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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

<u> </u>	or the	2011 Calendar year, or tax year beginning JUL 1, 2011 and	enaing L	<u>UN 30, 2012</u>	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	HOLY ANGELS FAMILY ASSOCIATION INC			
	Name change	Doing Business As		27-3	571036
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termin ated	10450 ELLEKBE KD:		318-	<u>797-8500</u>
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	44,060.
	Applica	SHREVEPORI, LA /1100		H(a) Is this a group re	
	pendin	F Name and address of principal officer EDWINA ADAMS		for affiliates?	Yes X No
		4633 SUNNYBROOK DR., PLANO, TX 75093		H(b) Are all affiliates inc	luded? Yes No
		mpt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1)	or 527	⊣	list (see instructions)
		e:▶N/A		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2010 N	State of legal domicile; LA
Pē	rt I	Summary	MTCCTC	N OF THE HO	T.V. ANCET C
S		Briefly describe the organization's mission or most significant activities. THE			
Activities & Governance	1	FAMILY ASSOCIATION IS TO ENSURE THE CARE			
Veri		Check this box If the organization discontinued its operations or dispo	sea or more	1 1	4
Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	4
ళ	ŀ	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
ij	1	Total number of volunteers (estimate if necessary)		6	0
ξį	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	l .	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		The difference of the day of the difference of the day		Prior Year	Current Year
m	8	Contributions and grants (Part VIII, line 1h)		105,611.	43,975.
ž	l .	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100.	85.
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
2013	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,711.	44,060.
2	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,560.	28,221.
©		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Regued a July	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
įğ.	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	············	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	9,494.	850.
<u>u</u>	18	Total expenses Add lines 13-17 (must equal Part IX, column A, ine 25/ E D	- }	65,054.	29,071.
<u> 2</u>	19	Revenue less expenses Subtract line 18 from line 12	16	40,657.	14,989.
Net Assets or Fund Batances		Total assets (Part X line 16) FEB 1 2 2013	IRS-OS	eginning of Current Year	End of Year
See	20	Total assets (Fart A, line 16)	[왕]	40,657.	55,646.
et	21	Total liabilities (Part X, line 26)	┚═╽├─	0.	0.
꾪	<u> 22</u> art	Net assets or fund balances Subtract line 21 from line 20 GDEN UT		40,657.	55,646.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and states	and to the heat of m	v knowledge and helief it is
		t, and complete. Declaration of preparer, (p. 1615) that perficer) is based on all information of w			y knowledge and belief, it is
u ue,	, correc	t, and complete. Declaration of prepare (Option Planta Planta) is based of all information of w	пісп ргераге	i ilas ally kilowieuge.	
e:-	_	Signature of officer		Date	
Sign		DONALD WALKER, TREASURER			
Her	е	Type or print name and title		To the state of th	
		Print/Type preparer's name Reparer's signature		Date Check	PTIN
Paid	1	DWIGHT L. PUGH, CPA	0 0 A	02/07/13 self-employ	
	arer	Firm's name SMITH PUGH & SEAL, MLP	<u> \</u>	Firm's EIN	72-0739524
	Only	Firm's address 470 ASHLEY RIDGE BLVD.		0 E	
		SHREVEPORT, LA 71106		Phone no. 3	18-869-1055
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		,	X Yes No

		orm 990 (2011)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 28,221.	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$))
4 L	(a	1
	INTERDECTORD AND DEVENORMENTAL DISABILITIES.	
	PURPOSE IS TO PROVIDE HOUSING AND TRAINING FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.	
	TO SUPPORT AND ASSIST HOLY ANGELS RESIDENTIAL FACILITY INC., WHO	SE
4a	(Code) (Expenses \$ 28,221. including grants of \$ 28,221.) (Revenue \$)
	others, the total expenses, and revenue, if any, for each program service reported.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(1) trusts are required to report the amount of grants and allocated to the section 4947(a)(a) trusts are required to report the amount of grants and allocated to the section 4947(a)(a) trusts are required to report the amount of grants and allocated to the section 4947(a)(a) trusts are required to report the amount of grants and allocated to the section 4947(a)(a) trusts are required to report the amount of grants and allocated to the section 4947(a)(a) trusts are required to report the amount of grants are required to the section 4947(a)(a) trusts are required to the section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(
	If "Yes," describe these changes on Schedule O	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these new services on Schedule O.	3103 [22]110
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	FACILITY IN ADDRESSING THE FACILITY'S NEEDS. THE ASSOCIATION WO	RKS
	FACILITY, AND ASSIST THE BOARD OF DIRECTORS OF HOLY ANGELS RESID	ENTIAL_
	CARE OF THE RESIDENTS, PROMOTE THE INTEREST OF HOLY ANGELS RESID	
1	Briefly describe the organization's mission: THE MISSION OF THE HOLY ANGELS FAMILY ASSOCIATION IS TO ENSURE T	HE
	Check if Schedule O contains a response to any question in this Part III	X
Par	t III Statement of Program Service Accomplishments	
	990 (2011) HOLY ANGELS FAMILY ASSOCIATION INC 27-35/10	36 Page 2

orm 990 (2011)	HOLY	ANGELS	FAMILY	ASSOCIATION	INC	27-3571036	Pi	age 3
Part IV Checklist of F	lequired	Schedules						
							Yes	No

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			••
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • • • • • • • • • • • • • • • • • •		
124	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		^
19	complete Schedule G, Part III	19		х
20⇒	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	" 100 to min abay did the organization distant a copy of the addition interiorist ottation to this rotation.	_ 	000	0044

Form **990** (2011)

Form 990 (2011) HOLY ANGELS FAMILY ASSOCIATION INC

Part IV Checklist of Required Schedules (continued)

21 Dd the organization report more than \$5,000 of grints and other assistance to any government or organization in the United States on Part IX. column (A), line 17 If "Fee," complete Schedule I, Parts and II				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), the 27 If Yes, "complete Schedule I, Part I and III and former officer, director, trustees, key employees, and highest compensation of the organization's current and former officer, director, trustees, key employees, and highest compensation of the organization's current and former officer, director, trustees, key employees, and highest compensation of the organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule K If "No", go to line 25 249 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? department of the organization and south of the year, that was proceeds of tax-exempt bonds beyond a temporary period exception? 250 Did the organization and 501(c)(4) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part II and that the transaction have not been reported on any of the organization short prompted Schedule L, Part II and the organization and the organization short prompted Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person understanding as of the end of the organizations principal stay year? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, or well with the properties of the properties of the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II and the organization review for the organization review for the organization review for the organi	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 if "Yes," complete Schedule i, Parts I and III 2 bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and task day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I" I have been any tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I" "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penid exception? c Did the organization marks an escrow account other than a refunding secrow at any time during the year? d Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II b Id the organization aware that engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Was also no tor by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contribute or any of these persons? If "Yes," complete Schedule L, Part IV a An entity of which a current or former officer, director, trustee, or key employee, a farmly member of any of these persons? If "Yes," complete Schedule L, Part IV A nentity of which a Current or former officer, director, trustee, or key employee, or a farmly member of a farmly member of a		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule U and the sist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24b Did the organization inward any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds. 25c Section 601(c)(3) and 501(c)(4) organizations. Did the organization and at a an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization spring former 950 or 990-627 If "Yes," complete Schedule L, Part II and the transaction with a disqualified person outstanding as of the end of the organization spring former 950 or 990-627 If "Yes," complete Schedule L, Part II and the transaction with a disqualified person outstanding as of the end of the organization spring former of the organization party to a business transaction with one of the following parties (see Schedule L, Part II) 25c Was the organization party to a business transaction with one of the following parties (see Schedule L, Part II) 27d A annity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II and the organization review of the orga	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, furectors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b J 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization naves than 35 Did (C)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 1s the organization was an an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I is 1s the organization was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I is 1s the organization prior of former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II is 1st year organization as a part or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV is a family organization and party to a business transaction with one of the following parties (see Schedule L, Part IV is 1st and the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is 25 Did the organization receive contributions of If "Yes,		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J 24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Dd the organization maintain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Dd the organization maintain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? do Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 ((k)) and 50 ((k)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Defeated Person during the year? If "Yes," complete Schedule L. Part II yes a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II yes a loan to or employee thereof, a grant selection committee emplor, or to a 35% controlled entity or family member of any of thesia persons? If "Yes," complete Schedule L. Part II yes and the current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV yes and the current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV yes, and the current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV yes, and the current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV yes, "complete Schedule L. Part IV yes," complete Schedule L. Part IV yes," or on the current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV yes," or on the current or the particle schedule L. Part IV yes," or o	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization are at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 024d. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I is the organization has not been reported on any of the organization is prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I is the organization has not been reported on any of the organization is prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I is 25b. X. 25b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not or by a current or former officer, director, trustee, key employee, brighly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II V 25b Was a ban to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or trainly member of any of these persons? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A neithy of the organization receive more t		•	23		_X_
Schedule K if *No*, go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and at as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization are at as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If *Ne*, complete Schedule L, Part I I 25a X Dis the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If *Yes,* complete Schedule L, Part I I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If *Yes,* complete Schedule L, Part I V Did the organization provide a grant or other assistance to an officer, director, trustee, every employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these personso? If *Yes,* complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule I, Part IV 28c X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule I, Part IV 37c 37c 38c 39d the organization owar followed of	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		· · · · · · · · · · · · · · · · · · ·			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		, •	24a		X
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 35b X 35b X 35b X 35b X 36a X 37a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36a X 37a Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37a X 38a Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			33		<u>X</u>
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X				_X	
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		• • • • • • • • • • • • • • • • • • • •	35a		<u>X</u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	b				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			35b		<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36	· · · · · · · · · · · · · · · · · · ·			7.7
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	0-		36		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	3/				v
Note. All Form 990 filers are required to complete Schedule O	20		37		
	30		20	y	
		140te. / Will of the date required to complete our edule O			2011\

Form 990 (2011) HOLY ANGELS FAMILY ASSOCIATION INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country.			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5a_		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
va	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, included on Form 990, Part VIII, line 12 for public use of allub feelities.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
່ a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	OOO /	0044

Form 990 (2011) HOLY ANGELS FAMILY ASSOCIATION INC 27-3571036 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_x_						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncıal							
-	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•							
	DON WALKER, TREASURER - 318-688-3050									
	6823 DINES DD SHREVEDORT I.A 71129									

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	220	1201		

HOLY ANGELS FAMILY ASSOCIATION INC

27-3571036

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n	or any related	orga	anıza	tion	cor	mpe	nsat	ted any current officer, o	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than box, unless person is bot		one	Reportable	Reportable	Estimated			
	hours per			box, unless person is both an officer and a director/trustee)			h an	•	compensation	amount of
	week (describe	-				7,003	1	from the	from related	other
	hours for	Individual trustee or director				-			organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee		ŀ	nsate		(W-2/1099-MISC)	(** =, *********************************	organization
	organizations	Itus	nal tru		oyee	e e				and related
	ın Schedule	Mdua	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	曺			organizations
	O)	를	Inst	₹	Ş.	울등	Ē			
(1) EDWINA ADAMS					ļ					
PRESIDENT	7.00	X		X	_		_	0.	0.	0.
(2) KEN LEONARD					ļ					
VICE PRESIDENT	7.00	X		X		ļ		0.	0.	0.
(3) DONNA CRAWFORD	5 00									•
SECRETARY	7.00	X		X				0.	0.	0.
(4) DON WALKER	7 00	3,5		3,						0
TREASURER	7.00	X		X		-		0.	0.	0.
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	Section A. Officers, Directors, Ir	1	ПРІС	уее			nigh	est					
	(A)	(B) Average)) Pos	C) Itior	1		(D)	(E)		(F	
	Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		Estim amou	
		week	offic	cer ar	id a d	lirecto	or/trus	itee)	from	from related		oth	
		(describe	director						the	organizations	_	compe	
		hours for related	6 or di	異			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from	
		organizations	truste	at tes		e e	mpen		(VV-2/1099-WIISC)			organi and re	
		ın Schedule	Individual trustee or	Institutional trustee	₅₅	Key employee	Highest compensated employee	Je.				organiz	
		0)	重	喜	Officer	Key 6	喜	Former					
				_			-			<u>-</u>			
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	· · · · · · · · · · · · · · · · · · ·			\vdash	 					***			
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		<u> </u>	<u> </u>	L									
1b	Sub-total								0.		0.		0
	Total from continuation sheets to Part V	II, Section A							0.		<u>o</u> .		0
	Total (add lines 1b and 1c)	ant limited to th		linte			ابداه		0.		0.		0
2	Total number of individuals (including but is compensation from the organization	not ilmited to tr	iose	IISTE	ea a	DOV	e) wi	no re	eceived more than \$100	,000 of reportable			(
	compensation nom the organization											Ye	
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	[-	
	line 1a? If "Yes," complete Schedule J for	such individual					•					3	X
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$15											4	X
5	Did any person listed on line 1a receive or					-		elat	ed organization or indiv	dual for services			
	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son			_		5	X
1	Complete this table for your five highest co	mneneated in	done	ande	nt c	onti	racto	are t	hat received more than	\$100,000 of comp	ODC	ation from	
•	the organization Report compensation for	•	-							•	/C113	ation non	•
	(A)	·							(B)	, , , , , , , , , , , , , , , , , , , ,		(C)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompensa	ition
								_					
								\dashv		***************************************			
								\neg					
2	Total number of independent contractors (_	ot lii	mıte	d to	tho	se li	sted	l above) who received m	nore than			
	\$100,000 of compensation from the organ	zation >				(0						
												Form 99	0 (2011

<u> </u>	C VIII	T Statement of Never	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and ve 1f	43,825. 150.				
SE S	_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f \$		43,975.			
- " 	- 11	Total. Add lines 1a-11		Business Code	43,313.			
Program Service Revenue	2 a b			business code				
e S	С							
e a	d							
Š_	е							
<u>-</u>		All other program service reve	enue					
\rightarrow		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and	85.			0.5
	_	other similar amounts)			85.			85.
	4	Income from investment of ta	x-exempt bona p	roceeas				
	5	Royalties	(2 Dool	(i) Dorognal				
	6.	Gross rents	(i) Real	(ıi) Personal				
	6 a b							
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ıi) Other				
	, u	assets other than inventory	() CCCGITICG	(ii) Othici				
	b	Less cost or other basis						
	_	and sales expenses						
	С	Gain or (loss)				:		
		Net gain or (loss)		•				
Other Revenue		Gross income from fundraisin	g events (not L50.					
é		contributions reported on line	1c) See					
ē		Part IV, line 18	а	0.		•		
동	b	Less: direct expenses	b	0.	_			
		Net income or (loss) from fund	_		0.			
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less. cost of goods sold	b					•
-	С	Net income or (loss) from sale		_				
-		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c	All planes are a second						
	d	All other revenue						
- [Total. Add lines 11a-11d			44,060.	0.	0.	85.
132009 01-23-	12 9	Total revenue. See instructions.			44,000.	<u> </u>	<u> </u>	Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u>`</u>					
	Check if Schedule O contains a respon			(6)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	23,021.	23,021.		
2	Grants and other assistance to individuals in				· <u>-</u> ·
	the United States. See Part IV, line 22	5,200.	5,200.		
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
''a	Management				
b	Legal				
c	Accounting				
d	Lobbying			-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other				
g 12	Advertising and promotion				
12	Office expenses				
13	Information technology				
14					
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	FEES & LICENSES	850.		850.	
b		050.			
c d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	29,071.	28,221.	850.	0.
<u>25</u>		43,011.	40,441.		0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	if following SOP 98-2 (ASC 958-720)	1		I	

Form 990 (2011)
Part X Balance Sheet

Pai	<u>rt X</u>	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		40,657.	1	55,646.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	·
	4	Accounts receivable, net			4	_
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	·
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1			
		basis. Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	•		11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	40,657.	16	55,646.
	17	Accounts payable and accrued expenses	-		17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
တ္	21	Escrow or custodial account liability Complete F		21		
Liabilities	22					·-
abi						
Li		of Schedule L		22		
	23	Secured mortgages and notes payable to unrela		23	-	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere and complete			
S		lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
d B	29	Permanently restricted net assets			29	
'n.		Organizations that do not follow SFAS 117, cl	neck here 🕨 🗓 and			-
or I		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
et A	32	Retained earnings, endowment, accumulated in	•		32	55,646.
ž	33	Total net assets or fund balances	•			55,646.
	34	Total liabilities and net assets/fund balances				55,646.
Net Assets or Fund Balances	31 32 33	Paid in or capital surplu Retained earnings, end Total net assets or fund	us, or land, building, or eq lowment, accumulated in d balances	us, or land, building, or equipment fund lowment, accumulated income, or other funds d balances	us, or land, building, or equipment fund lowment, accumulated income, or other funds d balances 0. 40,657.	us, or land, building, or equipment fund 10 us, or land, building, or equipment fund 10 us, or land, building, or equipment funds 10 us, or land, building,

Form **990** (2011)

	1990 (2011) HOLY ANGELS FAMILY ASSOCIATION INC	27-3.	571036	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	44	1,0	<u>60.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	0,6	71.		
3	Revenue less expenses Subtract line 2 from line 1	3	14	1,9	89.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4(),6	<u>57.</u>		
5							
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit					
	Act and OMB Circular A·133?		За		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	9 90 (2011)		

01-23-12

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

| 201

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection
Employer identification number

		HOLY AN	GELS I	FAMILY	ASSOC	IATIO	N INC			2	7-3571036
Part I	Reason	for Public Char	ity Statu	S (All organi	zations mu	st complet	e this part	i.) See inst	tructions.		
he organi	zation is not a	a private foundation	because it i	ıs: (For lines	1 through	11, check	only one b	ox)			
1	A church, co	nvention of churches	s, or associ	ation of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2	A school des	cribed in section 17	O(b)(1)(A)(i	i). (Attach Sc	chedule E)						
з 🔲		a cooperative hospi					170(b)(1)(A)(iii).			
4	•	search organization o		-					(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	-	•	•		•				•	•
5	-	on operated for the	benefit of a	college or u	niversity ov	wned or op	erated by	a governi	mental unr	t describe	ed in
	-	(b)(1)(A)(iv). (Comple		Ū	•	·	•	·			
6 🗀		ate, or local governm		ernmental un	rt described	d in sectio	n 170(b)(1	ιγαγν.			
7 🗔		ion that normally rec	-						or from the	general r	public described in
. —	_	(b)(1)(A)(vi). (Comple			o, 110 00pp		90.0			90	
в 🗔		trust described in s	•	VhV 1VAVvi)	(Complete	Part II \					
9 🗔	=					•	rom contri	butions m	nembershi	n fees ar	nd gross receipts from
•	_										from gross investment
		unrelated business to									
		509(a)(2). (Complete				,	0111000000	ioquiiou b	y ino orga	Lacion c	
10		ion organized and or		lusively to te	est for nubl	ic safety S	See sectio	n 509/a\/	1)		
11 🕱	-	ion organized and or		-	-	=			-	v out the	nurnoses of one or
•••	•	y supported organiza		•		•					•
	, ,	e type of supporting				-		.,. 555 661	J. 1011	- /(- /, - · · ·	
	а Туре	· · · · ·	Type II	•	с 🗶 Тур	-		egrated		d 🗔	Type III - Other
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		nanagers and other t	•			-	-	-		•	
f		ation received a writ		·	• • •	-				` , , ,	(// /
•	-	rganization, check th				,	. , ,,	, ,,			
g		t 17, 2006, has the c		accepted a	ny gift or c	ontribution	from any	of the folk	owing pers	sons?	
J	•	n who directly or ind	_	-			•				Yes No
	• • •	erning body of the si	•		J				`, `	,	11g(i) X
	•	member of a persor		-	?						11g(ii) X
		controlled entity of a				e?					11g(iii) X
h		following information	-	**							
		· J · ·			•	,					
/il Namo	of supported	(ii) EIN	(iii)	Type of	(iv) Is the o	organization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount of
	inization	(11) C114		nization	(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organized in the				on in col.	(vii) Amount of support	
0.90				d on lines 1-9 IRC section	governing	document?	(i) of your	support?	Ü.S	.7 " "	
				tructions))	Yes	No	Yes	No	Yes	No	
HOLY	ANGELS								.,		
		72-0628035	501(C)(3)	х		х		x		23,021.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked			•	on failed to qualify i	under Part III If the	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	·····					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					_	
6	Public support. Subtract line 5 from line 4	•					
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						,
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruct	ions)			12	
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a sectio		
	organization, check this box and stop				-		ightharpoonup
Sec	ction C. Computation of Publi	c Support Pe	rcentage				-
14	Public support percentage for 2011 (li	ne 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Parl	: II, line 14			15	%
	33 1/3% support test - 2011. If the o			on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies a	-					▶□
b	33 1/3% support test - 2010. If the o		•		l line 15 is 33 1/3%	or more, check th	his box
	and stop here. The organization qualif	•		•			. •
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·			e 13, 16a. or 16b. :	and line 14 is 10%	or more,
	and if the organization meets the "fact	•					
	meets the "facts-and-circumstances" f			•			▶ □
b	10% -facts-and-circumstances test	•	•		-	17a, and line 15 is	10% or
~	more, and if the organization meets th	7	•				

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support		_			-	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					•	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>		1		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u></u>	<u> </u>		
· · · · · · · · · · · · · · · · · · ·	(=) 0007	(L) 0000	4-3.0000	(-D 0010	(-) 0011	(0 T-+-I
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 0a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				ļ		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					-	
c Add lines 10a and 10b						 ,_
I1 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on		_				
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Per	rcentage				
5 Public support percentage for 2011 (lin	e 8, column (f) di	ivided by line 13, o	column (f))		15	
6 Public support percentage from 2010 S	Schedule A, Part	III, line 15			16	
section D. Computation of Invest						
7 Investment income percentage for 201	1 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	
8 Investment income percentage from 20	•	•	.,,		18	
9a 33 1/3% support tests - 2011. If the o			on line 14, and line	e 15 is more than	L==-	
more than 33 1/3%, check this box and	_				•	
b 33 1/3% support tests - 2010. If the o	•	•	, ,	• • •		and
line 18 is not more than 33 1/3%, check		_			•	▶□
O Private foundation If the graphystics			•		•	[

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public

2

Employer identification number 27-3571036 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Attach to Form 990. HOLY ANGELS FAMILY ASSOCIATION INC General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	Governments and \$5,000. Check this	I Organizations in the box if no one recipien	e United States. C it received more th	omplete if the orgains \$5,000 Part II	inization answered "Y can be duplicated if a	es" to Form 990, Part Idditional space is need	V, line 21, for any ted
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY ANGELS RESIDENTIAL FACILITY, INC 10450 ELLERBE RD SHREVEPORT LA 71106	72-0628035		21,021.	0			TO SUPPORT AND ASSIST HOLY ANGELS RESIDENTIAL FACILITY INC, INDIVIDUALS WITH INTELLECTUAL AND
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	and government org	janizations listed in the table	e line 1 table				1.0

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

HOLY ANGELS FAMILY ASSOCIATION INC Schedule I (Form 990) (2011)

Page 2

27-3571036

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAVEL EXPENSES FOR HOLY ANGELS RESIDENTIAL FACILITY EMPLOYEES,	4	2,000,	0		
CHRISTMAS GIFT FOR HOLY ANGELS RESIDENTIAL PACILITY EMPLOYEES.	4	3 200.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: HOLY ANGELS		MILY ASSOC	FAMILY ASSOCIATION INC. (HAFA)	. (HAFA)	
MONITORS THE USE OF GRANT FUNDS BY REQUIRING FROM HOLY ANGELS RESIDENTIAL	REQUIRI	NG FROM HO	LY ANGELS	RESIDENTIAL	
FACILITY, INC., (HARF), THE ORGANIZATION RECEIVING GRANTS, A SUMMARY OF	ZATION R	ECEIVING G	RANTS, A S	UMMARY OF	
EXPENSES FOR WHICH IT REQUESTS SPECIFIC FUNDS.	CIFIC FU	NDS.			

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

HOLY ANGELS RESIDENTIAL FACILITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND ASSIST HOLY ANGELS

132102 01-27-12

RESIDENTIAL	77 1 7 T T T MILE						
	FACILITY	INC,	INDIVIDUALS	WITH	INTELLECTUAL	AND	DEVELOPMENTAL
DISABILITIES	3.						
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

HOLY ANGELS FAMILY ASSOCIATION INC

Employer identification number 27-3571036

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESIDENTIAL FACILITY, INC., TO PROMOTE THE INTERESTS OF HOLY ANGELS
RESIDENTIAL FACILITY, INC., AND TO ASSIST THE BOARD OF DIRECTORS OF
HOLY ANGELS RESIDENTIAL FACILITY, INC., IN ADDRESSING THEIR NEEDS. THE
ASSOCIATION WORKS DIRECTLY WITH THE BOARD OF DIRECTORS OF HOLY ANGELS
RESIDENTIAL FACILITY, INC., THE SISTERS OF THE CONGREGATION OF OUR LADY
OF SORROWS AND THE ADMINISTRATION OF HOLY ANGELS IN WHATEVER MANNER
BENEFITS THE INTEREST OF THE SCHOOL AND THE RESIDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIRECTLY WITH THE BOARD OF DIRECTORS OF HOLY ANGELS RESIDENTIAL
FACILITY, THE SISTERS OF THE CONGREGATION OF OUR LADY OF SORROWS AND
THE ADMINISTRATION OF HOLY ANGELS IN WHATEVER MANNER BENEFITS THE
INTEREST OF THE SCHOOL AND THE RESIDENTS.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS ARE THE
PERSONS WHO PAY THE REQUIRED ANNUAL DUES. THE MEMBERS VOTE TO ELECT THE
GOVERNING BOARD MEMBERS. THEY DO NOT RECEIVE ANY OF THE ORANIZATION'S
PROFITS OR EXCESS DUES OR SHARE IN THE ORGANIZATION'S ASSETS.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS VOTE TO ELECT THE
GOVERNING BOARD MEMBERS EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B: THERE ARE TWO OR THREE MEETINGS A

YEAR WHERE THE MEMBERS ARE PRESENT WITH THE BOARD. DURING THESE MEETINGS,

THE BOARD PRESENTS OPPORTUNITIES FOR SPECIFIC DONATIONS/GRANTS TO THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization HOLY ANGELS FAMILY ASSOCIATION INC	Employer identification number 27-3571036
SUPPORTED ORGANIZATION, HOLY ANGELS RESIDENTIAL FACILITY	INC. (HARF), AND
THE MEMBERS ARE ASKED TO VOTE ON THESE DONATIONS/GRANTS.	
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM	990 IS PRESENTED
TO THE EXECUTIVE COMMITTEE. THIS COMMITTEE REVIEWS THE 99	0 AND IF ANY
QUESTIONS OR ISSUES ARISE, THEY DISCUSS AND/OR RESOLVE TH	ESE AMONG
THEMSELVES OR CONTACT THE PREPARER FOR FURTHER DETAILS.	ONCE ALL ISSUES OR
QUESTIONS HAVE BEEN RESOLVED, THE COMMITTEE APPROVES THE	990 FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE COM	MITTEE TAKES A
SURVEY OF BOARD MEMBERS TO IDENTIFY ANY POTENTIAL CONFLIC	TS OF INTEREST IN
	EMBERS WHO HAVE
CONFLICTS OF INTEREST IN THE PROJECT ARE REQUIRED TO RECU	SE THEMSELVES FROM
THE PROJECT IN ORDER TO ENSURE INDEPENDENCE.	
FORM 990, PART VI, SECTION C, LINE 19: HOLY ANGELS MAKES	TTS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STAT	
FOR VIEWING BY THE PUBLIC IN THE OFFICE OF THE PRESIDENT.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	ON PROCESS
DURING THE CURRENT TAX YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 27-3571036

Direct controlling entity

Ξ

End-of-year assets <u>e</u> Total income ਉ ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) HOLY ANGELS FAMILY ASSOCIATION INC ▶ Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(b)(13)	No	×		
(g) Section 512(b)(13) controlled entity?	Yes			
(f) Direct controlling entity				
(e) Public charity status (if section	501(c)(3))	6 27		
(d) Exempt Code section		501(0)(3)		
(c) Legal domicile (state or foreign country)		COTTSTANA		
(b) Primary activity		HOLY ANGELS IS A RESIDENTIAL & TRAINING CAMPUS FOR INDIVIDIALS		
(a) Name, address, and EIN of related organization		HOLY ANGELS RESIDENTIAL FACILITY, INC HOLY ANGELS IS 72-0628035, 10450 ELLERBE RD, SHREVEPORT, LA RESIDENTIAL & 71106		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132181 01-23-12 LHA

Schedule R (Form 990) 2011

27-3571036

Page 2

Schedule R (Form 990) 2011 HOLY ANGELS FAMILY ASSOCIATION INC

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Yes Share of end-of-year assets Code V-UBI amount in box 720 of Schedule 12 K-1 (Form 1065) <u>(6</u> Share of total income ate allocations?  $\boldsymbol{arphi}$ Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> Direct controlling entity Share of total income ਰ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>©</u> 22 Primary activity (d)
Direct controlling
entity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

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				(9)
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		0	į	(1) N/A
	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
	mation on who must complete this line, including covered relationships and transaction thresholds	his line, including covered re	ho must complete t	s for infor
14 X X				<ul> <li>q Other transfer of cash or property to related organization(s)</li> <li>r Other transfer of cash or property from related organization(s)</li> </ul>
ot ot x x				<ul> <li>Reimbursement paid to related organization(s) for expenses</li> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>
¥ = £			nzation(s) nzation(s)	<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>Sharing of facilities equipment mailing lists or other assets with related organization(s)</li> </ul>
ıt.				j Lease of facilities, equipment, or other assets from related organization(s)
# := X X				
≠ p				f Sale of assets to related organization(s)
1e				e Loans or loan guarantees by related organization(s)
N bt				
1a X				<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> <li>b Giff grant or capital contribution to related organization(s)</li> </ul>
	Parts II-IV?	transactions with one or more related organizations listed in Parts II-IV?	with one or more r	During the tax year, did the organization engage in any of the following transactions
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

27-3571036

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Schedule R (Form 990) 2011 HOLY ANGELS FAMILY ASSOCIATION INC

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	(4)		(5)	[9	9	[5]	3	(i)	9	(6)
Name, address, and EIN of entity	Primary activity	eg ge	Predominant incoming (related, unrelated, excluded from tax	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage unal amount in Dox 20 managing ownership allocations? of Schedille K-1 partner?	General c managini partner?	Percentage ownership
		country)	under section 512-51	es No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2011 Supplemental In	HOLY	ANGELS	FAMILY	ASSOCIATION	INC	<u>27-3571036</u>	Page 5
Part VII								
	Complete this part to	provide additio	nal informatio	n for response	es to questions on Sche	dule R (see instruct	tions).	
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# Form **8868**

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 27-3571036 HOLY ANGELS FAMILY ASSOCIATION INC File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) filing your 10450 ELLERBE RD. return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions SHREVEPORT, LA 71106 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 01 Form 4720 09 Form 990-EZ Form 5227 10 Form 990-PF Ω4 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 DON WALKER, TREASURER The books are in the care of ▶ 6823 PINES RD - SHREVEPORT, LA 71129 Telephone No ▶ 318-688-3050 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or , and ending JUN 30, 2012 ► X tax year beginning JUL 1, 2011 Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b 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 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. Form 8868 (Rev 1-2012) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.