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Form **990-PF**Department of the Treasury

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

Internal Revenue Service For calendar year 2013 or tax year beginning , and ending Name of foundation A Employer identification number THE BRYAN FOUNDATION 72-1283464 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2020 RUE PROVENCE (225)926-8076City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BATON ROUGE, LA 70806 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization Section 501(c)(3) exempt private foundation E If private foundation status was terminated X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 935,736. (Part I, column (d) must be on cash basis ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,126 $3,\overline{126}$ STATEMENT 17,796. 17,796. STATEMENT Dividends and interest from securities 229. 229 STATEMENT 5a Gross rents 229. Net rental income or (loss) 522,881 6a Net gain or (loss) from sale of assets not on line 10 829,472. 522,881 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold c Gross profit or (loss) <5,174.Þ <5,174. STATEMENT 11 Other income 538,858. 538,858 Total. Add lines 1 through 11 12 Ō. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees STMT 5 1,700. 0. 0. **b** Accounting fees c Other professional fees NOV 3 7 JOH Administrative 17 Interest STMT 6 492 0. 0. 18 Taxes 19 Depreciation and depletion シン リニス・ハ 20 Occupancy 21 Travel, conferences, and meetings Printing and publications STMT 7 2,026. 0. 0. Operating 23 Other expenses 24 Total operating and administrative 4,218. 0 0. expenses. Add lines 13 through 23 64,120. 64,120. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 68,338. 0 64,120. Add lines 24 and 25 27 Subtract line 26 from line 12 470,520 2 Excess of revenue over expenses and disbursements 538,858 b Net investment income (if negative, enter -0-) N/A © Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

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BBRR1511/

Page 2

100	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
T 1	Cash - non-interest-bearing	21,118.	15,279.	15,279.
2	Savings and temporary cash investments	59,590.	277,229.	277,229.
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts ▶		ĺ	
5	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
١,	Other notes and loans receivable			
	Less allowance for doubtful accounts	Ì	1	
, ,			-	
a .	Inventories for sale or use			
Y S	Prepaid expenses and deferred charges			
יין י	la Investments - U.S. and state government obligations	110 000	420,928.	419,125.
	b Investments - corporate stock STMT 9	118,890.	420,920.	419,123.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis	ļ	1	
	Less. accumulated depreciation .			
12	! Investments - mortgage loans	0.60.000	001 170	000 700
13	,	263,880.	221,178.	223,783.
14	Land, buildings, and equipment basis			
	Less. accumulated depreciation			
15	Other assets (describe STATEMENT 11)	2,815.	320.	320.
16	Total assets (to be completed by all filers - see the		ľ	
	instructions Also, see page 1, item 1)	466,293.	934,934.	935,736 <u>.</u>
17	Accounts payable and accrued expenses			
18	Grants payable			
ဖွာ့ 19				
Liabilities 51 51 51				
를 21				
22 د				
23	Total liabilities (add lines 17 through 22)	0.	0.	
7	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
S 24	,			
9 24 E 25				
<u>re</u> 25	r i i			
26 0	·	· · · · · · · · · · · · · · · · · · ·		
Net Assets or Fund Balance	Foundations that do not follow SFAS 117, check here			
2	and complete lines 27 through 31.			
<u>ي</u> 27		0.	0.	
မ္ဟ 28		0.	0.	
₹ 29	Retained earnings, accumulated income, endowment, or other funds	466,293.	934,934.	
₹ 30	Total net assets or fund balances	466,293.	934,934.	
31	Total liabilities and net assets/fund balances	466,293.	934,934.	
Des	Analysis of Changes in Net Assets or Fund Ba	lances		
Far	t III Analysis of Granges in Not Associate in Land 20			
1 Tol	al net assets or fund balances at beginning of year - Part II, column (a), line 3	10		
(m	ust agree with end-of-year figure reported on prior year's return)		. 1	466,293.
-	er amount from Part I, line 27a	••	2	470,520.
3 Oth	er increases not included in line 2 (itemize)		3_	0.
	d lines 1, 2, and 3		. 4	936,813.
	creases not included in line 2 (itemize)	SEE STA	TEMENT 8 5	1,879.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	934,934.
				Form 990-PF (2013)

	2012		000,902.	•0/8248
	2011	54,490.	618,155.	.088149
	2010	44,063.	699,890.	.062957
_	2009	36,760.	728,222.	.050479
_	2008	41,235.	851,697.	.048415
2	Total of line 1, column (d)		2	.328248
3	Average distribution ratio for the 5-year base p the foundation has been in existence if less that		mber of years	.065650
4	Enter the net value of noncharitable-use assets	for 2013 from Part X, line 5	4	812,203.
5	Multiply line 4 by line 3		5	53,321.
6	Enter 1% of net investment income (1% of Par	t I, line 27b)	6	5,389.
7	Add lines 5 and 6		7	58,710.
8	Enter qualifying distributions from Part XII, line		8	64,120.
	If line 8 is equal to or greater than line 7, check	the box in Part VI, line 1b, and complete that part	t using a 1% tax rate	

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See the Part VI instructions

	990-PF (2013) THE BRYAN FOUNDATION 72-1283			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctior	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		- 3	00
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	·········	5,3	89.
	of Part I, line 27b			
	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-)	-	5,3	0.
_	Add lines 1 and 2		<i>3</i> ,3	0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		5,3	
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5,3	09.
	Credits/Payments			
	2013 estimated tax payments and 2012 overpayment credited to 2013			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			n
	Total credits and payments Add lines 6a through 6d			2
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 12 > 9		5,3	91
			5,5	<u> </u>
	The state of the s			
	Enter the amount of line 10 to be Credited to 2014 estimated tax ► Refunded ► 11 rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
14	any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	_	X
n	If the answer is "Yes" to 1aor 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?	10		X
	Enter the amount (rf any) of tax on political expenditures (section 4955) imposed during the year	··•		
u	(1) On the foundation \triangleright \$ 0 • (2) On foundation managers \triangleright \$0 •			
٥	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
6	managers > \$O .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities.		"	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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	Х	<u> </u>
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	LA			
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)			۱
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 13	8b		X
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		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
	For	m 990		(2013)

4b

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 636,397. Average monthly fair market value of securities 1a 186,608. Average of monthly cash balances 1b 1,567. Fair market value of all other assets 10 d Total (add lines 1a, b, and c) 10 Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 12,369. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 812,203. Net value of noncharitable-use assets. Subtract fine 4 from line 3. Enter here and on Part V, line 4. 5 40,610. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations and certain foreign organizations check here

and do not complete this part) 40,610. Minimum investment return from Part X, line 6 5,389. Tax on investment income for 2013 from Part VI, line 5 2a Income tax for 2013 (This does not include the tax from Part VI) 2b 5,389. Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 35,221 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 64,120. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 64,120. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5,389. 58,731. income Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 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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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				35,221.
2 Undistributed income, if any, as of the end of 2013	***************************************			
a Enter amount for 2012 only			0.	
b Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2013.				
a From 2008				
b From 2009 349.				
c From 2010 9, 322.				
d From 2011 24,088.				
e From 2012 18,741.	E2 E00			
f Total of lines 3a through e	52,500.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 > \$ 64, 120.			0.	
a Applied to 2012, but not more than line 2a			V •	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus			***************************************	···
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount		······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35,221.
e Remaining amount distributed out of corpus	28,899.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	81,399.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	01,399.			······
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b		<u> </u>		
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				
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.	81,399.			
Subtract lines 7 and 8 from line 6a	01,399.			
10 Analysis of line 9: a Excess from 2009 . 349 .				
04 000				
d Excess from 2011 24,088. d Excess from 2012 18,741.				
e Excess from 2013 28,899.				
0 EA0000 HOM E0 10 20 7 0 5 5 6 F			3	Form QQO-DF /2013\

	AN FUUNDATI		III A	/2-12	83464 Page 11
·				N/A	
•					
· · · · · · · · · · · · · · · · · · ·			▶ ∟_	1 .	
		ng foundation described		<u></u>	42(j)(5)
		45) 0040	_ 		.
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed		<u> </u>		_	
b 85% of line 2a					
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					. =
B Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
			1		
and 5 or more exempt					
organizations as provided in section 4942(i)(3)(B)(iii)					
• •	· · · · · · · · · · · · · · · · · · ·				
	rmation (Comple	ete this part only	if the foundatio	n had \$5.000 or mo	re in assets
				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total coi	tributions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000) (See s	section 507(d)(2))			
REDFIELD E. BRYAN					
			(or an equally large por	tion of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
				not accept unsolicited requi	ests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, and	đ
			lications should be addr	essed.	
each year listed D 85% of line 2a 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 Subtract line 26 from line 2c Subtract line 27 from line 2c Subtract line 26 from line 2c Subtract line 27 from line 2c Subtract line 26 from line 2c Subtract line 26 from line 2c Subtract line 27 from line 2c Subtract line 26 from line 2c Subtract line 3c S					
2020 RUE PROVENCE, B	ATON ROUGE,	LA 70806			
	e submitted and informa	tion and materials they	should include		
c Any submission deadlines					,,
· · · · · · · · · · · · · · · · · · ·					
-	s, such as by geographic	al areas, charitable field:	s, kinds of institutions, o	r other factors	
NONE					
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3 Grants and Contributions Paid During to	tion (continued) he Year or Approved for Future	Payment		
Recipient	If recipient is an individual	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	Amount
a Paid during the year				
BATON ROUGE FOOD BANK	NONE	PUBLIC	BENEVOLENCE	
5546 CHOCTAW DRIVE		CHARITIES		
BATON ROUGE, LA 70805				1,00
BOYS HOPE GIRLS HOPE	NONE	PUBLIC	BENEVOLENCE	
P.O. BOX 4414		CHARITIES		
BATON ROUGE, LA 70821				50
CASA	NONE	PUBLIC	BENEVOLENCE	
848 LA AVE		CHARITIES		
BATON ROUGE, LA 70802				1,00
CATHOLIC COMMUNITY RADIO	NONE	PUBLIC	BENEVOLENCE	
8230 SUMMA AVE		CHARITIES		
BATON ROUGE, LA 70809				1,00
FAMILY LIFE PEDERATION	NONE	PUBLIC	BENEVOLENCE	
4724 JAMESTOWN AVE	NORE	CHARITIES	BENEVOLENCE	
BATON ROUGE, LA 70808				50
Total SEE of Approved for future payment	CONTINUATION SHE	ET(S)	▶ 3a	64,12
NONE				
· ·				
	_		-	
		L		

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		by section 512, 513, or 514	(8)
B. 222 2a amond dillamina in alauta	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business	Amount	sion code	Amount	function income
a			1	·· · · · ·	
b		<u></u>			
_	- - -				
d					
8					
f	_		1 1		
g Fees and contracts from government agencies			1 1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments			14	3,126.	
4 Dividends and interest from securities			14	3,126. 17,796.	
5 Net rental income or (loss) from real estate					ii
a Debt-financed property					
b Not debt-financed property			16	229.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income	211110	1	. 18	<5,175.>	
8 Gain or (loss) from sales of assets other					
than inventory			01	522,881.	
9 Net income or (loss) from special events					•
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b		•			
C					
d	l l				
e					
2 Subtotal Add columns (b), (d), and (e)		1	•	538,857.	
13 Total. Add line 12, columns (b), (d), and (e)			-	13	538,85
(See worksheet in line 13 instructions to verify calculations	;)				

Part XVI-B	Relationship	of Activities to	the Accom	plishment of	Exempt Pure	oses
------------	--------------	------------------	-----------	--------------	-------------	------

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
-	

323621 10-10-13

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organ	izations					<u> </u>			
1	Did the or	ganization directly or indi	ectly engage in any o	of the following	g with any othe	er organization	described in section	on 501(c) of		Yes	No
1	he Code ((other than section 501(c)	(3) organizations) or	in section 52	7, relating to p	olitical organiz	ations?				
a ·	Transfers	from the reporting founda	ition to a noncharitab	ole exempt org	anization of						
((1) Cash			•					1a(1)		<u>X</u>
((2) Other	assets							1a(2)		X
b	Other tran	sactions.									
	(1) Sales	of assets to a noncharital	ble exempt organizati	ion			-		1b(1)		<u>X</u>
	(2) Purcl	nases of assets from a no	ncharitable exempt o	rganization					1b(2)		X
	(3) Renta	of facilities, equipment,	or other assets						1b(3)		_X_
	(4) Reim	bursement arrangements							1b(4)		_X_
1	(5) Loan:	s or loan guarantees							<u>1b(5)</u>		_X_
1	(6) Perfo	rmance of services or me	mbership or fundrais	ing solicitation	ns				1b(6)		X
C	Sharing o	f facilīties, equipment, ma	ılıng lısts, other asset	ts, or paid emi	ployees				1c		_X_
đ	If the ansv	wer to any of the above is	"Yes," complete the f	ollowing sche	dule Column (b) should always	ays show the fair m	arket value of the good	ls, other ass	ets,	
	or service	s given by the reporting fo	oundation If the foun	idation receive	ed less than fai	r market value	in any transaction	or sharing arrangemen	it, show in		
	column (d	I) the value of the goods,	other assets, or servi	ces received							
(a) ∟ir	ne no	(b) Amount involved	(c) Name of	nonchantable	exempt organ	ızatıon	(d) Description	of transfers, transactions, a	and shanng ar	rangeme	nts
				N/A							
											
										_	
				- "							
										_	
			-								
										_	
		-									
										_	
											
		<u>-</u>									
2a	Is the fou	ndation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-e	kempt organiza	ations described				
		501(c) of the Code (othe							Yes Yes	X] No
		omplete the following sch									
		(a) Name of org	anization		(b) Type of o	rganization		c) Description of relate	onship		
	-	N/A		-							
		r penalties of perjury, I declare							May the IRS	discusa	this
Sig	in and b	elief, it is true, correct, and cor	nplete Declaration of pre	eparer (other that	n taxpayer) is bas	sed on all informa	ation of which preparer	has any knowledge	return with the	e prepa	rer
He					1				X Yes	,] No
	Sigi	nature of officer or trustee			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	gnature		Date	Check If PT	IN		
]			2 .	1 de	11/12/18	self- employed			
Pai	id	BRIAN STAG	G	1/2	men /	KI BO	/ //	P	00232	554	
	eparer	Firm's name ▶ POS		E & NE	TTERVA	LLE///	<u> </u>	Firm's EIN ▶ 72-			
	e Only	1			//						
		Firm's address ▶ 85	50 UNITED	PLA7A	BIAND.	ST TE	1001				
		1	TON ROUGE		, ,	00	-	Phone no. (225	922-	460	0
				,	V				Form 99		
											,/

Part IV Capital Gains and Lo	sses for Tax on Investment Income	· · · · · · · · · · · · · · · · · · ·	1		
(a) List and 2-story b	d describe the kind(s) of property solution in the describe the kind(s) of property solution in the common stock, 2000 and the common stock and the common stoc	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
	M PASSTHROUGH		P		
b LONG TERM FROM			P		
c 1231 FROM PASS			P		
d 4600 SHARES OF			P		
	F FORTRESS INV G		P		
1.8170% INTERST		INVESTMENTS	P		
g 5600 SHARES OF	GENESIS ENERGY	LP	P		
h					
<u>i</u>					
		-			
<u>k</u>					
<u> </u>		·			
<u>m</u>					
<u>n</u>	· · · · · · · · · · · · · · · · · · ·		<u>-</u>		
	(A) De servette sellement	(2) (2-1)11	16.	Coin or (loss)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a <16.		1			<16.
b 2,059.					2,059.
c 361.					361.
d 104,706.		99,890.			4,816.
e 232,047.		98,000.			134,047. <1,310.
f <1,310.		100 701			$\frac{<1,310.2}{202.024}$
g 491,625.		108,701.			382,924.
h					
1					<u></u>
1					
<u>k</u>					
<u> </u>					
<u>m</u>					
n					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) Los	sses (from col (h))	
(I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	Gains (excess	of col (h) gain over not less than "-0-")	
	as of 12/31/69	over col. (j), if any			-116
<u>a</u>					<16.
<u>b</u>					2,059. 361.
<u>c</u>					4,816.
d					$\frac{4,818.}{134,047.}$
<u>θ</u>	_				$\frac{134,047.}{\langle 1,310.\rangle}$
f					$\frac{1,310.}{382,924.}$
<u>g</u>				· -	002/0244
<u>h</u>					
1					
<u> </u>	 				
1					
m				<u> </u>	
n					
0					
<u>. ·</u>		·			
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-C	r in Part I, line 7	2	_	522,881.
3 Net short-term capital gain or (lo		`			
If gain, also enter in Part I, line 8,)			
If (loss), enter "-0-" in Part I, line		J	3	N/A	

3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
GRIEF RECOVER CENTER	NONE	PUBLIC	BENEVOLENCE	
4919 JAMESTOWN AVE #102		CHARITIES		
BATON ROUGE, LA 70808				5
LEGATUS	NONE	PUBLIC	Benevolence	
105 E FOURTH ST	ZAON	CHARITIES	BENEVOUENCE	
CINCINATTI, OH 45202		CHARIII		2,9
INCINAIII, OR 43202				
MONTFORT MISSIONARIES	NONE	PUBLIC	BENEVOLENCE	
26 S SAXON AVE		CHARITIES		
BAY SHORE, NY 11706				1
OUR LADY OF MERCY CHURCH	NONE	PUBLIC	BENEVOLENCE	
400 MARQUETTE AVE	+	CHARITIES		27,3
BATON ROUGE, LA 70806				21,3
ST MICHAEL HIGH SCHOOL	NONE	PUBLIC	BENEVOLENCE	
17521 MONITOR AVE		CHARITIES		
BATON ROUGE, LA 70817				5,6
CM ATMORNM DE DAUT	NONE	PUBLIC	BENEVOLENCE	
ST. VINCENT DE PAUL 445 MARQUETTE AVE	NONE	CHARITIES	BENEVOLENCE	
BATON ROUGE, LA 70806		CHARITIES		7.4
BATCA ROOGE, IN 70000				
UNIFORMS FOR KIDS	NONE	PUBLIC	BENEVOLENCE	
PO BOX 127		CHARITIES		
BATON ROUGE, LA 70821				5
ALPHONSIAN FOUNDATION	NONE	PUBLIC	BENEVOLENCE	
ONE LIGUORI DR.	NOME .	CHARITIES		
LIGUORI MO 63057				2
BATON ROUGE RIGHT TO LIFE	NONE	PUBLIC	BENEVOLENCE	
PO BOX 45017		CHARITIES		
BATON ROUGE, LA 70895		+		1,0
CATHOLIC HIGH SCHOOL	NONE	PUBLIC	BENEVOLENCE	
855 HEARTHSTONE DR.	DON D	CHARITIES	DEREVOLUCE	
BATON ROUGE, LA 70806				2,0
Total from continuation sheets	<u> </u>	1		60,1

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		,		
Recipient Name and address (home as hurisass)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
RC COUNCIL 969	NONE	PUBLIC	BENEVOLENCE	
445 MARQUETTE AVE		CHARITIES		
BATON ROUGE, LA 70806				500.
OLOL CHILDREN'S HOSPITAL	NONE	PUBLIC	BENEVOLENCE	
5000 HENNESSY BLVD		CHARITIES		
BATON ROUGE, LA 70806				200.
OUR LADY OF THE LAKE COLLEGE	NONE	PUBLIC	BENEVOLENCE	
5414 BRITTANY DR		CHARITIES		
BATON ROUGE, LA 70808				5,800.
SACRED HEART CATHOLIC CHURCH	NONE	PUBLIC	BENEVOLENCE	
2250 MAIN ST.		CHARITIES		
BATON ROUGE, LA 70802				1,800.
ST. ELIZABETH FOUNDATION	NONE	PUBLIC	BENEVOLENCE	
8054 SUMMA AVE		CHARITIES		
BATON ROUGE, LA 70809				1,000.
ST. JOSEPH CATHEDRAL	NONE	PUBLIC	Benevolence	
412 NORTH ST		CHARITIES		
BATON ROUGE, LA 70802				2,000.
ST. PAUL THE APOSTLE CHURCH	NONE	PUBLIC	BENEVOLENCE	
3912 GUS YOUNG AVE		CHARITIES		
BATON ROUGE, LA 70802				200.
ST. MARKS CATHEDRAL SCHOOL	NONE	PUBLIC	BENEVOLENCE	
2785 FAIRFIELD AVE		CHARITIES		
SHREVEPORT, LA 71104				100.
WOUNDED WARRIOR PROJECT	NONE	PUBLIC	BENEVOLENCE	
4899 BELFORT RD, SUITE 300		CHARITIES		E00
JACKSONVILLE, FL 32256	_			500.
BATON ROUGE CRISIS INTERNATIONAL	NONE	PUBLIC	BENEVOLENCE	
4837 REVERE AVE BATON ROUGE, LA 70808		CHARITIES		400.
Total from continuation sheets		-1	!	400.

FORM 990-PF INTERE	EST ON SAVIN	GS AND T	EMPOR!	ARY CASH	INV	ESTMENTS	STATEMENT	1
SOURCE INTEREST K-1 TOTAL TO PART I, LINE 3			— ·—		INV	B) ESTMENT OME	(C) ADJUSTED NET INCOME	
			3,126.					
			3,126.			3,126.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SE	CURI	TIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENU PER BOO		(B) NET INVES MENT INCO		
CREDIT SUISSE SECURITIES LLC DIVIDENDS K-1	17,155. 641.		0.	17,1	55. 41.	17,155 64		
TO PART I, LINE 4	17,796.	-	0.	17,7	96.	17,79	6.	
FORM 990-PF		RENTAL	INCOM	<u> </u>	_		STATEMENT	3
KIND AND LOCATION C	OF PROPERTY					ACTIVITY NUMBER	GROSS RENTAL INC	OME
RENTAL K-1						1	2	29.
TOTAL TO FORM 990-E	PF, PART I,	LINE 5A					2	29.
FORM 990-PF		ОТНЕК	INCO	<u>———</u> ИЕ			STATEMENT	4
DESCRIPTION			REV	(A) JENUE BOOKS		(B) T INVEST- NT INCOME		
K-1 - OTHER INCOME K-1 - OTHER INCOME				<5,175 1		<5,175 1		

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE		
ACCOUNTING	1,700.	0.		-	0.	
TO FORM 990-PF, PG 1, LN 16B	1,700.	0.			0.	
FORM 990-PF	TAX	ES	S	TATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE		
FOREIGN TAXES	492.	0.			0.	
TO FORM 990-PF, PG 1, LN 18	492.	0.			0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	7	
	(A)		(C)			
DESCRIPTION	EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
DESCRIPTION PORTFOLIO DEDUCTIONS K-1 INVESTMENT FEES	EXPENSES	NET INVEST-	ADJUSTED	CHARITAI		
PORTFOLIO DEDUCTIONS K-1	EXPENSES PER BOOKS 1,781.	MET INVEST- MENT INCOME	ADJUSTED	CHARITAI	0.	
PORTFOLIO DEDUCTIONS K-1 INVESTMENT FEES	EXPENSES PER BOOKS 1,781. 245. 2,026.	NET INVEST- MENT INCOME 0. 0.	ADJUSTED NET INCOME	CHARITAI	0. 0.	
PORTFOLIO DEDUCTIONS K-1 INVESTMENT FEES TO FORM 990-PF, PG 1, LN 23	EXPENSES PER BOOKS 1,781. 245. 2,026.	NET INVEST- MENT INCOME 0. 0.	ADJUSTED NET INCOME	CHARITAI PURPOSI	0. 0.	
PORTFOLIO DEDUCTIONS K-1 INVESTMENT FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREASE	EXPENSES PER BOOKS 1,781. 245. 2,026.	NET INVEST- MENT INCOME 0. 0.	ADJUSTED NET INCOME	CHARITAI PURPOSI TATEMENT AMOUNT	0. 0.	

	CORP	ORATE STOCK		STATEMENT
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS			420,928.	419,125
TOTAL TO FORM 990-PF, PART II,	LINE	10в	420,928.	419,125
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 1
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
GENISIS PARTNERSHIP MHF SPECIAL PARTNERSHIP SERIES MHF SPECIAL PARTNERSHIP SERIES FORTRESS INVESTMENT GROUP ENERGY TRANSFER PARTNERS EL PASO PIPELINE		FMV FMV FMV FMV FMV	0. 0. 27,291. 0. 97,004. 96,883.	27,291 27,291 110,092 86,400
TOTAL TO FORM 990-PF, PART II,	LINE	13	221,178.	223,783
FORM 990-PF	ОТ	HER ASSETS		STATEMENT 1
DESCRIPTION		EGINNING OF BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION DIVIDEND/DISTRIBUTIONS RECIEVAB	YR			
	LE	BOOK VALUE	BOOK VALUE	VALUE
DIVIDEND/DISTRIBUTIONS RECIEVAB TO FORM 990-PF, PART II, LINE 1	YR ————————————————————————————————————	2,815.	BOOK VALUE	VALUE 320
DIVIDEND/DISTRIBUTIONS RECIEVAB TO FORM 990-PF, PART II, LINE 1	LE5	2,815. 2,815.	BOOK VALUE	VALUE 320 320

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 13

EXPLANATION

NOT REQUIRE IN STATE OF LOUISIANA

FORM 990-PF	re payment i	PAYMENT PENALTY				14	
DESCRIPTION	DAT	E AMOUR	IT BALA	NCE I	MONTHS	PENALT	ľΥ
TAX DUE DATE FILED	05/15 11/15	•		5,389. 5,389.	6	16	52.
TOTAL LATE PAYMENT PENAL	LTY					16	52.
FORM 990-PF	LA	TE PAYMENT	INTEREST		STAT	EMENT	15
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTERE	EST
	5/15/14 1/15/14	5,389.	5,389 5,471		0 184	8	32.
							,,,

BBRR150

RJS

990PF

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File 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.

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	ling for an Automatic 3-Month Extension, com						🕨 🗸
	ling for an Additional (Not Automatic) 3-Month p iete Part II unless you have already been grante					2060	
				•			
corporation request an e Associated V	iling (e-file). You can electronically file Form 8 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which noting of this form, visit www.irs.gov/efile and click or	ot automati n Part I or Pa nust be sent	 c) 3-month extension art II with the exception t to the IRS in paper 	n of time. You can elect on of Form 8870, Infort	tronica natior	ally file n Retur	Form 8868 to
Part I	Automatic 3-Month Extension of Time. C	nly submit	original (no copies	needed).			
A corporati Part I only	on required to file Form 990-T and reque						complete
	porations (including 1120-C filers), partnerships, RE	MICs, and to	usts must use Form 70	04 to request an extensi	on of	ime to	file income tax
returns.							
	Name of assessment assessment as such as 61 as a single		· · · · · · · · · · · · · · · · · · ·	Enter filer's identify			
Type or	Name of exempt organization or other filer, see instr Redfield E. & Carol Ann Bryan For			Employer identification r			Σ
print	Number, street, and room or suite no. If a P.O. box, se	e instruction	ζ	Social security number (72-1283464		
File by the due date for	2020 Rue Provence		-	Social security framiber (,,,		
filing your return. See	City, town or post office, state, and ZIP code. For a fo	reign address	, see instructions.				
instructions.	Baton Rouge, LA 70806						
Enter the Re	turn code for the return that this application is fo	r (file a sena	rate application for ea	ach return)			04
		·			• •	<u> </u>	
Application Is For	n	Return Code	Application Is For				Return Code
	Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07
Form 990-B		02	Form 1041-A				08
Form 4720 (individual)			Form 4720 (other th	an individual)			09
Form 990-P	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
			· · · · · · · · · · · · · · · · · · ·				
 The books a 	are in the care of Entity						
-		_					
Telephone			ax No. ▶	***************************************			. 🗖
• if the organ • If this is for	nization does not have an office or place of busine a Group Return, enter the organization's four dig	ess in the Un	nited States, check this	sbox			▶□
for the whole	e group, check this box If i	t is for part /	of the group, check th	is how	. [and a	this is
	e names and EINs of all members the extension is		or the group, theta th	is bux	, ,		allacri
	uest an automatic 3-month (6 months for a corpo		ired to file Form 990-1	n extension of time			
	August 15 , 20 14 , to file the exem				e. The	extens	sion is
	ne organization's return for:			,	•••		
▶ 🗸	calendar year 20 13 or						
	tax year beginning tax year entered in line 1 is for less than 12 mont	, 20	, and ending			, 2	0
	tax year entered in line 1 is for less than 12 mon	ths, check re	eason: 🔲 Initia	ıl return 🔲 Final retur	n		
	hange in accounting period						
3a If thi	is application is for Forms 990-BL, 990-PF, 990 efundable credits. See instructions.	0-1, 4720, c	or 6069, enter the te	entative tax, less any			M A
	s application is for Forms 990-PF, 990-T, 4720, or	6060 0000	r any refundable con-	lite and cotionated to:-	3a	>	0:00
	nents made. Include any prior year overpayment			no and estimated tax	3Ь	s	0.00
	nce due. Subtract line 3b from line 3a. Include yo			uired, by using EFTPS	30	<u> </u>	0.00
	tronic Federal Tax Payment System). See instructi		,		3с	\$	O.00

Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-PF O4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. Fax No. Fif the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box Ist with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until Society of the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period Taxpayer requires additional time to prepare accounting information necessary for	
Fyou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	. ▶ 🗸
Part Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see in print	
Type or print File by the due date for filling your return. See instructions. File by the due date for filling your return. See instructions. Baton Rouge, LA 70806 Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-FF Form 990-FF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of bu	
Name of exempt organization or other filer, see instructions. Redfield E. & Carol Ann Bryan Foundation Number, street, and room or suite no. If a P.O. box, see instructions. 2020 Rue Provence City, town or post office, state, and ZIP code. For a foreign address, see Instructions. Baton Rouge, LA 70806 Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. Fax No. If this is for part of the group, check this box If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning I Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Taxpayer requires additional time to prepare accounting information necessary for Tax	
Redfield E. & Carol Ann Bryan Foundation 72-1283464	structions
File by the due date for filing your retrum. See Instructions. Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Code Is For Some Pool Is For	
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Service Servi	-
Application Is For Code Is For Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-PF Ode Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group this difference the group this part of the gr	
SFor Some SFor	0 4
Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-PF Od Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. Fax No. Fif the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box Ist with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until Sor and ending If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period Taxpayer requires additional time to prepare accounting information necessary for	Return Code
Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-PF Od Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Entity Telephone No. Fax No. Fax No. Fif the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box Ist with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until Sor and ending If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period Taxpayer requires additional time to prepare accounting information necessary for	
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Signature and Verification must be completed for Part II only.	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my know belief, it is true, correct, and complete, and that I fin authorized to prepare this form. Signature Date Form 8868	riedge and