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DLN: 93491254005024

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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. By law, the IRS cannot redact the information on the form.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		maar year 2020, or tax y	, ca. begg co			g			
		undation K FOUNDATION					lentification numb	er	
						46-3021603			
		d street (or P O box number if mail is r H VAN AVE	not delivered to street address	Room/suite		B Telephone nu	ımber (see ınstructio	ns)	
41.	2 5001	n van ave				(985) 223-9259			
City or town, state or province, country, and ZIP or foreign postal code HOUMA, LA 703636759						C If exemption	application is pendin	ng, check here 🕨 🦵	
G C	heck a	all that apply	Initial return o	f a former public cha	rıty	D 1. Foreign o	rganizations, check h	ere 🕨 🗀	
		Final return	A mended retu	rn		2. Foreign o	rganizations meeting	the 85% test,	
		Address char					re and attach comput		
		ype of organization			n		undation status was i n 507(b)(1)(A), chec		
		ket value of all assets at end	J Accounting method			F If the found	ation is in a 60-mont	h termination	
of	ear <i>(f</i>	from Part II, col. (c), •\$ 25,059	Other (specify) (Part I, column (d) must				n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue a total of amounts in columns (b), (c necessarily equal the amounts in co	c), and (d) may not	(a) Revenue and expenses per	(b) 1	Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes	
		instructions))	olanin (a) (see	books				(cash basis only)	
	1	Contributions, gifts, grants, etc schedule)	c , received (attach	56,999					
	2	Check ► ☐ If the foundation is Sch B	s not required to attach						
	3	Interest on savings and tempo	rary cash investments						
	4	Dividends and interest from se	curities						
	5a	Gross rents							
	ь	Net rental income or (loss)							
Φ	6a	Net gain or (loss) from sale of a	assets not on line 10						
Revenue	ь	Gross sales price for all assets	s on line 6 a						
æ	7	Capital gain net income (from l	Part IV, line 2)						
	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	С .	Gross profit or (loss) (attach s	chedule)						
	11	Other income (attach schedule	e)						
	12	Total. Add lines 1 through 11		56,999		0			
	13	Compensation of officers, direc	ctors, trustees, etc						
	14	O ther employee salaries and w	_						
Expenses	15	Pension plans, employee benef							
₽	16a	Legal fees (attach schedule).							
ф Ж		Accounting fees (attach sched							
		Other professional fees (attach							
Admını strative	17	Interest							
¥	18	Taxes (attach schedule) (see i	•						
	19	Depreciation (attach schedule							
Ĥ	20	Occupancy							
A D	21	Travel, conferences, and meet	_	3.500				3.500	
Operating and	22	Printing and publications		2,500				2,500	
Ë	23	Other expenses (attach sched		15,810				15,810	
at E	24	Total operating and administra	-	10.515		-		10.015	
<u>a</u>		Add lines 13 through 23		18,310		0		18,310	
0	25	Contributions, gifts, grants pai		13,630				13,630	
	26	Total expenses and disburseme 25	ents. Add lines 24 and	31,940		0		31,940	
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expens	ses and disbursements	25,059					
	ь	Net investment income (if nega	atıve, enter -0-)			0			
	С	Adjusted net income (if negative	ve, enter -0 -)						
Eas !) - no -	work Reduction Act Notice con	inct west ions			- N - 44200Y		. 000 PF (2012)	

	and complete lines 27 through 31.		
<u> 5</u> 27	Capital stock, trust principal, or current funds		
∕} 28	Paid-in or capital surplus, or land, bldg , and equipment fund		
() 28 () 29 () 30	Retained earnings, accumulated income, endowment, or other funds		
50	Total net assets or fund balances (see page 17 of the		
≨	ınstructions)	25,059	
_ 31	Total liabilities and net assets/fund balances (see page 17 of		
	the instructions)	25,059	
	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree	1	
	with end-of-year figure reported on prior year's return)		
	Enter amount from Part I, line 27a	 	25,059
;	Other increases not included in line 2 (itemize)	3	
	Add lines 1, 2, and 3	4	25,059
ŀ			
} ;	Decreases not included in line 2 (itemize)	5	

	2-story brick wareh	ouse, or common stock, 200 shs	MLC Co)	P—Purchase D—Donation	(mo, day, yr)	(mo , day, yr)
1a						
(e	e) Gross sales price	(f) Depreciation allo (or allowable)		t or other basis xpense of sale		or (loss)) minus (g)
а		(or unowable)	pius c	xpense of sale	(c) plus (i	/ IIIIIus (g)
b						
С						
d						
е						
Со	mplete only for assets s	showing gain in column (h) and ov				(h) gain minus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), if any		less than -0-) or om col (h))
<u>а</u>						
b						
С						
d		+				
е			If gain, also ente	run Dart I lina 7 Ì		
2	Capital gain net incor	me or (net capital loss)	If (loss), enter -0		2	
3	Net short-term capita	al gain or (loss) as defined in sec	tions 1222(5) and (6	5)		
	If gain, also enter in F in Part I, line 8 .	Part I, line 8, column (c) (see ins	tructions) If (loss),	enter - 0 -	3	
Part '	V Qualification I	Jnder Section 4940(e) for	Reduced Tax o	n Net Investme		
as the		eave this part blank e section 4942 tax on the distrib ot qualify under section 4940(e)			riod?	┌ Yes ┌ No
1 Ent	ter the appropriate amo	unt in each column for each year	40.611			
		unt in each column for each year,	see page 18 of the	instructions before r	naking any entries	
Base	(a) period years Calendar	(b) Adjusted qualifying distributions	see page 18 of the (c Net value of nonch)	(d) Distribution	n ratio
Base	(a)	(b)	(c)	(d)	n ratio
Base	(a) penod years Calendar or tax year beginning in)	(b)	(c)	(d) Distribution	n ratio
Base	(a) period years Calendar or tax year beginning in) 2012 2011 2010	(b)	(c)	(d) Distribution	n ratio
Base	(a) period years Calendar or tax year beginning in) 2012 2011 2010 2009	(b)	(c)	(d) Distribution	n ratio
Base	(a) period years Calendar or tax year beginning in) 2012 2011 2010	(b)	(c)	(d) Distribution	n ratio
Base year (c	(a) period years Calendar or tax year beginning in) 2012 2011 2010 2009 2008	(b) Adjusted qualifying distributions	Net value of noncha) aritable-use assets	(d) Distribution (col (b) divided	n ratio
Base year (c	(a) period years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum	(b) Adjusted qualifying distributions n (d)	Net value of noncha) aritable-use assets	(d) Distribution	n ratio
Base year (d	(a) period years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum A verage distribution	(b) Adjusted qualifying distributions	Net value of noncha) anitable-use assets	(d) Distribution (col (b) divided	n ratio
Base year (c	(a) penod years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum A verage distribution the number of years t	(b) Adjusted qualifying distributions n (d)	Net value of nonchar Net value of nonchar	ne 2 by 5, or by	(d) Distribution (col (b) divided	n ratio
Base year (d	(a) period years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum A verage distribution the number of years t	(b) Adjusted qualifying distributions n (d)	Net value of nonchards Net value of nonchards Output Net va	ne 2 by 5, or by	(d) Distribution (col (b) divided	n ratio
Base year (d	(a) penod years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum A verage distribution the number of years t Enter the net value of	(b) Adjusted qualifying distributions n (d)	Net value of nonchards and value the total on line of less than 5 years 13 from Part X, line	ne 2 by 5, or by ars	(d) Distribution (col (b) divided	n ratio
Base year (d	(a) penod years Calendar or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum A verage distribution the number of years t Enter the net value of	(b) Adjusted qualifying distributions n (d)	Net value of nonchards and value the total on line of less than 5 years 13 from Part X, line	ne 2 by 5, or by ars	(d) Distribution (col (b) divided	n ratio
Base year (d	(a) Expense years Calendar For tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, colum Average distribution the number of years t Enter the net value of Multiply line 4 by line Enter 1% of net invest Add lines 5 and 6.	(b) Adjusted qualifying distributions n (d)	Net value of nonchard value of less than 5 years and 13 from Part X, line value of less than 5 years and 27b).	ne 2 by 5, or by ars	2 3 4 5 6	n ratio

	990-PF (2013)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter "N/A"			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here Fand enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of	_		
	the instructions for definition)?	1b		No_
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers \blacktriangleright \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.	┝╧		-110
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6		
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 XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶ <u>IA</u>			
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		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10	Yes	

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►KENNETH W SMITH Telephone no ►(985)	868-	1050	
	Located at ►412 SOUTH VAN AVENUE HOUMA LA ZIP+4 ►7036367			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		'	,
	<u> </u>		<u> </u>	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over	۔۔ ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		.,	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
la	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2013?	1 c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2-	Dud the foundation held more than a 20% direct or indirect interest in any business enterprise at			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2013.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	_		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		

Pa	rt VII-B	Statements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required <i>(cont</i>	inued	1)	
5a	During th	e year dıd the foundatıor	pay	or incurany amoun	t to						
	(1) Carry	on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49	45(e)) [?]	√ No		
	(2) Influe	nce the outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, di	rectly or indirectly, any	oter/	registration drive?.				T Yes [√ No		
	(3) Provid	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		Г Yes √	√ No		
	(4) Provid	de a grant to an organıza	tıon	other than a charita	ble,	etc , organization de	scrib	ped			
	ın sec	ction 509(a)(1), (2), or (3), or	section 4940(d)(2)? (s	ee instructions)		T Yes 🖟	√ No		
	(5) Provid	de for any purpose other	than	religious, charitable	e, sc	ientific, literary, or					
	educa	ational purposes, or for t	ne pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🖟	√ No		
b	If any ans	swerıs "Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in	ı		
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ing c	lisaster assistance	(see	instructions)?		5b	
	O rganızat	tions relying on a curren	not	ice regarding disast	eras	sistance check her	e		-		
c	If the ans	wer is "Yes" to question	5a(4	4), does the foundat	ion c	laım exemption fron	n the				
	tax becau	ise it maintained expend	ıture	responsibility for th	ne gr	ant?		T Yes 「	- _{No}		
		attach the statement requi									
6a	Did the fo	undation, during the yea	r, red	ceive any funds, dire	ectly	or indirectly, to pay	prer	niums on			
	a persona	al benefit contract?						Г Yes Г	√ No		
ь								benefit contract?	.	6b	No
		o 6b, file Form 8870.							ı		
7a		ne during the tax year, w	as th	ne foundation a party	v to a	a prohibited tax shel	ter t	ransaction? TYes	- No		
								the transaction?		7b	
								n Managers, Highly		Emp	lovees.
Pa	rt VIII	and Contractors		,	,						
_1	List all off	icers, directors, trustees	, fou	ındation managers a	nd t	heir compensation (see i	nstructions).			
	(-) N-			Title, and average		c) Compensation		(d) Contributions to	(e) E	xpens	e account,
	(a) Nai	me and address		hours per week voted to position	(.	(f not paid, enter -0-)		mployee benefit plans deferred compensation			wances
See	A ddıtıonal	Data Table		Р		- /					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
2	Compensat	tion of five highest-paid	emp	loyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "N	IONE."	
(a)	Name and	l address of each employ	-00	(b) Title, and aver	_			(d) Contributions to employee benefit	(a) F	vnanc	e account,
(α,		nore than \$50,000		hours per week		(c) Compensation	n	plans and deferred			wances
		· · ·		devoted to positi	on			compensation			
ИОИ	IE										
_ _		C - 1 l									
Iota	ı number o	f other employees paid o	ver \$	550,000				🟲			

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include reganizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See page 24 of the instruction	ne	
3	113	
Total. Add lines 1 through 3		. •

Pa	see instructions.)	oreign	roundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opercentain foreign organizations check here \blacktriangleright and do not complete this part.)	atıng	foundations and
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Dor	Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		T
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1.	21.040
a	Program-related investments—total from Part IX-B	1a 1b	31,940
ь	-	10	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,	_	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	_	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	31,940
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,940
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the section 4940(e) reduction of tax in those years	ner the	e toundation qualifies for

	art Airi Ondistributed Income (see mstr	uctions)			
		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7	30.540			0
	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2013				
	From 2008				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	Total of lines 3a through e				
	Qualifying distributions for 2013 from Part				
	XII, line 4 🕨 \$ 31,940				
а	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2013 distributable amount				
е	Remaining amount distributed out of corpus	31,940			
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,940	,		
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
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				
a	Subtract line 6c from line 6b Taxable amount —see instructions				
_	Undistributed income for 2012 Subtract line				
Ī	4a from line 2a Taxable amount—see				
	ınstructions				
f	Undistributed income for 2013 Subtract				
	lines 4d and 5 from line 1 This amount must				0
_	be distributed in 2014				<u> </u>
,	A mounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
	ınstructions)				
8	Excess distributions carryover from 2008 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.	31,940	,		
10	Subtract lines 7 and 8 from line 6a	,5.0			
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013 31,940				
_					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Form **990-PF** (2013)

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A maunt
Name and address (home or business)	any foundation manager	recipient	contribution	Amount
Name and address (home or business) a Paid during the year See Additional Data Table	any foundation manager or substantial contributor		contribution	Amount
Total				13,630
b Approved for future payment				
			b. 26	

.nter gros	s amounts unless otherwise indicated	ng Activities	siness income	Excluded by section	1 512, 513, or 514	(e)
1 Prograi	n service revenue	(a) Business	(b) A mount	(c) Exclusion code	(d) A mount	Related or exemp function income (See
		code				instructions)
						_
f						
M embe Intere	and contracts from government agencies ership dues and assessments st on savings and temporary cash ments					
Divide	nds and interest from securities					
a Debt	-financed property					
Net re	lebt-financed property					
	investment income					
	r (loss) from sales of assets other than					
	cory					-17,85
Gross	profit or (loss) from sales of inventory					
	revenue a					
	al Add columns (b), (d), and (e).					-17,85
	Add line 12, columns (b), (d), and (e).				.3	-17,857
	worksheet in line 13 instructions to verify ca I-B Relationship of Activities to		lishment of E	xempt Purpos	es	
ine No. ▼	Explain below how each activity for whic the accomplishment of the foundation's instructions)					

Part XVII	Information Regard Noncharitable Exe			actions and	Relationships	With		, 4	<u> </u>
	rganization directly or indire	ctly engage	ın any of the following wit					Yes	No
organızat	ions?								
a Transfers	from the reporting foundation	on to a nonc	:harıtable exempt organıza	ation of					
(1) Casl	h						1a(1)		No
(2) Othe	erassets						1a(2)		No
b Other tra	nsactions								
(1) Sale	s of assets to a noncharitab	le exempt o	rganization				1b(1)		No
	hases of assets from a nonc								No
(3) Rent	al of facilities, equipment, o	r other asse	ets				1b(3)		No
(4) Reim	nbursement arrangements.						1b(4)		No
	ns or loan guarantees						1b(5)		No
	rmance of services or memb						1b(6)		No
	of facilities, equipment, maili						1c		No
of the god in any tra	ods, other assets, or service insaction or sharing arrange	es given by t ment, show	the reporting foundation I in column (d) the value of	f the foundatior the goods, oth	n received less than ier assets, or service	faır marke es receive	t value d		
(a) Line No	(b) Amount involved (c)	Name or nonc	harıtable exempt organization	(a) Description	on of transfers, transaction	ons, and sna	ring arra	ngemer	its
+									
describe	undation directly or indirectly d in section 501(c) of the Co complete the following sche	ode (other th		-	=		. ┌ Y e	s F	7 No
	(a) Name of organization		(b) Type of organiza	tion	(c) Descript	tion of relation	nship		
the	der penalties of perjury, I de best of my knowledge and b ed on all information of whic *****	elief, it is tr	ue, correct, and complete		preparer (other than	n taxpayer Maythe II	or fidu	this reti	IS urn
	Signature of officer or truste	ee	Date	Title			reparersh)? <mark>√ Ye</mark>		VV
Paid Preparer	Print/Type preparer's name FRANK R KOLWE JR CPA APC	e Prepa	arer's Signature	Date 2014-09-02	Check if self- employed ▶	PTIN PC	00276	37	
Use Only	Firm's name ► F		DLWE JR CPA APC		Fırm's EIN ► 72	-1147819)		
,		.340 WEST HOUMA,LA	TUNNEL BOULEVARD S 70360	UITE 5	Phone no (985)) 876- <u>27</u> 4	3		_

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(h) Title and average	(a) Companyation	(d) Contributions to	(a) Evnance account
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KENNETH W SMITH	CHAIRMAN/TRE	0	0	0
412 S VAN AVENUE HOUMA,LA 70363	4 0 0			
SHERI SMITH 🕏	PRESIDENT/SE	0	0	0
412 S VAN AVENUE HOUMA,LA 70363	1 00			
ANGELE SMITH	DIRECTOR	0	0	0
412 S VAN AVENUE HOUMA,LA 70363	0 01			
JENNIFER SMITH	DIRECTOR	0	0	0
412 S VAN AVENUE HOUMA,LA 70363	0 40			
CALEY SMITH 15	DIRECTOR	0	0	0
412 S VAN AVENUE HOUMA,LA 70363	0 01			
SARA SMITH	DIRECTOR	0	0	0
412 S VAN AVENUE HOUMA.LA 70363	0 01			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LA ENGG SOCIETY-MATHCOUNTS 9643 BROOKLINE AV STE 116 BATON ROUGE,LA 70809	N/A	501C(3)	PROMOTES MATH SKILLS	2,000
GOOD SAMARITAN FOOD BANK- TERREBONNE 254 MAGNOLIA HOUMA,LA 70360	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	2,500
GOOD SAMARITAN FOOD BANK 100 BIRCH STREET THIBODAUX,LA 70301	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	350
FOODNET OF LAFAYETTE LA PO BOX 53997 LAFAYETTE,LA 70505	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	1,250
GREATER BATON ROUGE FOOD BANK 5546 CHOCTAW DRIVE BATON ROUGE, LA 70805	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	250
EAST FORT BEND HUMAN NEEDS MINISTRY P O BOX 1611 STAFFORD,TX 77497	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	500
SAN ANTONIO FOOD BANK 5200 W OLD US HWY 90 SAN ANTONIO,TX 78227	N/A	501C(3)	FOOD PANTRY/GENERAL PURPOSE	150
HOUMA CHRISTIAN SCHOOL- BOOSTER CLUB 109 VALHI BOULEVARD HOUMA,LA 70360	N/A	501C(3)	CHILDREN'S FALL FESTIVAL	250
THIBODAUX SERVICE LEAGUE PO BOX 1841 THIBODAUX,LA 70302	N/A	501C(3)	CHRISTMAS PROGRAM SPONSORSHIP	500
MACDONELL UNITED METHODIST CHILDREN 8326 MAIN STREET HOUMA,LA 70363	N/A	501C(3)	CHRISTMAS/GENERAL PURPOSE	1,000
MARINE CORPS RESERVE TOYS FOR TOTS 18251 QUANTICO GATEWAY DR TRIANGLE,VA 221721776	N/A	501C(3)	CHRISTMAS PROGRAM	1,500
HOPE EXTREME P O BOX 936 BOURG,LA 70343	N/A	501C(3)	GENERAL PURPOSE	1,000
A PLACE OF RESTORATION PO BOX 1182 GRAY,LA 70359	N/A	501C(3)	GENERAL PURPOSE	1,000
K-9 ANGELS RESCUE INC PO BOX 925022 HOUSTON,TX 77292	N/A	501C(3)	CANINE RESCUE	500
LUTHERHILL MINISTRIES PO BOX 99 LA GRANGE,TX 78945	N/A	501C(3)	BUILD SCHOOLS IN ETHIOPIA	600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

			• •	<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FAITH HOUSE OF ACADIANA 1453 W WILLOW STREET LAFAYETTE,LA 70506	N/A	501C(3)	CRISIS SHELTER	280
Total				13,630

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As Filed Data -

DLN: 93491254005024

OMB No 1545-0047

Schedule B **Schedule of Contributors**

(Form 990, 990-EZ. or 990-PF) Department of the Treasury Internal Revenue Service

TBS SPARK FOUNDATION

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Employer identification number

	46-3021603
Organization ty	/pe (check one)
Filers of:	Section:
Form 990 or 990	-EZ
	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
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or) from any one contributor. Complete Parts I and II
) from any one contributor Complete Parts I and II
opecial Rules	
under se	ction 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations ections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the 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
during th	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ne year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, c, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and
during th	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, lie year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did more than \$1,000. If this box is checked, enter here the total contributions that were received during

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization TBS SPARK FOUNDATION

Employer identification number

46-3021603

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	T BAKER SMITH LLC P O BOX 2266 HOUMA, LA 70361	\$9,630	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 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 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)

Name of organization
TBS SPARK FOUNDATION

Employer identification number
46-3021603

Partll Nor	ncash Property (see instructions) Use duplicate copies of Part II if additional space is need	ded	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$ \begin{vmatrix} - \\ - \end{vmatrix}$		- - - - \$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		- - - - \$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		- - - - \$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - -	

	rganization FOUNDATION		Employer identification number		
	COMPANION			46-3021603	
Part III	Exclusively religious, charitable, etc., in that total more than \$1,000 for the year For organizations completing Part III, enter the contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional s	. Complete co ne total of <i>exci</i> r (Enter this ir	lumns (a) through (e) and <i>lusively</i> religious, charitat nformation once See insti	the following line entry ole, etc.,	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, an		e) Transfer of gift Relatio	nship of transferor to transferee	
(a) No.	(h) Dunnaga of gift		(a) the a of wife	(d) De aviation of hour sift is held	
from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, an	•	e) Transfer of gift Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, an		e) Transfer of gift Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, an		e) Transfer of gift Relatio	nship of transferor to transferee	

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TY 2013 Compensation Explanation

Name: TBS SPARK FOUNDATION

EIN: 46-3021603

Person Name	Explanation
KENNETH W SMITH	
SHERISMITH	
ANGELESMITH	
JENNIFER SMITH	
CALEY SMITH	
SARA SMITH	

DLN: 93491254005024

TY 2013 Other Expenses Schedule

Name: TBS SPARK FOUNDATION

EIN: 46-3021603

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLFTOURNAMENT				
FACILITY	8,707			8,707
FOOD, BEVERAGE, & OTHER	6,415			6,415
INSURANCE	235			235
EXPENSES				
ADMINISTRATIVE EXPENSES	453			453



TY 2013 Substantial Contributors Schedule

Name: TBS SPARK FOUNDATION

EIN: 46-3021603

Name	Address
	P O BOX 2266 HOUMA,LA 70361

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To Fue an **Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

 If you are 	e filing for an Automatic 3-Month Extensio	n, complete	only Part I and ched	ck this box			▶ 🛚
•	e filing for an Additional (Not Automatic) 3-		•			,	
Do not co	<i>mplete Part II unless</i> you have already bee	n granted an	automatic 3-month	extension on a previo	ously [.]	filed Forr	n 8868.
a corporat 8868 to re Return for	c filing (e-file). You can electronically file Form required to file Form 990-T), or an addit equest an extension of time to file any of the Transfers Associated With Certain Persons). For more details on the electronic filing of	ional (not aut le forms liste lnal Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You o with the exception o ust be sent to the	an el of For IRS i	ectronica rm 8870, n paper	ally file Forn Information format (see
Part I	Automatic 3-Month Extension of Til	me Only su	bmit original (no co	onies needed)			
A corpora	tion required to file Form 990-T and req	uesting an a	automatic 6-month	extension-check th			•
-	orporations (including 1120-C filers), partne						_
	me tax returns.		,		,		
Enter filer's identif						mber, see	instructions
Type or	Name of exempt organization or other filer, se	e instructions.	structions. Employer identificati			ber (EIN) o	or
print	TBS Spark Foundation	46-3021603					
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O	. box, see instr				1)	
	412 South Van Avenue						
	City, town or post office, state, and ZIP code.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	Houma, LA 70360						_
Enter the F	Return code for the return that this application	n is for (file a	separate application	n for each return) .			. 01
Applicati	on	Return	Application				Return
Is For		Code	is For				Code
Form 990 or Form 990-EZ		01	Form 990-T (corpo	-T (corporation)			07
Form 990-BL		02	Form 1041-A				08
Form 4720 (individual)		03	Form 4720 (other t	er than individual)			09
Form 990-PF		04	Form 5227	27			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	
Telephor If the org If this is f	as are in the care of ► Kenneth W. Smile No. ► 985-868-1050 anization does not have an office or place or or a Group Return, enter the organization's to ble group, check this box ►	F f business in four digit Gro If it is for par	up Exemption Numb t of the group, check	neck this box per (GEN)		If th	is is
	quest an automatic 3-month (6 months for a			990-T) extension of t	ime		
for	1 8/15/2014, 20, to file the extra organization's return for: Calendar year 20 or	kempt organia	zation return for the o	organization named a	bove	. The ext	ension is
	<u> </u>	00	12 and anding	10/21		00	1.2
	≰ tax year beginning	, 20 2 months, ch	eck reason: X Initia	12/31 Il return ☐ Final retui	m	, 20	13
	Change in accounting period	000 T 4720	or 6060, optor the to	ntativa tay loop any	Γ	Γ	
3a If this application is for Forms 990-BL, 990-PF, 990 nonrefundable credits. See instructions.						\$	0
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				3a	ļ*	
	this application is for Forms 990-PF, 990-1, 4720, or 6069, effect any relundable credits and timated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using							
	PS (Electronic Federal Tax Payment System			F 0450 FO	3c	\$	0.00
instructions.	ou are going to make an electronic funds withdra	wai (direct deb	it) with this Form 8868,	see Form 8453-EO and	rorm	i 8879-EO	for payment

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