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Form **990**

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)

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

2012

Open to Public Inspection

A	or the	2012 calendar year, or tax year beginning and ending	1		
В	Check if applicable	C Name of organization	D	Employer identific	ation number
Г	Addres	THE WOOLWORTH FOUNDATION			
7	change Name	Doing Business As	_	23-76	004468
7	_lchange _lnitial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite F	Telephone number	701100
F	Ireturn Termin-	The state of the s		•	227-2270
F	-Jated Amend			Gross receipts \$	5,162,697.
F	_lreturn Applica			a) is this a group re	
_	_Jtión pending			for affiliates?	Yes X No
		333 TEXAS STREET, REGIONS TOWER, SUITE 210	าดูไหน	b) Are all affiliates incl	
$\overline{}$		mpt status: X °501(c)(3)	527	•	ist (see instructions)
		e: ► N/A		c) Group exemption	
					State of legal domicile: LA
Pa		Summary			<u> </u>
		Briefly describe the organization's mission or most significant activities: PROVIDIN	NG FU	NDS TO CH	JRCH AND
Governance	i	COLLEGE			
na		Check this box I if the organization discontinued its operations or disposed of	more tha	in 25% of its net as	sets
Ž	1 -	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
ος O	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
itie	1	Fotal number of volunteers (estimate if necessary)	•	6	0
Activities &	1 -	Fotal unrelated business revenue from Part VIII, column (C), line 12	• •	7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34	• •	. 7b	0.
		RECEIVED		Prior Year	Current Year
ø.	8 (Contributions and grants (Part VIII line 1h)		0.	0.
Š	0 1	Program service revenue (Part VIII line 2d)		0.	0.
Revenue	10 1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 76, UG 1 6 2013		175,442.	257,563.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3	3,104,539.	1,267,560.
ı	1	Total revenue - add lines 8 through 11 (must equal Part VIII, polymy (A) line 12)	3	3,279,981.	1,525,123.
		Grants and similar amounts paid (Part IX, column (A), lines 1-8)	1	,779,131.	2,831,022.
	14 8	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
֓֞֝֓֓֓֓֓֓֓֟֝֟֝֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓֓֓֓֓֟֝	b -	Total fundraising expenses (Part IX, column (D), line 25)	L		
' Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,194.	94,721.
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1	.,867,325.	2,925,743.
	19	Revenue less expenses Subtract line 18 from line 12	1 1	.,412,656.	<1,400,620.>
Net Assets or Fund Balances			1	ing of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)	19	,083,289.	<u> 17,682,669.</u>
t As	21	Total liabilities (Part X, line 26)	1	.,977,903.	<u>591,557.</u>
컐	22	Net assets or fund balances. Subtract line 21 from line 20	<u> 17</u>	7,105,386.	17,091,112.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and ${f s}$			/ knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (pilier) than officer is based on all information of which pre	parer has	any knowledge.	
		Cincott. Dryn, to		Varmet	8,2013
Sig	n	Signature of officer		Date ()	•
Her	e e	EUGENE W. BRYSON, JR., DIRECTOR, PRESIDER	<u>TV</u>	<u> </u>	· -
		Type or print name and title	# I Data		OTIN
ς.		Print/Type preparer's name Print/Type preparer's signature	A Date	0 5 2013 Check	PTIN
Pai	T I	BAILEY B. BAYNHAM John Say Wang Co	100	1 sen-employe	
	- H	Firm's name COLE, EVANS & PETERSON		Firm's EIN	72-0506596
Use	Only	Firm's address POST OFFICE DRAWER 1768		,	2101222 225
	لــــــ	SHREVEPORT, LA 71166-1768		Phone no. (318)222-8367
Ma	v the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	t III Statement of Program Service Accomplishments
rai	
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
	TO PROVIDE FUNDS TO THE LOUISIANA ANNUAL CONFERENCE OF THE METHODIST
	CHURCH SOUTH CENTRAL JURISDICTION AND CENTENARY COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported
4a	(Code) (Expenses \$2, 826, 022. including grants of \$2, 826, 022.) (Revenue \$)
	TO PROVIDE FUNDS FOR THE LOUISIANA CONFERENCE OF THE .
	METHODIST CHURCH
4b	(Code) (Expenses \$5,000 including grants of \$5,000) (Revenue \$)
	TO PROVIDE FUNDS FOR CENTENARY COLLEGE OF LOUISIANA .
4c	(Code) (Expenses \$
	Other argument (December 2 Cabadula O.)
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program continuo surranza \$ 2 831 022

Form **990** (2012)

Form 990 (2012) THE WOOLWORTH FOUNDATION
Part IV Checklist of Required Schedules

	_		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v		•
_	If "Yes," complete Schedule A	1	Х	<u>x</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2			
3	public office? If "Yes," complete Schedule C, Part I	3		x	٠
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X	٠
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_	•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_	
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_	,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III .	8		<u>X</u>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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_		_ <u>X</u> _	٠
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		<u> </u>	•
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					
	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			37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		v	
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		_ <u>X</u> _	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		¥	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				•
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X	•
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	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 and XII 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		<u>X</u>	٠
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>X</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		<u> X</u>	•
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.		v	
47	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,	47		X	1
1 0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16			
ı	complete Schedule G, Part III	19		_x_	•
202	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			
	22 12 11 2 12 11 2 11 2 11 2 11 2 11 2		aan	(2012)	

Form 990 (2012) THE WOOLWORTH FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the				
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> X</u>		
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), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
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 J	_23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ	
	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	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ	
	any tax-exempt bonds?	24c		<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(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 I	25a		X	
b	is 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-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	•
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified				
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions for applicable filing thresholds, conditions, and exceptions):			-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			i	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	•
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l		
	If "Yes," complete Schedule N, Part I	31		X	•
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_	. '
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}		j	
	Part V, line 1 .	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, 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			
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	37	ļ	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>	
		Form	ggn	(2012)	

orm	990 (2012) THE WOOLWORTH FOUNDATION 23-7004	<u>468</u>	Pa	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	•		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ļ	
	filed for the calendar year ending with or within the year covered by this return	·		
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	L
9	Sponsoring organizations maintaining donor advised funds.		.	
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	-
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ł		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		├
а	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.			1
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	1		
C	Enter the amount of reserves on hand	Ь—	L	1

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

THE WOOLWORTH FOUNDATION 23-7004468 Form 990 (2012) 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 Section A. Governing Body and Management Yes No 3 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 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? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 Section 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 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website • X Upon request __ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <u>LAMAR PUGH - 318-227-2270</u> 71101-5302 2100 REGIONS TOWER, 333 TEXAS ST, SHREVEPORT, LA

Form	aan	(2012)	2١

THE WOOLWORTH FOUNDATION

23-7004468

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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

ر	X Check this box if neither the organization n	organization compensat											
Ī	(A)	(B)			_ (0	C)			(D)	(E)	(F)		
	Name and Title	Average	(40	Po (do not chec		(C) Position eck more than one			Reportable	Reportable	Estimated		
		hours per	box,	unle	ss person is both an id a director/trustee)			h an	compensation	compensation	amount of		
		week		er an	er and a director/trust		tee)	from	from related	other			
		(list any	Individual trustee or director						the	organizations	compensation		
		hours for	퉏			ļ	室		organization	(W-2/1099-MISC)	from the		
		related	ee l	uste			25		(W-2/1099-MISC)		organization		
		organizations	草	Institutional trustee		ş.	E.				and related		
		below	vidua :	tuto	.	Ē	e st	<u> </u>			organizations		
	<u>-</u>	line)	<u> </u>	lnsb	Officer	Key	Highest compensated employee	Former					
	(1) EUGENE W. BRYSON, JR.	0.00											
-	DIRECTOR PRESIDENT		X		X				0.	0.	0.		
	(2) JAMES M. GOINS	0.00											
	DIRECTOR, TREASURER		X		X		L.		0.	0.	0.		
	(3) WILLIAM G. ANDERSON	0.00							_	_	_		
•	DIRECTOR, SECRETARY		X		Х	L.	-		0.	0.	0.		
							-						
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			1	1	1	1		1	1	1			

<u>ı aı</u>	(A) Name and title	(B) Average hours per week	B) (C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensatio from related	1	am	(F) imate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	insbtutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	pensation the anization trelate	on ed
] 									••••		
			_											
														-
							<u> </u>			:				
			-	-										
-	Sub-total Total from continuation sheets to Part V			1		L		L	0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but		iose	liste	ed al	bov	e) wh	no re	0.	0.000 of reportab	0.			0.
	compensation from the organization						<u>.</u>			· '			Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee,	or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual .			4		x
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							elat	ed organization or indiv	idual for services	:	5		х
Sec 1	Complete this table for your five highest or										npens	ation f	rom	
	the organization Report compensation for (A)			-		vith	or w	rithir	(B)	·		(C		
-	Name and busines	saddress	N	INC	<u> </u>				Description of s	services		ompe	isatio	<u> </u>
					_ -						 .			
									<u> </u>					
						-				-			_	
						-								
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li 0	stec	d above) who received r	nore than				
												Eorm	000 //	2010

2,500.

1.525.123.

Form 990 (2012)

23-7004468 Form 990 (2012) Page 9 THE WOOLWORTH FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under sections 512, 513, or 514 Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 274,337 274,337, Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6 a Gross rents 2,400 b Less: rental expenses 0 c Rental income or (loss) 2,400. d Net rental income or (loss) 2,400 2,400. 7 a Gross amount from sales of (I) Securities (II) Other assets other than inventory 3,620,800 b Less: cost or other basis and sales expenses 3,637,574 c Gain or (loss) <16,774 d Net gain or (loss) <16,774. <16,774.> 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less. cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OIL & GAS INCOME (NET) 211110 1,117,473 1,117,473 b TIMBER SALES 531390 145,187 145 187.

212000

2,500

0.

1,265,160

1,525,123

C SALT WATER DISPOSAL WELL

Total revenue See instructions.

d All other revenue e Total. Add lines 11a-11d Form 990 (2012) THE WOOLWORTH FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon			(C)	
	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	2,831,022.	2,831,022.	· 	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
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,	ļ			•
	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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			·	
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):	į			
а	Management .		,		
b	Legal	9,600.		9,600.	•
C	Accounting	14,515.	•	14,515.	<u> </u>
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '			5 000	
	column (A) amount, list line 11g expenses on Sch O.)	7,800.		7,800.	•
12	Advertising and promotion	401		471	
13	Office expenses	471.	•	471.	1
14	Information technology			·	
15	Royalties	0 1 5 0		0 150	
16	Occupancy	8,150.		8,150.	•
17	Travel	<u></u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest			 -	
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
Z -4	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.)				
а	PROPERTY TAXES	26,947.	•	26,947.	•
	AGENCY FEE	18,295.		18,295.	
C	INSURANCE	8,943.		8,943.	
d		<u> </u>			
	All other expenses	· · · · · · · · · · · · · · · · · · ·			
25	Total functional expenses Add lines 1 through 24e	2,925,743.	2,831,022.	94,721.	0.
<u></u> 26	Joint costs. Complete this line only if the organization			- 1 - 1	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

34

Total liabilities and net assets/fund balances

Fo <u>rm</u>	990 (2012) THE WOOLWORTH FOUNDATION	23-7	004	468	Pag	_{1e} 12	_
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI					X	
		1 1					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 52</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,92			
3	Revenue less expenses Subtract line 2 from line 1	3		, 40			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 17</u>	,10	5,3	<u>86.</u>	_
5	Net unrealized gains (losses) on investments	5					_
6	Donated services and use of facilities .	6					
7	Investment expenses	7					_
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	, 38	<u>6,3</u>	<u>46.</u>	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	<u> 17</u>	,09	<u>1,1</u>	<u>12.</u>	_
Par	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII					لعا	_
	•		F		Yes	No	_
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		I				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	I				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>		٠
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				i	
_	consolidated basis, or both		ŀ				
•	Separate basis Consolidated basis Both consolidated and separate basis		ŀ				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	İ				
	review, or compilation of its financial statements and selection of an independent accountant?		ļ	2c	X		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	:	j	į		
	Act and OMB Circular A-133?			3a		X	. •
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit	.	ļ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			_

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		THE WOO	<u>LWORTH FOUND</u>	<u>ATION</u>					2.	<u>3-700446</u>	8
Part I	Reason		ty Status (All organiz		t complete	e this part) See insti	ructions			
The organ	zation is not a	private foundation	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)				_
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170	b)(1)(A)(i).	•			
2			0(b)(1)(A)(ii). (Attach Scl								
3 🗔			tal service organization of		n section	170(b)(1)(A)(iii).				
4			perated in conjunction					b)(1)(A)(iii). Enter t	the hospital's na	ıme,
	city, and stat		,	•			•		•	•	
5 🔲			benefit of a college or ur	niversity ow	ned or op	erated by	a governn	nental unit	describ	ed in	
•	-	(b)(1)(A)(iv). (Comple				• • • • • • •	J				
e 🗀				described	l in section	n 170/h)/1	γαγω				
7 =	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
,	-	b)(1)(A)(vi). (Comple		or its suppr	ort nom a	governino	intar armit o	i iioiii tale	general	pablic acachibet	4 111
• 🗀	-		ection 170(b)(1)(A)(vi). (Complete	Dart II)						
			ection 170(b)(1)(A)(V). (ection 170(b)(1)(A)(V). (ection 170(b)(A)(A)(V).			rom contril	outione m	omborehir	o foos a	nd aross receipt	e from
9	_	=	erves (1) more than 33 in actions - subject to certa								
		·									
			exable income (less sect	ion 5 i i taz	y iroin bu	SII 163363 a	cquiieu b	y ii le Oigai	inzation	aiter oune 50, 1.	<i>313.</i>
40		509(a)(2). (Complete	•	at for subli	o opfoty S	`	- E00/-V/4				
10 L			perated exclusively to tes						. out the	nurnossa of an	0.01
لما• ١١	·-		perated exclusively for the								
			itions described in section		•). See sec	111011 509(8	a)(3). On	eck the box that	•
			organization and comple					Turn.	alli Niai	n-functionally int	aratad
e X	a Type I	- •	rpe II c Ll T) t the organization is not	/pe III - Fur	-	_	d by one or			•	•
و لما		•	•		-	-	•		-	-	
		-	nan one or more publicly						(a)(1) UI	Section 509(a)(2	.).
f	•		ten determination from t	ile ino illa	il il is a i y	pe i, Type	ii, or Type	; 111			
_		rganization, check th	- ·			· · ·	of the fello		0000		LA
g	_		rganization accepted an irectly controls, either al						£		
				one or toge	aniei wini	persons u	escribed i	ii (ii) anu (i	ii) DeiOW	1 -1	s No X
	-		upported organization?	·			• • •	•	• •	11g(i)	X
	• •	•	described in (i) above?					•	•	11g(ii)	X
			person described in (i) o			•		• •		11g(iii)	
h	Provide the t	ollowing information	about the supported or	ganization(s).						
		1		b. 3 l. 45. a		4 3 Did		(vi) ls	the		
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o in col. (i) Is		organizat		lorganizátio	n in col.	(vii) Amount of n	nonetary
orga	anization	1		governing o				(i) organız U.S.	ed in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
COLLEG	T 2 3 7 2			res	NO	168	NO	165	140		
LOUIS		710065	•							2 026	000
CENTE		<u>23-7188652</u>	1	X	<u>-</u>	X.		X	<u> </u>	2,826,	022.
		70 0400015		1,,		, ,		, .		_	000
COPPE	GE OF L	72-0408915	<u> </u>	х.		X.		X	-	3,	000.
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Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2012 (c) 2010 (d) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (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	i		1			
	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	``		<u> </u>	,		
12	Gross receipts from related activities,	, etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3)	

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	organization, check this box and stop here	▶.□
Se	ction C. Computation of Public Support Percentage	

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore,	check this box and

stop here. The organization qualifies as a publicly supported organization				
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1	/3%	or more,	check this box	
and stop here. The organization qualifies as a publicly supported organization				

17a	10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons
þ	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	

	mode the factor and discarded feet. The organization qualified as a pository supported organization		
Ł	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	\triangleright	١
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	_	١

Schedule A (Form 990 or 990-EZ) 2012 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						<u>-</u>
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not					1	
ınclude 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-					1	
ization's benefit and either paid to						
or expended on its behalf						<u> </u>
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						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		1				
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
c Add lines 7a and 7b	+					
8 Public support (Subtract line 7c from line 6)		-		1		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		<u> </u>	_	 	 	-
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						Ì
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)					<u> </u>	
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth	tax year as a secti	ion 501(c)(3) organi	zation,
check this box and stop here	3 -			•	,,,,	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (I			column (f))		15	9
16 Public support percentage from 2011				• •	16	C
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
•			.5 10, 001011111 (1))		18	
18 Investment income percentage from 2			on line 14 and lin	na 15 ie mara than	<u> </u>	•
19a 33 1/3% support tests - 2012. If the						17 IS HUL
more than 33 1/3%, check this box at						▶ L
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						` _ _
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check	this box and see ii	nstructions .	▶

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE WOOLWORTH FOUNDATION

Employer identification number

23-7004468 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part: | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

relating to these items:

	dule D (Form 990) 2012 THE WOOI	LWORTH FOU	NDATI	ON					<u>04468</u>	Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a s	ignificant	use of its	collection r	tems
	(check all that apply):									
а	Public exhibition	d	ı 🔲 L	oan or exc	hange prograi	ms				
b	Scholarly research	e		Other						
c	Preservation for future generations	_								
4	Provide a description of the organization's co	illections and explai	n how the	ov further t	he organizatio	n's exe	mot purp	ose in Parl	XIII.	
-	During the year, did the organization solicit or								• • • • • • • • • • • • • • • • • • • •	
5	to be sold to raise funds rather than to be ma					i Siiriid	400010	Γ-	Yes	□ No
Dar	t IV Escrow and Custodial Arrang					Yos" to	Form 996	Dort IV I		
Fai	reported an amount on Form 990, Par		ete ii trie i	organizatio	answered	165 10	roiiii 550	J, ⊢ αιι ιν, ι	111 0 5, 01	
										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	is or other ass	sets not	inciuaea		٦.,	<u>, , , , , , , , , , , , , , , , , , </u>
	on Form 990, Part X?				•	•		. └	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing ta	able.						
							<u> </u>	 	Amount	
C	Beginning balance						1c			
d	Additions during the year	•	••				1d_	ļ		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					□	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			n has been	provided in F	art XIII				
Par							10.			
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
h	Contributions				1					
	Net investment earnings, gains, and losses				-					
ى ب										
	Grants or scholarships		-		 					
е	Other expenditures for facilities					i				
	and programs	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
f	Administrative expenses		ļ		 					
g	End of year balance		L						J	
2	Provide the estimated percentage of the curr	•	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administer	red for t	the organ	ization		
	by.									res No
	(i) unrelated organizations		_					•	3a(i)	
	(ii) related organizations			_				-	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Sched	ule R?		•			3b	
4	Describe in Part XIII the intended uses of the						•			
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			t or other	(c) A	ccumula	ted	(d) Book	value
	Boomphon of property	basis (invest			(other)		preciatio		(-,	
1-	Land	3,514,			· · · · · · · · · · · · · · · · · · ·				3,514	593
		3,314,	• • • •						<u> </u>	, , , , , ,
	Buildings						·			
	Leasehold improvements									
	Equipment	100	407						100	407
	Other		497.							<u>,497.</u>
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colum	nn (B), line	10(c).)				<u>3,638</u>	,090.

> 3,638,090. Schedule D (Form 990) 2012

THE WOOLWORTH FOUNDATION

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

che	dule D (Form 990) 2012 THE WOOLWORTH FOUNDATION		23-7004468	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	r Return	
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	」 .	
е	Add lines 2a through 2d .	•••	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	_i	
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	; Part
K, lın	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	ation.	
PAI	RT VI: THE OTHER INVESTMENTS CONSIST OF TIME	MBER VALUED AT '	78,016 AND	
<u>RO</u>	YALTY INTERESTS VALUED AT 45,481.			
_				
		·····	<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection OMB No 1545-0047

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

Name of the organization	יתוכם וישמי	INO TEN OF					Employer identification number 23-7004468
Part General Information on Grants and Assistance	nd Assistance	NOT TON					
98	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or as:	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•
criteria used to award the grants or assistance?	stance?	:					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	toring the use of grant	of grant funds in the United States	d 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	Governments and	d Organizations in the	e United States. C	Complete if the orga	anization answered ""	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part il can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.	to Matheway		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Memod of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOHITSTANA CONFERENCE OF THE				•			
METHODIST CHURCH - 521 NORTH	•		•				FOR USE BY THE CONFERENCE
BOULEVARD - BATON ROUGE, LA 70802	23-7188652	501(C)(3)	2,826,022.	0			BOARD OF PENSIONS
			:				
· 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in the	he line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	tions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) THE WOOLWORTH FOUNDATION

Part III 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.

(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
		•	-		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
	CH,		FOUNDATION WAS	WAS	
CREATED, REQUIRES THAT SOUND OF NET.	INCOME TUSED		THE CENTENARY CHOIR SO	ALLI IO IR SO	
ORAN IS EMPLO	AT	1 471	UPON	тне оеатн	•
OF DR. A.C. VORAN, THE LOUISIANA CONFERENCE BOARD OF PENSIONS (SEE	CONFERENC	E BOARD OF	PENSIONS	(SEE	
BELOW) DECLARED THAT THE \$5,000 GI	GIVEN ANNU	ALLY TO CE	ANNUALLY TO CENTENARY COLLEGE	LLEGE	
CHOIR IN DR. VORAN'S HONOR BE CONT	LINUED WI	TH THE VA	CONTINUED WITH THE VARIANT THAT IT	IT BE	
GIVEN IN THE SAME AMOUNT TO THE "C	"CHEEZY" V	ORAN SCHOI	VORAN SCHOLARSHIP ENDOWMENT.	OWMENT.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

THE WOOLWORTH FOUNDATION	23-7004468
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEW	VED AND APPROVED
BY THE BOARD OF DIRECTORS AND LAMAR PUGH, ATTORNEY AND RE	CORD KEEPER FOR
THE FOUNDATION, BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19: INSPECTION IS AVAI	LABLE ON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RECORD DECREASE IN LIABILITY FOR UNDISTRIBUTED CASH BASIS	S
NET INCOME	1,386,346.
FORM 990, PART XII, LINE 2	
RESPONSIBILITY FOR FINANCIAL STATEMENTS	<u> </u>
THE BOARD OF DIRECTORS AND LAMAR PUGH, ATTORNEY AND RECOR	RD KEEPER FOR
THE FOUNDATION, OVERSEE THE PREPARATION AND AUDIT OF THE	FOUNDATION'S
CASH RECEIPTS AND DISBURSEMENTS BASIS FINANCIAL STATEMENT	rs.