv	estn	ent Inc	ome			
(For optional use by domestic private		• • • • • • • • • • • • • • • • • • • •						<u> </u>			
(i of optional use by domestic private	s iounuano	ns subject to the section	4540(a) lax Uli	Het investment ii	ILOIN	5.)					
If section 4940(d)(2) applies, leave to	his part bla	nk.									
Was the foundation liable for the sec					rıod?					Yes	X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					es.						
(a)		(b)			(c)			1		(d) ution ratio	
Base periód years Calendar year (or tax year beginni	na in)	Adjusted qualifying di	stributions	Net value of no			use assets	- - (Distrib Col. (b) divi	útión ratio ided by col	(c))
2010	y/		73,630.				7,190	· ·			
2009			31,870.				$\frac{7,233}{7,923}$	_			54689
2008			2,807.				659	_			59484
2007											
2006											
2 Total of line 1, column (d)								2		51.3	62991
3 Average distribution ratio for the	5-year bas	e period - divide the total	on line 2 by 5,	or by the number	r of ye	ears					
the foundation has been in existe								3		17.1	20997
4 Enter the net value of noncharitat	ole-use ass	ets for 2011 from Part X,	, line 5					4		30	,096.
5 Multiply line 4 by line 3								5			,274.
	na (19/ of l	Port Line 97h)									
6 Enter 1% of net investment incom	เเธ (170 0 []	art 1, 11118 210)						6			0.
7 Add lines 5 and 6								7		515	,274.
8 Enter qualifying distributions from	•		o 46 ood	data that as a		D/ +		8		481	<u>,120.</u>
If line 8 is equal to or greater than See the Part VI instructions.	i iiie 7, CN	EUR LIIE DOX IN PAR VI, IIN	e io, ano comp	nete mat part usir	ıy a 1	70 IAX	idle.				
See the Fart VI mod Bottone.									г.	000	DF (2011)

	990 PF (2011) CARL E PANEBIANGO FAMILY FOUND rt VI Excise Tax Based on Investment Income (Section 4940		26-283 4948 - see			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and er					
	Date of ruling or determination letter: (attach copy of letter if nec	l l				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1 1			0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot		2			0.
	Add lines 1 and 2	······································	3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5			0.
	Credits/Payments:					
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a				
	Exempt foreign organizations - tax withheld at source	6b	1			
	Tax paid with application for extension of time to file (Form 8868)	6c				
	Backup withholding erroneously withheld	6d				
	Total credits and payments. Add lines 6a through 6d	· · · · · · · · · · · · · · · · · · ·	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	- 10			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	Refunded >	- 11			
	rt VII-A Statements Regarding Activities		•			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or interve	ene in		Yes	No
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions for definition)	?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:				
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers).			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi					
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		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 in	nstrument, articles of incorporation	n, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ILS.		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					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 ei	ither:				
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory	y directions that conflict with the s	tate law			
	remain in the governing instrument?			_6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV			-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructio	ons) >				}
	LA			.		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for c	alendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," c	complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ule listing their names and addresses	STMT 1	10	X	<u> </u>
			F	orm 990	PF	(2011)

Form **990-PF** (2011)

orm 990-PF (2011) CARL E PANEBIANGO FAMILY	FOUNDATION		<u> 26-28381</u>	<u>91 </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:	· · · · · · · · · · · · · · · · · · ·				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	1	
(2) Influence the outcome of any specific public election (see section 4955); or	,				
any voter registration drive?			s X No	İ	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	>		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?	, data in dation	☐ Ve	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	or constitutional purposses, or t		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the excentions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		in riegulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check his				-	
		inod			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I/A	8 L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		es X No		
a personal benefit contract?		Y6	S LALINO	<u>, </u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.			[22]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	,		
List all officers, directors, trustees, foundation managers and their	nomponentian				
List all officers, directors, bustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	acci	Expense ount, other
.,	to position	`enter'-0-)'	compensation	an	owances
	1				•
SEE STATEMENT 2		0.	0.	\vdash	0.
				 	
<u></u>					
		<u> </u>	<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	T 4-1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acci	Expense ount, other
	devoted to position	(-)	compensation	all	owances
NONE					
			_	↓	
			_		
					_
		<u> </u>		<u></u>	
Total number of other employees paid over \$50,000					0
			Form	990-1	PF (2011)

Form 990-PF (2011) CARL E PANEBIANGO FAMILY FOUNDATION	26-2838191 Page
Part VIII Information About Officers, Directors, Trustees, Foundation Manag Paid Employees, and Contractors (continued)	ers, Highly
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 service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<u> </u>
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the Expenses
1 N/A	
2	
3	
4	
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 N/A	
1 1/1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶ C
	Form 990-PF (201

P	art X · Minimum Investment Return (All domestic foundations must complete	e this part Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposi	es:		
а	Average monthly fair market value of securities		1a	0.
b	Average of monthly cash balances		1b	30,554.
C			10	
d	Total (add lines 1a, b, and c)		1d	30,554.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	30,554.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	ns)	4	458.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	30,096.
6	Minimum investment return. Enter 5% of line 5		6	1,505.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here and do not complete this part.)	e operating foundations an	id certain	
1	Minimum investment return from Part X, line 6		1	1,505.
2a	Tax on investment income for 2011 from Part VI, line 5			
b	Income tax for 2011. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,505.
4	Recoveries of amounts treated as qualifying distributions	4	0.	
5	Add lines 3 and 4		5	1,505.
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	1,505.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	481,120.
þ	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., purpo	ses	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
þ	Cash distribution test (attach the required schedule)	:	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, lin	e 4	4	481,120.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	481,120.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whether the foundation (qualifies for ti	he section

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	· · · · · · · · · · · · · · · · · · ·			
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				4
line 7				1,505.
2 Undistributed income, if any, as of the end of 2011			0	
a Enter amount for 2010 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	:			
b From 2007				
c From 2008 2,774.				
d From 2009 181, 474.				
e From 2010 173, 270.				
f Total of lines 3a through e	357,518.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: \triangleright \$ 481,120.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				1,505.
e Remaining amount distributed out of corpus	479,615.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	837,133.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			· -	
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line			• •	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.	· · ·		
9 Excess distributions carryover to 2012.	025 122			
Subtract lines 7 and 8 from line 6a	837,133.	<u>-</u>		
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008 2,774.				
c Excess from 2009 181, 474. d Excess from 2010 173, 270.				
e Excess from 2011 479,615.				
6 LAUGSS HUIH 2011 417, 013.				Form 000 DE (0044)

Form **990-PF** (2011)

		FAMILY FOUN			<u> -2838191 </u>	Page 10
Part XIV Private Operating F			-A, question 9)	N/A		
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective for	2011, enter the date of	the ruling	▶			
b Check box to indicate whether the found	lation is a private operati	ng foundation described i		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Tot	tal
investment return from Part X for						
each year listed						
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
• •						
for active conduct of exempt activities.						
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			-			
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					İ	
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		<u> </u>				
• • • • • • • • • • • • • • • • • • • •						
an exempt organization						
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	ate this part only	if the foundation	n had \$5 000	or more in asso	ets
at any time during t			ii tiic ioaliaati	JII 1144 40,000	01 111010 111 0000	
			····· ·			
1 Information Regarding Foundation		then 20/ of the total age.	tributions recognised by	the foundation before	the close of any tay	
a List any managers of the foundation wh year (but only if they have contributed r			mbullons received by	ine ioundation before	the close of any lax	
	nord than popular, (add	000.0000. (0)(2)				
CARL E PANEBIANGO b List any managers of the foundation wh	o own 100/ or more of t	he stock of a corporation	for an equally large po	rtion of the ownerchi	of a partnership or	
other entity) of which the foundation ha			(or an equally large po	ition of the ownershi	p of a partificially of	
NONE	•					
2 Information Regarding Contribut	ion Grant Gift Loor	Scholarship etc. D	rograme:			
Check here 🕨 🗶 if the foundation of	only makes contributions	to preselected charitable	organizations and doe			. If
the foundation makes gifts, grants, etc.	<u>' </u>			, complete items 2a,	u, c, anu u.	
a The name, address, and telephone num	ber of the person to who	om applications should be	addressed:			
b The form in which applications should t	e submitted and inform	ation and materials they s	hould include:			
c Any submission deadlines:						
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kinds of institutions,	or other factors:		. –
					F. 000 F	DE (00 : 1:
123601 12-02-11					Form 990-F	-r (2011)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BALLET RESOURCE AND VOLUNTEER NONE CHARITABLE ORGANIZATION (BRAVO) NEW ORLEANS CONTRIBUTION 935 GRAVIER ST. #800 1,020, NEW ORLEANS, LA 70112 EMERIL LAGASSE FOUNDATION NONE PRIVATE TO ASSIST DONEE FOUNDATION DRGANIZATION 829 ST CHARLES AVE 3,600. NEW ORLEANS, LA 70130 WHITE DOVE FELLOWSHIP NONE PUBLIC CHARITY CHARITABLE 3600 MANHATTAN BLVD CONTRIBUTION 469,000. HARVEY, LA 70058 V-DAY NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 303 PARK AVE SOUTH, SUITE #1184 500. NEW YORK, NY 10010-3657 ST. FRANCIS ANIMAL SANCTUARY GOLF NONE PUBLIC CHARITY CHARITABLE TOURNAMENT CONTRIBUTION 97 OBED MAGEE ROAD TYLERTOWN MS 39667 1.000. SEE CONTINUATION SHEET(S) ▶ 3a Total 481 120 b Approved for future payment NONE Total

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

(a) Siness ode	(b) Amount	Exclusion code	(d) Amount	(e) Related or exempt function income
ode	781100111	code	Allount	
1				
		1 1	i	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(0.	0.	
			13	
Accom	plishment of	Exempt P	urposes	
	P	pt 1		
	eported in co	e Accomplishment of	eported in column (e) of Part XVI-A contributed	·

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	
	· · · · · · · · · · · · · · · · · · ·
123621 12-02-11	Form 990-PF (2011)

Part XVII				and Transactions		ships With Noncha			ige 13
	Exempt Organ		131613 10 (and mansactions	and neiadon	silips with Noticila	пцарк	5	
1 Did the or			of the following	no with any other organizat	ion described in sec	etion 501(c) of	T	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash				5			1a(1)		X
(2) Other assets									X
b Other tran							1a(2)		
(1) Sales of assets to a noncharitable exempt organization							1b(1)		X
	hases of assets from a noi						1b(2)		Х
(3) Renta	al of facilities, equipment,	or other assets	J				1b(3)		X
(4) Reimbursement arrangements							1b(4)		Х
(5) Loans	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundra	ising solicitatio	ons			1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees			1c		X
d If the ansv	wer to any of the above is	"Yes," complete the	following sche	edule. Column (b) should a	lways show the fair	market value of the goods,	other ass	sets,	
or service	s given by the reporting fo	oundation. If the fol	ındatıon receiv	ed less than fair market val	lue in any transactio	n or sharing arrangement, :	show in		
column (d	I) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Description	on of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
						······································			
									
				· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·					
				**** ****					
			·						
						·			
	· ·								
				 -					
				746-1					
			TT						
2a le the four	ndation directly or indirect	the offiliated with or	ralated to one	as mare toy everent ever					
	501(c) of the Code (other			or more tax-exempt organ	iizations described	۲	Yes	T	No
	omplete the following sche	•	7(3)) 01 111 3601	1011 327		L	162		ח או
y 11 100, 00	(a) Name of org		 -	(b) Type of organization	T	(c) Description of relations	hin		
	N/A			(a) y) Francis	 	(v) zoodipilon or rolations	р		
	-17			-					

Under	penalties of perjury, I declare t	that I have examined th	is return, includir	ig accompanying schedules and	statements, and to the	e best of my knowledge	y the IRS	dianuan t	hia
Sign and be	elief, it is true, correct, and coff	nplete Declaration of p	reparer (other tha	n taxpayer) is based on all infor	mation of which prepare	reti	irn with th	e prepare	er
Here	land	16 ON	\	9-12-13	PRESI		wn below X Yes		"No
Sign	nature of officer or trustee	7		Date	Title				
	Print/Type preparer's na	ime	Preparer's s	ignature	Date	Check If PTIN			
	BONNIE M.	WYLLIE,	3	2 M. II. 11-	0 10 10	self- employed			
Paid	JD, LLM		1 Jour	we Mellyllie	9-12-12	P0	0540	011	
Preparer	Firm's name ► LAP	ORTE, APA	AC .	-		Firm's EIN ▶ 72-1			
Use Only					1741				
	Fırm's address ▶ 11	1 VETERAL		RIAL BLVD.,	SUITE 60	0			
	ME'	TAIRIE, I	JA 7000	5-4958		Phone no. (504	<u>)835</u>	<u>-55</u>	22
						Fo	rm 99 0	- PF (2011)

123622 12-02-11

Schedule B (Form 990, 990-EŽ,

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

26-2838191 CARL E PANEBIANGO FAMILY FOUNDATION Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, 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** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II J 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, total 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. ☐ 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2011)

Name of organization

Employer identification number

CARL E PANEBIANGO FAMILY FOUNDATION

26-2838191

	E PANEDIANGO PAMILI POUNDATION		
Part I	Contributors (see instructions). Use duplicate copies of Part I r	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARL E PANEBIANGO 2532 CEDARLAWN DR MARRERO, LA 70072	\$\$\$532,032.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

CARL E PANEBIANGO FAMILY FOUNDATION

26-2838191

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(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. 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. 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
123453 01-2	2 10		190. 990-EZ. or 990-PF) (2011)

ame of organ	rization -		Employer identification number				
CARL E	PANEBIANGO FAMILY FOU	NDATION	26-2838191				
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	idual contributions to section 501(le following line entry. For organizat , contributions of \$1,000 or less fo	(c)(7), (8), or (10) organizations that total more than \$1,000 for the				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I -	(b) Ful pose of grit	(c) ose or girt	(a) besomption of now gift to mote				
_		(e) Transfer of gi	ift				
 - -	Transferee's name, address, ar	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				
-	Transferee's name, address, ar	(e) Transfer of g	ift 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				
_	(e) Transfer of gift						
- - -	Transferee's name, address, al	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				
- -		(A) Transfer of a	::6				
	Transferee's name, address, a	(e) Transfer of g	Relationship of transferor to transferee				
-							

0.

0.

	F SUBSTANTIAL CONTRIP PART VII-A, LINE 10	BUTORS	STATI	EMENT 1
NAME OF CONTRIBUTOR	ADDRESS			
CARL E PANEBIANGO	2532 CEDARLAV MARRERO, LA			
	- LIST OF OFFICERS, I		STATI	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CARL E PANEBIANGO 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR/PRESS	IDENT/TREASU	RER 0.	0.
JULIE MOORE PANEBIANGO 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR/SECRI 0.50	ETARY 0.	0.	0.
MEGAN HEBERT 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR 0.50	0.	0.	0.
MORGAN HEBERT 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR 0.50	0.	0.	0.
STEPHEN MALONE 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR 0.50	0.	0.	0.
MICHAEL MALONE 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR 0.50	0.	0.	0.
WANDA LUPARELLO 2532 CEDARLAWN DR MARRERO, LA 70072	DIRECTOR 0.50	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient YOUNG LIFE NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 4085 MALLORY LANE SUITE 202 6,000. FRANKLIN TN 37067 6 000. Total from continuation sheets

APPLICATION PENDING
Application for Extension of Time To File an

Exempt Organization Return

OMB No 1545-1709

(Rev January 2012)

	rtment of the Treasury ► File a separate application for each return.							
		Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box			🕨 🔯
		n Additional (Not Automatic) 3-Mo				this f	orm).	
		t II unless you have already been g						n 8868.
a corporat 3868 to re Return foi	tion required equest an e r Transfers	(e). You can electronically file Form it to file Form 990-T), or an additional attension of time to file any of the form Associated With Certain Personal attention to the electronic filing of the second control of the electronic filing of the ele	al (not auto orms listed Benefit C	matic) 3-month extensi I in Part I or Part II with ontracts, which must	on of time. You ca I the exception of be sent to the IF	n ele Forn S in	ctronica n 8870, paper	ally file Form Information format (see
Part I		tic 3-Month Extension of Time.						
Part I only All other o	·	ed to file Form 990-T and reques		s, and trusts must use		 Iest a	 In exten	▶ □ sion of time
	Name of	exempt organization or other filer, see in	etructione	En	Employer identifying			
Type or print		E. PANEBIANGO FAMILY		MOTTA	☑26-28381		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=, =.
File by the	1	street, and room or suite no. If a P.O bo			Social security n		r (SSN)	
due date for		CEDARLAWN DRIVE	•			<u> </u>		
iling your eturn See	1 *	n or post office, state, and ZIP code. For		dress, see instructions				
nstructions	MARRE	RO, LOUISIANA 70072	<u> </u>					
Enter the I	Return code	e for the return that this application is	s for (file a	separate application for	each return) .			. 04
Applicat	ion	-	Return	Application				Return
Is For			Code	Is For				Code
Form 990	0		01	Form 990-T (corporation)			07	
Form 990	0-BL		02	Form 1041-A				08
Form 990			01	Form 4720				09
Form 990			04	Form 5227	··-			10
		1(a) or 408(a) trust)	05	Form 6069			11	
Form 990	0-T (trust ot	her than above)	06	Form 8870				12
Telepho If the org If this is for the what list with I re un for 2 If t	one No. ► 5 ganization of for a Group nole group, of the names equest an a little AUGU. If the organized calendar the tax year the tax year Change in a	e care of ► CARL E. PANEBIANGO 104-835-1050 10es not have an office or place of but Return, enter the organization's four check this box ►	FA usiness in the digit Ground it is for particular to par	X No. ► the United States, check up Exemption Number (t of the group, check the required to file Form 990 zation return for the organism , and ending eck reason: ☐ InItial re	k this box GEN) is box 0-T) extension of ti anization named a	me bove.	If th	nis is ttach ttach tension is
		ion is for Form 990-BL, 990-PF, 990)-T, 4720,	or 6069, enter the tenta	tive tax, less any	_	•	
		credits. See instructions.	1720 01 5	069 enter any refund	able credite and	3a	3	0
		payments made. Include any prior y				3ь	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev 1-2012)

3c |\$

0.00

Form 8868 (Rev. 1-2012)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check the	s box		ightharpoons	
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868		
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies nee	eded).	
		Enter filer's	identifyir	ig number,	see instructions	
Type or Name of exempt organization or other filer, see instru	ype or Name of exempt organization or other filer, see instructions					
rint						
le by the CARL E PANEBIANGO FAMILY FOUNDATION X 26-2838191						
filing your				Social security number (SSN)		
return See 2532 CEDARLAWN DR						
City, town or post office, state, and zir code i or a it	oreign add	fress, see instructions				
MARRERO, LA 70072						
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4	
Andrea	Batuma	Landratan			Return	
Application	Return	Application Is For			Code	
Is For Form 990	Code 01	15 FOI			Code	
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted			nousiv file	d Form 886		
CARL E PANEBIA		•				
 The books are in the care of ➤ 2532 CEDARLAWN 		MARRERO, LA 70072				
Telephone No ► 504-835-1050		FAX No. ▶				
If the organization does not have an office or place of business.	s in the Ui	nited States, check this box				
• If this is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is fo	r the whole	group, check this	
box ▶ If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs o	f all memb	ers the exte	ension is for	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.				
5 For calendar year 2011, or other tax year beginning		, and endir	g			
6 If the tax year entered in line 5 is for less than 12 months, of	heck reas	ion Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ALL INFORMATION NECESSARY TO	PREPA	RE A COMPLETE AND	<u>ACCUR</u>	ATE TA	X RETURN	
HAS NOT YET BEEN RECEIVED.						
8a If this application is for Form 990-BL, 990-PF, 990 T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions			8a	\$	0.	
b If this application is for Form 990-PF, 990 T, 4720, or 6069,	-		1			
tax payments made Include any prior year overpayment al	lowed as	a credit and any amount paid			0	
previously with Form 8868			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include your pa		th this form, if required, by using			0	
EFTPS (Electronic Federal Tax Payment System) See instr		at he completed for Dort II.	8c	\$	0.	
		st be completed for Part II		f mu knami	lan and balint	
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and/complete, and flat/i am authorized to prepare this form	any accomi orm.	panying scriedules and statements, and t	o ine desi o	iny knowied	iye and beilet,	
16. 11 4	ٔ مَ	V A	Date	o 1	1 et 12	
Signature Marie Title		<u>′ •</u> ₩	Date	Food	9969 (Pay 1 2012)	
₩.				LOun :	0000 (Nev 1.2012)	