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## Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Depa	rtment	t-of the Treasury	▶ Informa	tion about For	m 990-PF and its separate	n unis form as instructions	is at WWW.ir	s.gov/form990pf.	Open to Public Inspection
		idar year 2013 or t				, and e			
Nai	ne of	foundation		-			-	A Employer identification	number
С	AR.	L E PANE	BIANGO F.	AMILY F	OUNDATION			26-2838191	
		and street (or PO box					Room/suite	B Telephone number	
_2	7	COLONY R	OAD				<u> </u>	504-835-10	50
		own, state or provi		ZiP or foreign p	oostal code			C If exemption application is p	ending, check here
		TNA, LA	70056				-tt-		abadaban N
G	Check	all that apply:	Initial retu		Initial return of a f	ormer public (	cnarity	D 1. Foreign organizations	s, cneck nere
			Final retu		Name change			Foreign organizations me check here and attach co	eting the 85% test,
H (	heck	type of organization			xempt private foundation			E If private foundation sta	
	_	ction 4947(a)(1) n		` ' <u></u>	Other taxable private found	ation		under section 507(b)(1)	
I Fa		arket value of all as			ing method: X Cash	Acci	rual	F If the foundation is in a	60-month termination
-		Part II, col. (c), lın	e 16)		ther (specify)		<del> </del>	under section 507(b)(1)	(B), check here
_	·\$	Anatonia of Davi			mn (d) must be on cash	1			
P	rt I	The total of amount	enue and Expense ts in columns (b), (c), ne amounts in column	and (d) may not	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, giff	ts, grants, etc., rec	eived	596,681.	<u> </u>		N/A	
	2	Check If the interest on savings a	e foundation is not require	d to attach Sch B	10	-			CM2 MENCENTO 1
	3	cash investments			12.		<del></del>		STATEMENT 1
	4	Dividends and into	erest from securiti	es					
	1	Net rental income or	(loss)						
4		Net gain or (loss) from	-	n line 10					
n n	ь	Gross sales price for							
Revenue	7	Capital gain net inco	me (from Part IV, line	2)	<u>'</u>		0.		
-	8	Net short-term ca							
	9	Income modificat Gross sales less retu			ı	,	<del></del>		
	10a	and allowances  Less Cost of goods	nold.						
		Gross profit or (Id		_					
	11	Other income	,					Mark Donas	
	12	Total. Add lines 1	through 11		596,693.		0.		1 C 13 91-13
	13	•	icers, directors, truste	es, etc	0.		0.		00.
	14	Other employee s	-					NOV	124 2014 197
တ္တ		Pension plans, en Legal fees	nployee benefits					(E.1)	B E COIT
)Sue		Accounting fees	S	TMT 2	2,142.		0.	ÚÜ	JEW. UT -10.
X		Other professiona	• • • • • • • • • • • • • • • • • • • •					G. AMPLICATION OF THE PARTY OF	
<u>v</u>	17	Interest							
trati	18	Taxes					<u>-</u>	ļ	
inis	19	Depreciation and	depletion .		578.		0.		
퉏	20	Occupancy							
δÞ	21	Travel, conference Printing and public				<del> </del>			<del> </del>
Operating and Administrative Expenses	23	Other expenses		<b>TMT</b> 3	52.		0.		0.
atin		Total operating a	•••				<u></u>		
per		expenses. Add lii	nes 13 through 23		2,772.		0.		0.
0		· -			228,000.			ļ	228,000.
	26			3.	020 550		^		220 000
	-	Add lines 24 and			230,772.	<del> </del>	0.		228,000.
	1				365,921.				
	ı	Net investment in	•		303,321.		0.		
		Adjusted net inco					<del></del>	N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2013) CARL E PANEBIANGO FAMILY		26-2	2838191 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
Part II Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	52,260.	29,444.	29,444.
Savings and temporary cash investments			
3 Accounts receivable ►			
Less: allowance for doubtful accounts			<del></del>
4 Pledges receivable ►			
Less: allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 100 Investments - U.S. and state government obligations	<del></del>		
9 Prepaid expenses and deferred charges			
10a myestments 0.0. and state government obligations			
<b>b</b> Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis		1	
Less accumulated depreciation			
12 Investments - mortgage loans			<del></del>
13 Investments - other			<del> </del>
14 Land, buildings, and equipment basis ► 540, 403.		E20 02E	E20 02E
Less accumulated deprecation STMT 4 ▶ 578.	0.	539,825.	539,825.
15 Other assets (describe ►)	<del></del>		
16 Total assets (to be completed by all filers - see the	E2 260	E60 260	E60 260
instructions. Also, see page 1, item 1)	52,260.	569,269.	569,269.
17 Accounts payable and accrued expenses			
18 Grants payable .			
19 Deferred revenue .			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable	0.	200,000.	
22 Other liabilities (describe STATEMENT 5)	<del></del>	200,000.	
23 Total liabilities (add lines 17 through 22)	0.	200,000.	
Foundations that follow SFAS 117, check here		200,000.	
and complete lines 24 through 26 and lines 30 and 31.			
8 24 Unrestricted			
25 Temporarily restricted			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
27 Capital stock, it distributions of current tunds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	52,260.	369,269.	
30 Total net assets or fund balances	52,260.	369,269.	
31 Total liabilities and net assets/fund balances	52,260.	569,269.	
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 3	80		E0 000
(must agree with end-of-year figure reported on prior year's return)		1	52,260.
2 Enter amount from Part I, line 27a		2	365,921.
3 Other increases not included in line 2 (itemize)		3	410 101
4 Add lines 1, 2, and 3	TII CIMMATANIM	4	418,181.
5 Decreases not included in line 2 (itemize) PRIOR PERIOD AI		5	369,269.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	unin (D), iine 30	6	Form <b>990-PF</b> (2013)

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(a) List and descri 2-story brick war	be the kınd(s) of property sold (e.ç ehouse; or common stock, 200 sh	g., real estate, is. MLC Co.)		( <b>b)</b> F	low acquired - Purchase - Donation	(c)	Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			·	ļ				· · · · · · · · · · · · · · · · · · ·
b NON	IE	<del> </del>	·	<u> </u>		<u></u>		
C				<del> </del>		-		<del></del>
d				<b>-</b>		_		
<u>e</u>	40 Degraphen allowed	(-) Co-	at an ather books		-		(h) Coin or /loog	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		·····	(6	(h) Gain or (loss e) plus (f) minus (	
<u>a</u>			<del></del>					
C								
d								
Complete only for exacts showing	again in column (h) and award by	the foundation	on 12/21/60		<del></del>	//\ Co	una (Cal. /h) assa	
Complete only for assets snowing	gain in column (h) and owned by	1				còl. (k)	iins (Col. (h) gain , but not less thai	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)			Ĺ	osses (from col. (	h)) ´
a								
b		<u> </u>						
C		<del>                                     </del>			•			<del></del>
e e	<u> </u>	<del> </del>				_		
	∫ If gain, also ente	er in Part I line	7	7				
2 Capital gain net income or (net cap		)- ın Part I, line	7	廾	2			
Net short-term capital gain or (loss		nd (6):		٦١				
If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8	olumn (c).			<b> </b>	9			
Part V   Qualification Ur	nder Section 4940(e) for	r Reduced	Tax on Net	Inv	estment I	ncon	ne	
Vas the foundation liable for the secti f "Yes," the foundation does not qualit I Enter the appropriate amount in ea	y under section 4940(e). Do not co	omplete this pa	art.					Yes X No
(a)  Base period years Calendar year (or tax year beginnin	(b)		Net value of no	(c)		ets	Distrib (col. (b) div	(d) oution ratio ided by col. (c))
2012	9 117 2 2 2	0.			51,4	76.	(00.1 (0) 0.1	.00000
2011	16	51,520.			28,1	10.		5.74599
2010	17	73,630.			7,19			24.14881
2009	18	31,870.			7,9:			22.95468
2008		2,807.			6!	59.		4.25948
2 Total of line 1, column (d)							2	57.10898
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	ırs	Ī		
the foundation has been in existen	· ·		-	-		-	3	11.42179
Finter the net value of noncharitable	e-use assets for 2013 from Part X,	, line 5					4	13,248
							5	151,316
Multiply line 4 by line 3						ŀ		
Enter 1% of net investment income	e (1% of Part I, line 27b)					+	6	0
7 Add lines 5 and 6						-	7	151,316
B Enter qualifying distributions from	Part XII, line 4						8	228,000
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 19	6 tax rate.			
See the Part VI instructions.								

CARL E PANEBIANGO FAMILY FOUNDATION

	n 990-PF (2013) CARL E PANEBIANGO FAMILY FO	UNDATION			<u> 2838:</u>		F	Page 4
	art VI Excise Tax Based on Investment Income (Section		1940(e), or 4	948 -	· see in	stru	ctior	<u>1S)</u>
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 a		Ì					
	Date of ruling or determination letter: (attach copy of letter	if necessary-see instruct	ions)					_
	Domestic foundations that meet the section 4940(e) requirements in Part V, check her	e LX and enter 19	6 P	1				0.
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ent		טו. (ס). ע					0.
	• • • • • • • • • • • • • • • • • • • •	ny. Others enter -u-)		3				0.
-	Add lines 1 and 2	nly Othere anter -0-1		4				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
	Credits/Payments:			<u> </u>				<del></del>
	a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a						
	Exempt foreign organizations - tax withheld at source	6b	· · · · · · · · · · · · · · · · · · ·	1				
	Tax paid with application for extension of time to file (Form 8868)	6c		1				
	Backup withholding erroneously withheld	6d	<u> </u>	1				
	Total credits and payments. Add lines 6a through 6d			7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 i	s attached		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	aid	•	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax		Refunded	11				
	art VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local	l legislation or did it partic	ipate or intervene	e in	ļ		Yes	$\overline{}$
	any political campaign?				L	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political p	urposes (see instructions	for the definition	1)?	<u></u>	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	es and copies of any m	aterials publish	ed or				ĺ
	distributed by the foundation in connection with the activities.							
	Did the foundation file Form 1120-POL for this year?					1 <u>c</u>		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during							
	(1) On the foundation. ► \$ (2) On foundation man	agers. ▶ \$	0.	<u>-</u>				1
е	e Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on	foundation					
	managers. ▶ \$0 .							7.7
2	Has the foundation engaged in any activities that have not previously been reported to	the IRS?			ŀ	2		X
_	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its gover		or incorporation,	UI				_x_
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cl				ŀ	3 4a		X
	<ul> <li>a Did the foundation have unrelated business gross income of \$1,000 or more during the</li> <li>b if "Yes," has it filed a tax return on Form 990-T for this year?</li> </ul>	ic year :		N	/A	46		
	Was there a liquidation, termination, dissolution, or substantial contraction during the	vear?			' <i>'</i>	5	-	X
3	If "Yes," attach the statement required by General Instruction T.	your:			Ì			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:						1
·	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no man	datory directions that cor	iflict with the stat	e law				
	remain in the governing instrument?	•				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,	" complete Part II, col.	(c), and Part X	V	Ī	7	X	
					Ţ	. —		
8a	a Enter the states to which the foundation reports or with which it is registered (see inst	ructions) 🕨						
	LA							1
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or	designate)					
	of each state as required by General Instruction G? If "No," attach explanation				]	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or	4942(j)(5) for cal	endar				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "You					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their names ar	nd addresses	TMT		10	X	
					Forn	990	-PF (	(2013)

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	rt VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
	(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		ŀ	
	any voter registration drive?		Ye	s X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	ĺ	
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
	509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
	the prevention of cruelty to children or animals?			s X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations			
-	section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check h	· ·				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
٠	expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
	If "Yes," attach the statement required by Regulations section 53.4945				-	
62	Did the foundation, during the year, receive any funds, directly or indirectly, to				1	
- Ou	a personal benefit contract?	pa, promisino en	☐ Ye	s X No	ŀ	
h	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	х
U	If "Yes" to 6b, file Form 8870.	ordonar donom donarade.			-	<del></del>
79	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es X No		
	If "Yes," did the foundation receive any proceeds or have any net income attribu		,,,		7b	
	irt VIII Information About Officers, Directors, Trust		nagers, Highly			
• •	Paid Employees, and Contractors	000, 1 001100000111110		•		
1 L	ist all officers, directors, trustees, foundation managers and their	compensation.				
		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoi allo	unt, other wances
		to position	Cinci o j	Compensation		
312	E STATEMENT 7		0.	0.		0.
<u></u>	D DITTERMENT /					
-					ı	
					l	
					ı	
				1	l	
					ı	
					l	
> (	Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
		(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	ačcoi	Expense unt, other wances
	NONE	dovoted to position	· · · · · · · · · · · · · · · · · · ·	Compensacion		
	NONE					
_		1				
			<u> </u>			<del></del>
		1				
		<del>                                     </del>	<del>                                     </del>			
		1				
			<del> </del>	<del>                                     </del>		
		1		]		
	-t number of other employees paid over \$50,000	<u> </u>	<del></del>		<b></b>	
ot	al number of other employees paid over \$50,000				oon₋r	<b>PF</b> (2013)
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Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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228,000.

3b

6

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

income. Enter 1% of Part I, line 27b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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CARL E PANEBIANGO FAMILY FOUNDATION

Part XIII Undistributed Income (see in	nstructions)			
	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7				662.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2013:		0.		
<b>b</b> From 2009				
c From 2010 173, 074.				
d From 2011 161,000.				
e From 2012		,		
f Total of lines 3a through e	334,074.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 228,000.		'		
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				662.
e Remaining amount distributed out of corpus	227,338.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	561,412.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			,	
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract	ĺ			
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	561,412.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010 173,074.				
c Excess from 2011 161,000.				

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e Excess from 2013

Part XIV   Private Operating For		FAMILY FOUL		N/A	1030131 1ay
1 a If the foundation has received a ruling or d				N/A	
foundation, and the ruling is effective for 2					
b Check box to indicate whether the foundat			In section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ly louridation described	Prior 3 years		1542())(5)
·	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
income from Part I or the minimum investment return from Part X for	(4)	(5) 55 15	(0) = 0 1		(-,
each year listed b 85% of line 2a			<del>-</del>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not			-		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				_	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
``					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Inform			if the foundation	on had \$5,000 or i	more in assets
at any time during th	e year-see inst	ructions.)	<u> </u>		
1 Information Regarding Foundation					
a List any managers of the foundation who			ntributions received by t	he foundation before the	close of any tax
year (but only if they have contributed mo	re than \$5,000). (See s	section 507(a)(2).)			
CARL E PANEBIANGO		<del></del>			
b List any managers of the foundation who other entity) of which the foundation has	own 10% or more of the 10% or oreater intere	ne stock of a corporation ist	i (or an equally large po	rtion of the ownership of	a partnersnip or
NONE		-			
2 Information Regarding Contributio	n Grant Gift I co-	Scholarchia eta 1	Programe:		
Check here X if the foundation on the foundation makes gifts, grants, etc. (s	ly makes contributions	to preselected charitable	e organizations and doe		
a The name, address, and telephone number	· · · · · · · · · · · · · · · · · ·			<del></del>	
a the hame, address, and telephone humbe	or or e-mail address or	the person to whom app	meations should be add	103304.	
<b>b</b> The form in which applications should be	submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable field	s, kınds of institutions, o	or other factors:	<del></del>
•	<del>-</del> -				
				<del></del>	
323601 10-10-13					Form <b>990-PF</b> (20

Tare XV Cappionionary information	······································			T
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	T	<del> </del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WHITE DOVE FELLOWSHIP 3600 MANHATTAN BLVD HARVEY, LA 70058	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	225,000.
MARVEI, LA 70036				
EMERIL LAGASSE FOUNDATION (CARNIVALE DU VIN) 829 ST. CHARLES AVENUE	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000.
NEW ORLEANS, LA 70130	-			2,000,
BALLET RESOURCE AND VOLUNTEER ORGANIZATION (BRAVO) NEW ORLEANS 935 GRAVIER ST. #800	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
NEW ORLEANS, LA 70112				1,000.
			<u> </u>	
Total	<del></del>		<u>▶ 3a</u>	228,000
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0,
10181			<u> </u>	

323611 10-10-13

Form **990-PF** (2013)

Part XVI-A Analysis of Income-Producing Activities

	I Inrelated I	ousiness income	T Exclude	ed by section 512, 513, or 514	(2)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouilt	Tunction income
å	·		<del>├</del> -		<del></del>
b	·		<del>                                     </del>	·	
<u> </u>	<del></del>		<del>                                     </del>	<del></del>	
d	·		<del>                                     </del>		<del></del>
e	·		╁┷╌┼	<del></del>	
g Fees and contracts from government agencies	<del> </del> -		┼		
g Fees and contracts from government agencies  2 Membership dues and assessments	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	+		
3 Interest on savings and temporary cash	<del> </del>	<del></del> -	+ +		
investments			14	12.	
4 Dividends and interest from securities	-		+		
5 Net rental income or (loss) from real estate:			<del>                                     </del>		
a Debt-financed property			1		
b Not debt-financed property			1 1		
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income		<u> </u>	+ +		······································
8 Gain or (loss) from sales of assets other			1 1		<del> </del>
than inventory			1 1		
9 Net income or (loss) from special events	<del></del>				<del></del>
10 Gross profit or (loss) from sales of inventory		<del> </del>			<del></del>
11 Other revenue:			1 1		
a					
b					
С					
d		-			· · · · · · · · · · · · · · · · · · ·
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		12.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nolishment of E	kempt	Purposes	
Line No. Explain below how each activity for which inc					iplishment of
the foundation's exempt purposes (other than	by providing fund	s for such purposes).			
		<u> </u>			
	<u> </u>				
					<u> </u>
	<u> </u>			<del></del>	
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			_		
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			<del></del>	<del></del>	<del></del>
· ·	<del></del>				
		<del></del>			
				<del></del>	
			<del></del>		
<del></del>				<del></del>	
323821					Form <b>990-PF</b> (2013)

Form 990-PF (2013) CARL E PANEBIANGO FAMILY FOUNDATION 26-2838191 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash X 1a(2) (2) Other assets **b** Other transactions: X 1b(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) 16(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr )? Sign 11-17-14 Here PRESIDENT X Yes Signature of officer or trustee Tıtle Check [ Print/Type preparer's name Prepager's signature self- employed BONNIE M. WYLLIE, Jonnie M Wylled 11-14-14 **Paid** P00540011 JD, LLM Preparer Firm's EIN  $\triangleright 72-1088864$ Firm's name ► LAPORTE, **APAC Use Only** 

Form **990-PF** (2013)

(504)835-5522

Firm's address ▶ 111 VETERANS MEMORIAL BLVD., SUITE 600

METAIRIE, LA 70005-4958

Phone no.

## Schedule B

Department of the Treasury Internal Revenue Service

nternal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2013

Name of the organization

**Employer identification number** 

26-2838191 CARL E PANEBIANGO FAMILY FOUNDATION Organization type (check one): Filers of: Section: \_\_\_ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

### CARL E PANEBIANGO FAMILY FOUNDATION

26-2838191

Part I	Contributors (see instructions). Use duplicate copies of Part I is	of additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARL E PANEBIANGO  27 COLONY ROAD  GRETNA, LA 70056	\$ 596,681.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	ANEBIANGO FAMILY FOUNDATION		5-2838191
art II No	ncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _		 \$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

26-2838191
(c)(7), (8), or (10) organizations that total more than \$1,000 for titions completing Part III, enter
for the year. (Enter this information once) \$
(d) Description of how gift is held
gift
Relationship of transferor to transferee
(d) Description of how gift is held
gift
•
Relationship of transferor to transferee
(d) Description of how gift is held
gift
Relationship of transferor to transferee
(d) Description of how gift is held
(d) Description of how gift is held
(d) Description of how gift is held
(d) Description of how gift is held
(d) Description of how gift is held
gift
gift

FORM 990-PF INTEREST ON SAVI	INGS AND T	EMPORARY	CASH	INVESTMENTS	STATEMENT
SOURCE	RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
GULF COAST BANK		12.		0.	
TOTAL TO PART I, LINE 3	<del></del>	12.		0.	
FORM 990-PF	ACCOUN	TING FEES	S		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOK			(C) ADJUSTEI NET INCOM	
ACCOUNTING FEES	2,14	2.	0	•	0
TO FORM 990-PF, PG 1, LN 16B	2,14	2.	0	•	0
FORM 990-PF	OTHER	EXPENSE:	S		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOK	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM	
BANK FEES	5	2.	0	•	0
TO FORM 990-PF, PG 1, LN 23	5	2.	0	•	0
FORM 990-PF DEPRECIATION OF	F ASSETS N	OT HELD	FOR IN	VESTMENT	STATEMENT
DESCRIPTION		OST OR ER BASIS		CUMULATED PRECIATION	BOOK VALUE
CHURCH		540,40	3.	578.	539,825
TOTAL TO FM 990-PF, PART II,	LN 14	540,40		578.	539,825

<del></del>	OTHER LIABILITIES		STAT:	EMENT	
DESCRIPTION		BOY AMOUNT	EOY .	TNUOMA	
LOAN FROM ROBERT WOLF	E		0.	200,0	00.
TOTAL TO FORM 990-PF,	PART II, LINE 22		0.	200,0	00.
FORM 990-PF	LIST OF SUBSTANTIAL CONTRI PART VII-A, LINE 10	BUTORS	STAT	EMENT	
NAME OF CONTRIBUTOR	ADDRESS				
CARL E PANEBIANGO	27 COLONY RO GRETNA, LA 7				
	TRUSTEES AND FOUNDATION MAN	DIRECTORS AGERS		EMENT	
NAME AND ADDRESS	TRUSTEES AND FOUNDATION MAN  TITLE AND AVRG HRS/WK	COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPEN:	SE
	TITLE AND	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN:	SE
NAME AND ADDRESS  CARL E PANEBIANGO 27 COLONY ROAD GRETNA, LA 70056  JULIE MOORE PANEBIANGO 27 COLONY ROAD	TITLE AND AVRG HRS/WK DIRECTOR/PRES 3.00	COMPEN- SATION IDENT/TREASUR	EMPLOYEE BEN PLAN CONTRIB	EXPEN:	SE NT 0
NAME AND ADDRESS  CARL E PANEBIANGO 27 COLONY ROAD GRETNA, LA 70056  JULIE MOORE PANEBIANGO 27 COLONY ROAD GRETNA, LA 70056  MEGAN HEBERT 27 COLONY ROAD	TITLE AND AVRG HRS/WK DIRECTOR/PRES 3.00 DIRECTOR/SECR	COMPEN- SATION IDENT/TREASUR 0.	EMPLOYEE BEN PLAN CONTRIB	EXPEN:	SE NT
NAME AND ADDRESS  CARL E PANEBIANGO 27 COLONY ROAD	TITLE AND AVRG HRS/WK  DIRECTOR/PRES 3.00  DIRECTOR/SECR 0.50  DIRECTOR	COMPEN- SATION IDENT/TREASUR 0. ETARY	EMPLOYEE BEN PLAN CONTRIB 0.	EXPEN:	SE NT 0

GRETNA, LA 70056

CARL E PANEBIANGO FAMILY FO	DUNDATION		26-28	338191
MICHAEL MALONE 27 COLONY ROAD GRETNA, LA 70056	DIRECTOR 0.50	0.	0.	0.
WANDA LUPARELLO 27 COLONY ROAD GRETNA, LA 70056	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	0.	0.	0.

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	578.		
Current Sec 179	0.	- '	
Accumulated Depreciation	0		
Basis For Depreciation	540,403.		
Reduction In Basis	0		
Bus % Excl			
Unadjusted Cost Or Basis	540,403.		
No No	16100		
Life	39.00		
Method	SL		-
Date Acquired	120913SL		
Description	1CHURCH * TOTAL 990-PF PG 1 DEPR		
Asset	ਜ		

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 4562 **4562**

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

## **Depreciation and Amortization** 990-PF (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

2013

Attachment Sequence No 179

Identifying number

FORM 990-PF PAGE 1 26-2838191 CARL E PANEBIANGO FAMILY FOUNDATION Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (g) Depreciation deduction year placed in service (e) Convention (a) Classification of property (business/investment use only - see instructions) 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. MM 27.5 yrs. S/L Residential rental property h 27.5 yrs. MM S/L 12/13 540,403. ММ S/L 39 yrs. Nonresidential real property MM Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 578. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2013) LHA For Paperwork Reduction Act Notice, see separate instructions.

For	m 4562 (2013)		L E PA											<u>191 ғ</u>	
Pa	Listed Propert amusement.)	ty (Include at	utomobiles,	certain of	her vehic	les, cert	ain com	puters	s, and prop	erty use	d for en	tertainm	ent, reci	reation, o	r
	Note: For any v	vehicle for wh	hich you are	using the	standar	d mileag	e rate o	r dedu	cting lease	expense	, comp	lete only	24a, 24	b, colum	ns (a)
	through (c) of S	Section A, all · Depreciatio						inetrue	tions for lu	mite for n	essena	er autom	obiles \		
04-	Do you have evidence to s					$\overline{}$	es _	No	24b If "Y					Yes	No
<u> 24a</u>		(b)	(c)	illelit use t		<u> </u>	es <u> </u>	NO	(f)	(9			n)		<u></u>
	(a) Type of property	Date	Busines		(d) Cost or		is for depr		Recovery		nod/		ciation	Elec	ted
	(list vehicles first )	placed in service	investmi use percer		ther basis	(bus	siness/inve use only		period	Conve	ention	dedu	ction	section co:	
25	Special depreciation allo		<u> </u>		v placed	in servic	ce durin	a the t	ax vear an	d	-T				
23	used more than 50% in					00	JO GG:,	g	an your an		25				
26	Property used more that							<u>· · · ·                                </u>		· <u>-</u>					
20	Toporty does more than			%											
		<del></del>		%											
		<del> </del>		%											
	Property used 50% or le	ess in a quali	fied busine												
	1 Topolity adda doze of a			%						S/L·					
		<u> </u>		%						S/L·					
	. <del></del>	· · · · · · · · · · · · · · · · · · ·		%	·					S/L·					
28	Add amounts in column	(h) lines 25	through 27		re and or	line 21	. page 1			<u> </u>	28				
	Add amounts in column						, , , ,	•					29		
	7 to a arrivo in colorini	. (//			B - Infor		on Use	of Vel	nicles		<u> </u>				
Cor	mplete this section for ve	ehicles used	by a sole p							or related	person	. If you p	provided	vehicles	;
	our employees, first ans														
•	, , ,	•			•					-					
					(a)	(	b)		(c)	(0	I)	(6	∍)	(f)	)
30	Total business/investment	miles driven d	luring the	V	ehicle	Vel	hicle	<u> </u>	/ehicle	Veh	icle	Veh	ıcle	Vehi	cle
	year (do not include comi	muting miles)											_		
31	Total commuting miles	driven during	the year												
	Total other personal (no														
	driven			.		1		<u> </u>					<del></del>		
33	Total miles driven during														
	Add lines 30 through 32	2										ļ			
34	Was the vehicle availab	le for person	nal use	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					ļ	ļ								
35	Was the vehicle used p	rimanly by a	more												
	than 5% owner or relate	ed person?				ļ <u>-</u>		<u> </u>						$\vdash$	
36	Is another vehicle availa	able for perso	onal					1							
	use?	<u> </u>				<u> </u>	<u> </u>			İ			<u>L</u>	<u> </u>	
			- Question												
Ans	swer these questions to	determine ıf	you meet a	n exceptio	on to com	pleting	Section	B for v	rehicles us	sed by en	nployee	s who a	re not m	ore than	5%
	ners or related persons.					<del> </del>									
37	Do you maintain a writte	en policy sta	tement that	prohibits	all perso	nal use	of vehic	les, ind	cluding co	mmuting,	by you	r		Yes	No
	employees?													-	<del>                                     </del>
38	Do you maintain a writte	en policy sta	tement that	prohibits	personal	use of	vehicles	, exce	ot commu	ting, by y	our				
	employees? See the ins					fficers, o	directors	s, or 19	6 or more	owners				·	-
	Do you treat all use of v													·	
40	Do you provide more th					informa	tion fror	n your	employee	s about					
	the use of the vehicles,											• • • •			<u> </u>
41	Do you meet the require										•				l
_	Note: If your answer to	<i>37, 38, 39, 4</i>	10, or 41 is	'Yes," do	not comp	lete Sec	ction B f	or the	covered ve	ehicles.					
P	art VI Amortization			<b>(</b> L)		(2)			(4)		(0)	· - · · · · ·		(f)	<del></del>
	(a) Description of	of costs		(b) Date amortization	n	(C) Amortiza	ple		(d) Code		(e) Amortiz	ation	Ą	mortization	
	<u> </u>			begins		amoun	nt		section		period or pe	rcentage	- fe	or this year	
<u>42</u>	Amortization of costs the	nat begins di	uring your 2	UIS tax y	ear:		_	<del></del>				<u> </u>			
_		<del></del> -													
	A			010 :-			•					142			
	Amortization of costs the	<del>-</del>	_	_						-		43			
	Total. Add amounts in	column (t). S	ee the instr	uctions fo	wnere t	o report	•	•				1 -4-4		orm 450	2 (2012)
316	252 12-19-13												r	orm <b>456</b> 2	<b>c</b> (2013)

## Form **8868**

(Rev. January 2014)

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

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

Internal	Revenue Service	► Information about Form 886	8 and its	instructions is at www.irs.gov/form	18868.	1			
• If y	ou are filing for an Aut	omatic 3-Month Extension, complet	te only Pa	art I and check this box			. <b>&gt;</b> X		
•	•	ditional (Not Automatic) 3-Month Ex	_						
		less you have already been granted a							
	•	ou can electronically file Form 8868 if y					a corporation		
		or an additional (not automatic) 3-mor							
•	•••	ns listed in Part I or Part II with the exc		-		-			
	•	which must be sent to the IRS in pap							
	•	lick on e-file for Charities & Nonprofits							
Par		c 3-Month Extension of Time		submit original (no copies nee	eded).				
		Form 990-T and requesting an auton							
Part I	<u>.</u>						▶ □		
	er corporations (includ income tax returns.	ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	_	sion of time r's identify!i	na number		
Туре	or Name of exemp	t organization or other filer, see instruc	ctions.				n number (EIN) or		
print		•			. ,		, ,		
		ANEBIANGO FAMILY FO	UNDA'	TION		26-283	38191		
File by 1 due dat		and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	cunty numbe	r (SSN)		
filing yo	" 27 COLON	Y ROAD							
return. S Instruct	ons City, town or po	st office, state, and ZIP code. For a fo	reign add	ress, see instructions.		•			
	GRETNA,	LA 70056							
Enter	the Return code for th	e return that this application is for (file	a separa	te application for each return)			04		
		· · · · · · · · · · · · · · · · · · ·		T			<del></del>		
	cation		Return	Application			Return		
ls For			Code	ls For			Code		
	990 or Form 990-EZ		01	Form 990-T (corporation)	· · · · · ·		07 08		
Form	990-BL		02	Form 1041-A					
Form	4720 (individual)		03	Form 4720 (other than individual)	dıvidual)				
Form	990-PF		04	Form 5227			10		
Form	990-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11		
Form	990-T (trust other than		06	Form 8870			12		
		CARL E PANEBIAN							
		of $\triangleright$ 27 COLONY ROAD	- <u>GR</u>				<del></del>		
	ephone No.▶ <u>504</u>			Fax No.			. —		
	_	not have an office or place of business							
		m, enter the organization's four digit (							
box 🕨		t of the group, check this box		•		ers the exter	ision is for		
1	•	3-month (6 months for a corporation		The state of the s					
	AUGUST 15		t organiza	tion return for the organization name	d above.	The extensio	n		
	is for the organization								
	<b>X</b> calendar year	<del></del>							
	tax year begin	ning	, an	d ending		<u> </u>			
_			L			_			
2	_ ′	in line 1 is for less than 12 months, cl	neck reas	on: Initial return I	Final retur	n			
	Change in accor		0000				<del></del>		
		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			0		
	nonrefundable credits			u voti vodoblo ovodbo o od	3a	\$	0.		
	• •	r Forms 990-PF, 990-T, 4720, or 6069 its made. Include any prior year overp			3b	\$	0.		
		nt line 3b from line 3a. Include your pa	.,		30	Ψ			
		ronic Federal Tax Payment System).			3c	\$	0.		
		make an electronic funds withdrawal							
nstru	ctions.								
LHA 323841	For Privacy Act and	d Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	<b>868</b> (Rev. 1-2014)		

Form 8868 (Rev. 1-2014)					Page 2			
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ext</li> </ul>	ension, c	omplete only Part II and check this	box		<b>▶</b> X			
Note. Only complete Part II if you have already been granted an a	utomatic :	3-month extension on a previously file	ed Form 8	868				
<ul> <li>If you are filing for an Automatic 3-Month Extension, complet</li> </ul>								
Part II Additional (Not Automatic) 3-Month Ex	ctension	<b>n of Time.</b> Only file the origina	al (no co	pies nee	eded)			
		Enter filer's	identifyin	g number,	see instructions			
Type or Name of exempt organization or other filer, see instructions Employer identification number								
print		į						
File by the CARL E PANEBIANGO FAMILY FOUNDATION 26-2838191								
due date for filing your return See 27 COLONY ROAD	ee instruct	tions.	Social sec	curity numb	per (SSN)			
City, town or post office, state, and ZIP code For a form GRETNA, LA 70056	reign add	ress, see instructions.						
GRETNA, LA /0056				<del></del>	<del></del>			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4			
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A			08			
Form 4720 (Individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	ously file	d Form 88	68			
CARL E PANEBIAN								
• The books are in the care of ▶ 27 COLONY ROAD	- GR	ETNA, LA 70056						
Telephone No. ► 504-835-1050		Fax No 🕨						
<ul> <li>If the organization does not have an office or place of business</li> </ul>								
If this is for a Group Return, enter the organization's four digit	7							
box ▶		ach a list with the names and EINs of	all memb	ers the ext	ension is for			
	NOVEW	BER 15, 2014						
5 For calendar year 2013, or other tax year beginning		, and ending		<del></del>				
6 If the tax year entered in line 5 is for less than 12 months, o	heck reas	son: Initial return _	Final r	eturn				
Change in accounting period								
7 State in detail why you need the extension	DD EID A	DE A COMPTEME AND	A COLID	ymz m	AV DEMIDA			
ALL INFORMATION NECESSARY TO	PREPA	RE A COMPLETE AND	ACCOR	AIL I	AA KETUKN			
HAS NOT YET BEEN RECEIVED.								
000 DI 000 DE 000 T 4700	or 6060	anter the tentative tay long any			<del></del>			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, 01 0009,	enter the teritative tax, less any	8a	\$	0.			
nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069	anter ar	ov refundable credits and estimated	- Ca	<del>- 4</del>				
b If this application is for Forms 990-PF, 990-1, 4720, or 6068 tax payments made Include any prior year overpayment al			<b>,</b>					
previously with Form 8868	nowed as	a credit and any amount paid	8b	\$	0.			
C Balance due. Subtract line 8b from line 8a. Include your pa	avment w	th this form if required by using		<u> </u>	<u>~~~</u>			
EFTPS (Electronic Federal Tax Payment System). See instr		in this form, it required, by doing	8c	\$	0.			
Signature and Verifica	tion mu	st be completed for Part II		· •				
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this f				f my knowle	edge and belief,			
	DIREC		Date		4-14			
Signature > 4 117:421 119 UMAN ELE Title >	<u>انتهیدی</u>	, <u>, , , , , , , , , , , , , , , , , , </u>	Dale		1 8868 (Pev 1-2014)			