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# Form 990 PF

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OMB No 1545-0052

2011

## **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning . 2011, and ending Name of foundation Employer identification number 27-6982577 WALLACE LANDRY FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) (504) 522-8585 142 ENTERPRISE DR State ZIP code City or town С If exemption application is pending, check here 70056 GRETNA LA G Check all that apply: X Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation н Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Accounting method: X Cash Fair market value of all assets at end of year (from Part II. column (c), line 16) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) 2,472,177. (Part I, column (d) must be on cash basis ) Part | Analysis of Revenue and (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment Expenses (The total of amounts in columns (b), (c), and (d) may not necesfor charitable expenses per books income income purposes sarily equal the amounts in column (a) (cash basis only) (see instructions).) 1,500,000. Contributions, gifts, grants, etc. received (att sch) Ck ► if the foundn is not req to att Sch B Interest on savings and temporary 18,946. cash investments 21,769. Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a . . 0 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) σ. 0. 12 Total. Add lines 1 through 11 1,540,715 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach sch) c Other prof fees Fattach schi N 2 4 2013 17 Interest 147. 147. 18 Taxes (attach schedule)(see instrs) FORELGN TAXES Depreciation (attach GUEN, U sch) and depletion Occupancy Travel, conferences, and meetings Printing and publications EXPENSES Other expenses (attach schedule) See Line 23 Stmt 3,652 2,802 24 Total operating and administrative expenses. Add lines 13 through 23 3,799 2,949 68,450. Contributions, gifts, grants paid 68,450. Total expenses and disbursements. 2,949 Add lines 24 and 25 72,249 68,450. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 1,468,466 0 b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

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Form 990-PF (2011) WALLACE LANDRY FAMILY FOUNDATION

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Part IV Capital Gains and	Losses for Tax on Investmer the kind(s) of property sold (e.g., r		(b) How acqui	ed (C) Date acquired	(d) Date sold
2-story brick warehou	ise; or common stock, 200 shares ML	.C Company)	P — Purchas D — Donatio	e (month, day, year)	(month, day, year)
1a SEE ATTACHED SCHED	JLE		P	Various	Various
<b>b</b> <					
<u> </u>	<del></del>	. <u> </u>		<del> </del>	
<u>d</u>					
e (e) Gross sales price	(f) Depreciation allowed	(a) Cost or other ba	eie	(h) Gain or	(loss)
(e) Gross sales price	(or allowable)	plus expense of sa		(e) plus (f) m	
a 39,533.		4	4,437.		-4,904.
b					
С		·			
d					
е	1				
	ng gain in column (h) and owned by		(1)	(I) Gains (Coli gain minus column (I	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	ny	than -0-) or Losses (fr	om column (h))
					-4,904.
a b					-1,301.
C					
d				· · · · · · · · · · · · · · · · · · ·	
e					
2 0-1-1-1	If gain, also	enter in Part I, line 7			
2 Capital gain net income or (net	If (loss), ent	enter in Part I, line 7 ler -0- in Part I, line 7		2	-4,904.
3 Net short-term capital gain or (	oss) as defined in sections 1222(5) a	and (6).		}	
If gain, also enter in Part I, line	8, column (c) (see instructions). If (	loss), enter -0-			
In Part I, line 8  Part V Qualification Under	Section 4940(e) for Reduce	<u></u>		<u> </u>	-4,904.
f 'Yes,' the foundation does not quali	ion 4942 tax on the distributable amo	plete this part.		Yes	☐ No
<del>,,</del>	n each column for each year; see the		any entries.	(4)	
(a)  Base period years  Calendar-year-(or-tax-year-beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (c	<b>(d)</b> Distribution olumn (b) divided l	
2010					
2009					
2008					
2007					
2006	<u> </u>			1	
2 Total of line 1, column (d)			2		
3 Average distribution ratio for the	5-year base period — divide the tota has been in existence if less than 5	al on line 2 by 5, or by the years	3		
	able-use assets for 2011 from Part X		4		
5 Multiply line 4 by line 3		,	5		
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6	· · · · · · · · · · · · · · · · · · ·		7		
8 Enter qualifying distributions fro	m Part XII. line 4		8		
	an line 7, check the box in Part VI, lii	ne 1b, and complete that pa	<u> </u>	tax rate. See the	
BAA		<del></del>		Form	990-PF (2011)

Form 990-PF (2011) WALLACE LANDRY FAMILY FOUNDATION		98257			Page
Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see ii	nstructio	ns)		
1 a Exempt-operating foundations described in section 4940(d)(2), check here	7 1				
Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)	i i				
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,		1		_	0.
check here ►  and enter 1% of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	J				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					_
foundations only Others enter -0-)		2			<u> </u>
3 Add lines 1 and 2		4			<u> </u>
<ul> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0</li> <li>Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-</li> </ul>	"	5			- <del>0</del> .
6 Credits/Payments:	ŀ			•	
a 2011 estimated tax pmts and 2010 overpayment credited to 2011					
b Exempt foreign organizations — tax withheld at source  6b					
c Tax paid with application for extension of time to file (Form 8868)	0.				
d Backup withholding erroneously withheld 6d	$\neg \neg$	Ċ			
7 Total credits and payments Add lines 6a through 6d		7			0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶[	9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10			0.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax	<b>▶</b>	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt		1a	Yes	No X
participate or intervene in any political campaign?			10		_
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		x
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materia or distributed by the foundation in connection with the activities.	s publis	hed			
c Did the foundation file Form 1120-POL for this year?			1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation ► \$ (2) On foundation managers ► \$					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed on				
foundation managers > \$					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
If 'Yes,' attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	icles				
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	5		3		<u> </u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b if 'Yes,' has it filed a tax return on Form 990-T for this year?  5. We there a legislation temperature discolution or substantial contraction during the year?			4b		х
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If 'Yes,' attach the statement required by General Instruction T					Ŷ
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					;
By language in the governing instrument, or					
	_46	_4			
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions the with the state law remain in the governing instrument?</li> </ul>	at confil	ct	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>&gt;</b>				
LA - Louisiana				í	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			0.5	-	
(or designate) of each state as required by <i>General Instruction G<sup>7</sup> If 'No,' attach explanation</i>			8b	A.	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' com	or 494	2()(5)	9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses	eir name	es	10		<u> </u>
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the tax year beginning in 2011?

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Statements Regarding Activity	ties for Which Forr	n 4720 May Be Red	uired (continued)			
5a During the year did the foundation pay or incu	-					
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	∐ Yes 🗶	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes	No		
(3) Provide a grant to an individual for travel,	study, or other similar i	purposes?	∐ Yes <u>X</u>	No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes 🗓	] No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	n of cruelty to children o	or animals?		No		
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	a current notice regard	ling disaster assistance	ons	5b X		
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶_			
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)						
6a Did the foundation, during the year, receive ar on a personal benefit contract?	•		Yes X	- 1		
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	, ,			6b X		
7a At any time during the tax year, was the found				No 7b X		
b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D						
and Contractors	iicciois, irusiccs,	i ouridation mana	gers, riigiliy raid i	Employees,		
List all officers, directors, trustees, foundation	n managers and their c	ompensation (see instr	uctions).			
T Elst 211 officers, directors, trastees, touridade	(b) Title, and average		(d) Contributions to	(e) Expense account,		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances		
KATERINE LANDRY 142 ENTERPRISE DR	TRUSTEE					
GRETNA LA 70056	1.00	0.	0.	0.		
LYNN LYNN BROOKS						
142 ENTERPRISE DR	TRUSTEE					
GRETNA LA 70056	1.00	0.	0.	0.		
MOLLIE LANDRY						
142 ENTERPRISE DR	TRUSTEE					
GRETNA LA 70056	1.00	0.	0.	0.		
See Information about Officers, Directors, Trustees, Etc.						
			•			
O Commence of Green blank and analysis are also as a second and a second a second and a second a	. Cathau than tha sa inst	0.	0.	0.		
2 Compensation of five highest-paid employee:			(d) Contributions to			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances		
NONE						
0			<del></del> -			
0						
0						
0				<u> </u>		
}						
Total number of other employees paid over \$50,000				None		
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). 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	None
	110220
Partix-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
1	
<sup>2</sup>	
3	
<sup>4</sup>	
Part X-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments See instructions	<del></del>
3	
Total. Add lines 1 through 3	
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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	1 a	1,000,000.
b Average of monthly cash balances	1 b	1,000,000.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	10	1,000,000.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	<del> </del>	
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	1,000,000.
		2,000,000.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	15,000.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	985,000.
6 Minimum investment return. Enter 5% of line 5	6	49,250.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper		
and certain foreign organizations check here ► □ and do not complete this part.)	ating it	Janaationio
1 Minimum investment return from Part X, line 6	T <sub>1</sub> T	49,250.
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	49,250.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	49,250.
6 Deduction from distributable amount (see instructions)	6	,
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	49,250.
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	1 a	68,450.
<b>b</b> Program-related investments — total from Part IX-B	1 b	. —
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>b</b> Cash distribution test (attach the required schedule)	3ь	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	68,450.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	68,450.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	he founda	ation
qualifies for the section 4940(e) reduction of tax in those years		

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1	Distributable amount for 2011 from Part XI, line 7				49,250.
2	Undistributed income, if any, as of the end of 2011:		<del> </del>		15,7250.
	Enter amount for 2010 only				1
	• Total for prior years: 20, 20, 20				
		<del> </del>			<del> </del>
	Excess distributions carryover, if any, to 2011	<b>j</b>			
	From 2006	ł			1
	From 2007				
	From 2008				
	f From 2009			•	
	From 2010	ļ			
f	Total of lines 3a through e .			<del></del>	ļ
4	Qualifying distributions for 2011 from Part				
	XII, line 4: ► \$ 68,450.				i
	Applied to 2010, but not more than line 2a				
t	Applied to undistributed income of prior years (Election required — see instructions)				
c	: Treated as distributions out of corpus (Election required — see instructions)				
d	Applied to 2011 distributable amount			!	
е	Remaining amount distributed out of corpus	68,450.			
5	Excess distributions carryover applied to 2011				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
	Same amount must be shown in column (a).)				!
6	Enter the net total of each column as				
_	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	68,450.			
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				
d	Subtract line 6c from line 6b Taxable amount – see instructions		0.		
_	Undistributed income for 2010 Subtract line 4a from				}
·	line 2a Taxable amount — see instructions			0.	
f	Undistributed income for 2011. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2012			:	49,250.
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				,
_	, , , , , , , , , , , , , , , , , , , ,				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
	Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	68,450.			
10	Analysis of line 9:	ļ	1		1
а	Excess from 2007 . 0.				
b	Excess from 2008 0.		İ		
С	Excess from 2009 0.		1		
d	Excess from 2010 0.				
е	Excess from 2011 <b>68,450</b> .				

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	Private Operating Foundat					N/A	
1 a	a If the foundation has received a ruling or do is effective for 2011, enter the date of the r	etermination letter uling	that it is a private o	perating foundation,	<b>^</b> _		
t	Check box to indicate whether the foundation		rating foundation de		4942(j)(3) or	4942(j)(5)	
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	<del></del>		
	investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total	
t	85% of line 2a						
C	: Qualifying distributions from Part XII, line 4 for each year listed	, . <u></u>				· · · · · · · · · · · · · · · · · · ·	
C	Amounts included in line 2c not used directly for active conduct of exempt activities .						
	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:						
а	'Assets' alternative test – enter				1		
	(1) Value of all assets		ļ				
	(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		
	(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(jX3XBX(ii))						
	(3) Largest amount of support from an exempt organization						
	(4) Gross investment income						
1201	Supplementary Information ( assets at any time during the	Complete this year — see in	part only if the structions.)	organization ha	d \$5,000 or more	in	
1	Information Regarding Foundation Manage	ers:				<del></del>	
а	List any managers of the foundation who ha	ve contributed mor	re than 2% of the to	tal contributions rece	eived by the foundation	before the	
	close of any tax year (but only if they have t	contributed more tr	iaii \$5,000) (5ee si	ection 507(d)(2).)			
b	List any managers of the foundation who ow	n 10% or more of	the stock of a corpo	ration (or an equally	/ large portion of the o	wnership of	
_	a partnership or other entity) of which the fo	oundation has a 10	% or greater interes	t	iango portion or the o		
2	Information Regarding Contribution, Grant,	Gift, Loan, Schola	rship, etc, Program	ıs:		-	
	Check here ► ☐ If the foundation only marequests for funds. If the foundation makes	akes contributions t gifts, grants, etc, (s	to preselected charit see instructions) to i	table organizations a individuals or organi	and does not accept ur zations under other co	nsolicited nditions,	
	complete items 2a, b, c, and d.	of the person to wh	nom applications she	ould be addressed:		<del>-</del>	
a	The name, address, and telephone number	or the person to wi	юні аррисацонь зік	ould be addressed.			
b	b The form in which applications should be submitted and information and materials they should include:						
С	c Any submission deadlines:						
d	Any restrictions or limitations on awards, suc	ch as by geographi	cal areas, charitable	e fields, kinds of ins	titutions, or other facto	rs:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to status of Amount any foundation manager or recipient substantial contributor Name and address (home or business) a Paid during the year BOYS AND GIRLS CLUB 1140 S. BROAD ST NEW ORELANS LA 70119 CONTRIBUTION 1,000. ST. MICHAEL SPECIAL SCHOOL 1522 CHIPPEWA ST NEW ORLEANS LA 70130 CONTRIBUTION 3,000. ST. DOMINIC SCHOOL 755 HARRISON AVE LA 70124 CONTRIBUTION 3,000. NEW ORLEANS JESUIT HIGH SCHOOL 4133 BANK ST NEW ORLEANS LA 70119 A CONTRIBUTION 3,000. CATHOLIC CHARITIES 1000 HOWARD AVE NEW ORLEANS 70013 CONTRIBUTION 5,000. FORE KIDS FOUNDATIONS 11005 LAPALCO AVONDALE LA 70094 CONTRIBUTION 5,000. CHRIST THE BUILDER N/A NEW ORLEANA LA 70113 CONTRIBUTION 5,000. FREINDS OF CITY PARK CITY PARK DR 70124 CONTRIBUTION 100. NEW ORLEANS CHRISTIAN BROTHERS SCHOOL 8 FRIEDRICHS CONTRIBUTION NEW ORLEANS LA 70124 20,000. See Line 3a statement 23,350. Total 3a 68,450. b Approved for future payment 3ь Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded b	by section 512, 513, or 514	(e)	
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
1 Program service revenue:			code		1,500,000.	
a CONTRIBUTIONS	<del>                                     </del>		+		1,500,000.	
b	<del>                                     </del>		<del>                                     </del>			
c	<del> </del>		<del> </del>			
d	<del> </del>		╁			
e	<del>                                     </del>		<del>├</del> ── <del>├</del> ─		<del></del>	
f	+	<del></del>	<del>  </del> -	<del></del>		
g Fees and contracts from government agencies	<del> </del>	···	<del>  </del> -			
2 Membership dues and assessments	<del></del>		<del>                                     </del>		10.046	
3 Interest on savings and temporary cash investments		<del></del>	<del>                                     </del>		18,946.	
4 Dividends and interest from securities					21,769.	
5 Net rental income or (loss) from real estate:		<u></u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property	<b>—</b>	<u> </u>	<b>├</b>			
<b>b</b> Not debt-financed property	<b></b>					
6 Net rental income or (loss) from personal property	<u> </u>		-			
7 Other investment income	<u> </u>					
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue.						
a	<u> </u>		<u> </u>			
b			$\vdash$		<u></u>	
С	ļļ.					
d						
e						
12 Subtotal. Add columns (b), (d), and (e)					1,540,715.	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	1,540,715.	
(See worksheet in line 13 instructions to verify calculation	ns.)					
Relationship of Activities to the	Accompli	shment of Exemp	t Purpos	es		
Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	come is report purposes (other	ed in column (e) of Pa er than by providing fu	rt XVI-A co	ontributed importantly the purposes). (See inst	to the ructions )	
1 DIRECT CONTRIBUTION MADE TO	CHARITA	BLE ORGANIZATI	ONS			
				<del></del>		

Pan XVIB Relationship of Activities to the Accomplishment of Exempt Purposes						
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). (See instructions )					
1	DIRECT CONTRIBUTION MADE TO CHARITABLE ORGANIZATIONS					

Yes No

# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a Transfe	ers from the reporting	foundation to a nor	ncharitable exempt orga	anization of				
<b>(1)</b> Ca		•					1a (1)	X
<b>(2)</b> Oti	her assets						1 a (2)	X
<b>b</b> Other t	ransactions:							
` '	les of assets to a none	•	~				1 b (1)	X
<b>(2)</b> Pu	rchases of assets fron	n a noncharitable e	xempt organization				1 b (2)	X
<b>(3)</b> Re	ntal of facilities, equip	ment, or other asse	ets				1 b (3)	X
<b>(4)</b> Re	imbursement arranger	ments					1 b (4)	X
<b>(5)</b> Lo	ans or loan guarantee:	S					1 b (5)	<u> </u>
<b>(6)</b> Pe	rformance of services	or membership or	fundraising solicitations				1 b (6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees					1 c	<u> </u>		
the god	ods, other assets, or so	ervices given by the rangement, show it	lete the following schede reporting foundation. In column (d) the value charitable exempt organization.	If the founda of the goods	tion received le other assets, c	ss than fair market	value in	
						<u> </u>		
					<u> </u>			
describ b If 'Yes,'	oundation directly or in ed in section 501(c) of complete the followin a) Name of organization	f the Code (other th g schedule.	(b) Type of organization	r in section !		ations  c) Description of rel	Yes	X No
	-, . tamo or organizatio		(-) .Jpo or organiza		<del>                                     </del>	_,		
<del></del>			· ···· · · · · · · · · · · · · · · · ·			•		
						<del></del>		
					-			
						· -		
Under	penalties of perjury, I declare	that I have examined the	s return, including accompany	ing schedules ar	d statements, and to	o the best of my knowledg	e and belief, it	ıs true,
Sign Here	Katheme	C. Lau	xpayer) is based on all informa	2013	77US+E		May the IR this return preparer si (see instru	with the hown below
Sign	ature of officer or trustee		Date		llo		X	res No
	Print/Type preparer's nam	e	Preparer's signature		Date	Check X if	PTIN	
Paid	Thomas G. Kr	entel	Thomas G. K	ntel	01/08/13	self-employed	P01446	B74
Preparer	Firm's name KI	RENTEL MANAG	EMENT SERVICES	3		Firm's EIN ► 27-2	061516	
Use Only	Firm's address 63	31 ST. CHARL	ES AVE			1		
	NI	W ORLEANS		LA 70	130	Phone no. (504	865-7	331
BAA							Form <b>990</b>	- <b>PF</b> (2011)

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization		Employer Identification number
WALLACE LANDRY FAMILY	FOUNDATION	27-6982577
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	1
	4947(a)(1) nonexempt charitable trust not to	reated as a private foundation
	527 political organization	
Form 990-PF	x 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covere <b>Note.</b> Only a section 501(c)(7), (8),	ed by the <b>General Rule</b> or a <b>Special Rule</b> ., or (10) organization can check boxes for both the General Ru	ule and a Special Rule See instructions.
General Rule		
For an organization filing Form contributor (Complete Parts I a	990, 990-EZ, or 990-PF that received, during the year, \$5,000 and II.)	) or more (in money or property) from any one
Special Rules	•	
509(a)(1) and $170(b)(1)(A)(v_1)$ ,	ation filing Form 990 or 990-EZ that met the 33-1/3% support and received from any one contributor, during the year, a conm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete	ntribution of the greater of (1) \$5,000 or
total contributions of more than	(10) organization filing Form 990 or 990-EZ that received from \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, dren or animals. Complete Parts I, II, and III.	n any one contributor, during the year, literary, or educational purposes, or
contributions for use exclusively if this box is checked, enter here	(10) organization filing Form 990 or 990-EZ that received from for religious, charitable, etc, purposes, but these contribution the total contributions that were received during the year for of the parts unless the <b>General Rule</b> applies to this organization.	ns did not total to more than \$1,000.  Tan exclusively religious, charitable, etc,
' '		on because it received nonexclusively
religious, charitable, etc, contrib	outions of \$5,000 or more during the year	- \$
990-PF) but it <b>must</b> answer 'No' on	covered by the General Rule and/or the Special Rules does r Part IV, line 2, of its Form 990, or check the box on line H of not meet the filing requirements of Schedule B (Form 990, 99	its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Ac 990EZ, or 990-PF.	t Notice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (	Form 990,	990-EZ,	or 990-PF)	(2011)
Name of organiz	ation		<u> </u>	

Page

of

Employer identification number

WALLA	CE LANDRY FAMILY FOUNDATION	27-6	982577
-Eini	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KATERINE LANDRY  142 ENTERPRISE DR  GRETNA LA 70056	\$235,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LYNN LANDRY BROOKS  142 ENTERPRISE DR  GRETNA LA 70056	\$235,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MOLLIE LANDRY  142 ENTERPRISE DR  GRETNA LA 70056	\$235,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARGARET LANDRY  142 ENTERPRISE DR  GRETNA LA 70056	\$235,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CLARE LANDRY  142 ENTERPRISE DR.  GRETNA LA 70056	\$235,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	WALLACE & MICHELLE LANDRY  142 ENTERPRISE DR  GRETNA LA 70056	\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

1	in	•	23	C	lmt
_		•		-31	

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FILING FEES	850.			
INVESTMENT FEES	2,802.	2,802.		

Total

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3,652. 2,802.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business MARGARET LANDRY  142 ENTERPRISE DR  GRETNA LA 70056  Person X Business CLARE LANDRY	TRUSTEE 1.00	0,	0.	0.
142 ENTERPRISE DR GRETNA LA 70056	TRUSTEE 1.00	0.	0.	0.

Total

0.	0.	0.

Form 990-PF, Page 11, Part XV, line 3a

## Line 3a statement

Recipient	If recipient is an individual,	Foun-	Purpose of grant or contribution	Person or Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-		
(nome or business)	any foundation	cipient		Amount
	manager or	0.5.0		
	substantial			
	contributor			l
Dead of several fire several				
a Paid during the year				
ST ANDREW VILLAGE				Person or
PO_BOX_444				Business X
ABITA SPRINGS LA 70420		A	CONTRIBUTION	5,000.
ACADEMY OF THE SCARED HEART				Person or
4301 ST CHARLES AVE				Business X
NEW ORLEANS LA 70115		A	CONTRIBUTION	5,000.
MOUNT CARMEL ACADEMY				Person or
7027 MILINE BLVD.				Business X
NEW ORLEANS LA 70124		A	CONTRIBUTION	5,000.
THE DREW RODRIGUZ FOUNDATION				Person or
912 W WILLIAM DAVID PKWY				Business X
METAIRIE LA 70005		A	CONTRIBUTION	200.

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement** 

Continued

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-		
•	any foundation	cipient		Amount
	manager or			
	substantial		Ì	
	contributor			
a Paid during the year				
CHALMETTE ELEMENTARY				Person or
75 E CHALMETTE CIRCLE				Business X
CHALMETTE LA 70043		A	CONTRIBUTION	1,500.
ARCH. OF NEW ORLEANS				Person or
7887 WALMSLEY AVE				Business X
NEW ORLEANS LA 7012		A	CONTRIBUTION	3,000.
PMC JIMMY FUND				Person or
10 BROOKLINE PLACE W				Business X
BROOK; INE MA 02284		A	CONTRIBUTION	500.
NEIGHHOOD HOUSE				Person or
PO BOX 4086				Business X
CHATTANOOGA TN 37405		A	CONTRIBUTION	1,000.
SECOND HARVEST				Person or
700 EDWARDS AVE				Business X
NEW ORLEANS LA 70123		A	CONTRIBUTION	450.
TARAHUMARA CHILDRENS HOSE				Person or
PO BOX 62600	<b> </b>			Business X
NEW ORLEANS LA 70162		A	CONTRIBUTION	100.
MARKET UMBRELLA ORG				Person or
200 BROADWAY SUITE 107				Business X
NEW ORLEANS LA 70118		A	CONTRIBUTION	1,000.
ROB'S RESCUE FOUNDATION				Person or
3001 SALEM RD				Business X
WATKINSVILLE GA 30677		A	CONTRIBUTION	500.
MARINE TOYS FOR TOTS		<b>-</b>		Person or
NEW ORLEANS				Business X
NEW ORLEANS LA 70119	1	A	CONTRIBUTION	100.

Total

# MorganStanley SmithBarney

Ref: 00000478 00139725

# 2011 Year End Summary

WALLACE LANDRY FAM FOUNDATION Account Number 423-74612-17 215

# Details of Short Term Gain (Loss) 2011

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than \$20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000010	593.283	CGCM LARGE CAP VALUE INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	\$ 4,781,86	\$ 5,298.02	(\$ 516.16)	
12500020	19.987	CGCM SMALL CAP VALUE INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	259.23	244.64		14.59
12500030	206.362	CGCM SMALL CAP VALUE INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	2,144.10	2,525.87	(381.77)	
125000040	36,422	CGCM HIGH YIELD INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	162.81	159.53		3.28
125000050	27.478	CGCM HIGH YIELD INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	122.83	120.35		2.48
125000060	2,827.288	CGCM HIGH YIELD INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	11,196.06	12,383.52	(1,187.46)	i
12500070	75.896	CGCM HIGH YIELD INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	300.55	332.42	(31.87)	
125000080	182.926	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	2,030.48	1,964.63		65.85

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# MorganStanley SmithBarney

Ref. 00000478 00139726

2011 Year End Summary

WALLACE LANDRY FAM FOUNDATION Account Number 423-74612-17 215

	,
	- continued
	2011
`	Gain (Loss)
	Gain
•	Term (
,,	Short
	is of
	Details of S

			5000000			,	,	
Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	19.945	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	\$ 221.39	\$ 214.21		\$ 7.18
125000110	13.154	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	146.01	141.27		4.74
125000120	4.726	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	04/15/11	52.46	50.76		1.70
125000130	934.261	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	8,277.55	10,033.96	(1,756.41)	
125000140	106.671	CGCM INTERNATIONAL EQUITY INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	945.11	1,145.65	(200.54)	
125000150	380.768	CGCM LARGE CAP GROWTH INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	5,121.33	5,768.64	(647.31)	
125000160	104.704	CGCM LARGE CAP GROWTH INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	1,408.27	1,586.27	(178.00)	
125000170	87.953	CGCM LARGE CAP GROWTH INVESTMENTS EXCHANGE OUT BUY CONFIRM TO FOLLOW	01/19/11	10/07/11	1,182.97	1,332.49	(149.52)	
125000180	15.43	CGCM SMALL CAP GROWTH INVESTMENTS	01/19/11	04/15/11	324.03	306,29		17.74

# Form **8868** (Rev January 2012)

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

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

Internal Reven	ue Service		riie a Separate appi	icaudii idi eacii returii.				
• if.you a	re filing for an	Automatic 3-Month Extens	sion, complete only	Part I and check this bo	x			► X
If you a	re filing for an	Additional (Not Automatic	) 3-Month Extension	, complete only Part II	(on page 2 of this	form).		_
Do not con	nplete Part II un	less you have already bee	en granted an autom	atic 3-month extension of	on a previously fi	led Form 8	¢868.	
corporation request an Associated	required to file extension of time. With Certain Pe	ou can electronically file Form 990-T), or an addition to file any of the forms ersonal Benefit Contracts, any visit www.irs gov/efile and	onal (not automatic) listed in Part I or Pa which must be sent	3-month extension of till with the exception of the	me You can elect of Form 8870, Info	tronically formation R	file Form 8868 Seturn for Trans	sfers
Part C	Automatic 3-	Month Extension of	Time. Only subn	nit original (no copi	es needed).			
		le Form 990-T and reques				omplete Pa	art I only	▶
All other co income tax		udıng 1120-C filers), partn	erships, REMICS, ai					
<del></del>	Name of exempt	organization or other filer, see ins	tructions		Inter filer's ident		identification numb	
Type or	Traine or exempt	organization of other mer, see mis				Limpleyer	dentineation numb	Er (E114) 01
print						l		
File by the		LANDRY FAMILY FO	<del></del>			<del></del>	-6982577	(CCAD
due date for			Dox, see instructions			J SOCIA	al security number (	(22N)
filing your return See		RPRISE DR						
instructions	City, town or pos	t office, state, and ZIP code For a	foreign address, see instri	ictions				
	GRETNA			///		LA	70056	
Enter the Re	eturn code for th	ne return that this applicat	ion is for (file a sepa	rate application (offeat	Matura)		[	01
Application Is For			Return Code	Application Is For	PRLEANS IS	SERV		Return Code
Form 990			01	Form 990-T (corporati	86 7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7015	25	07
Form 990-B	L		02	Form 1041-A A	2012			08
Form 990-E	Z		01	Form 4720	En "			09
Form 990-Pl	F		04	Form 5227 34	シント			10
Form 990-T	(section 401(a)	or 408(a) trust)	05	Form 6069	375-0			11
Form 990-T	(trust other than	n above)	06	Form 8870				12
Telephor If the org If this is check th	ne No. [504] ganization does for a Group Rei ils box nsion is for	ne of <b>KATHERINE</b> C  ) 522-8585  not have an office or placturn, enter the organization  If it is for part of the	FAX Notes of business in the n's four digit Group Egroup, check this bo	exemption Number (GEN	s box N) If a list with the nai		the whole gro	-
until Z The ex	Aug 15	: 3-month (6 months for a , 20 12 , to file the exe e organization's return for 20 11 or ning , 20 12 to 120 140 150 150 150 150 150 150 150 150 150 15	empt organization re :: 0, and endin	turn for the organization	named above			
Chi	ange in account					al return		
nonrefu	undable credits.	r Form 990-BL, 990-PF, 99 See instructions				3a \$		0.
		r Form 990-PF, 990-T, 472 de any prior year overpayi			d estimated tax	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 EFTPS (Electronic Federal Tax Payment System) See instructions

0.

3c \$

		DRY FAMILY FOUR		27-6982577	Page
•	are filing for an Additional (Not Autor	=	•		► <u> x</u>
	ly complete Part II if you have already	_		sly filed Form 8868	
	are filing for an Automatic 3-Month E			(	
Part II	Additional (Not Automatic) 3-	Month Extension o			
	Name of exempt organization or other filer, see	unetzietione	Enter filer	's identifying number, see Employer identification number	
	Marie of exempt organization of other mer, see	This is the second		2. Indicate the state of the st	(2.11) 01
ype or rint	WALLACE LANDRY FAMILY	FOIDNDATION		X 27-6982577	
11110	Number, street, and room or suite number. If a			Social security number (SSN)	
le by the stended	1				
ue date for	142 ENTERPRISE DR			lΠ	
tum See structions	City, town or post office, state, and ZIP code Fo	or a foreign address, see instruc	tions		
	GRETNA	LA 7	0056		
nter the	Return code for the return that this app	lication is for (file a sepa	arate application for each return)		04
pplication For	on	Return Code	Application Is For		Return Code
orm 990		01			-
orm 990-		02	Form 1041-A		08
rm 990-	<del></del>	01	Form 4720	·- ·	09
rm 990-		04	Form 5227	-	10
rm 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (11 - 11 11 1)	0.5			
	T (trust other than above) not complete Part II if you were not all	∫ 06 eady granted an automa	Form 8870 atic 3-month extension on a previo	usly filed Form 8868.	12
The bo Telepho If the o If this is	oks are in care of <b>KATHERINE I</b> one No <b>(504) 522-8585</b> rganization does not have an office or s for a Group Return, enter the organiz p, check this box	ANDRY  FAX No Polace of business in the ation's four digit Group E	atic 3-month extension on a previo	- - If this	▶ []
The bo Telepho If the o If this is ole groue	oks are in care of <b>KATHERINE I</b> one No <b>(504) 522-8585</b> rganization does not have an office or s for a Group Return, enter the organiz p, check this box	FAX No Polace of business in the ation's four digit Group E part of the group, check	United States, check this box  Exemption Number (GEN)  this box	- - If this	▶ []
OP! Do  The bo Telephe If the o If this is ole grou mbers ti	oks are in care of <b>KATHERINE</b> I one No <b>(504) 522-8585</b> rganization does not have an office or s for a Group Return, enter the organizer, check this box  If it is for the extension is for	FAX No Foliace of business in the ation's four digit Group E part of the group, check	United States, check this box Exemption Number (GEN)  this box and attach a list with the control of the contro	- - If this th the names and EINs of	► ☐ is for the all
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I amy authorized to prepare this form

Signature

Title

Title

Signature

BAA

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W&I-FIELD ASSISTANCE (Rev 1-2012)
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