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Form 990-PF

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. ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf Open to Public Inspection

OMB No. 1545-0052

POSTMARK DATE JUI

| | lendar year 2014 or tax year beginning | | , 2014, and end | | , 20 |
|------------------------------------|--|--|---------------------------|--|---|
| | e of foundation | | | A Employer identif | cation number |
| _ZIT | <u> CHARITABLE NP TRUST R5656</u> | 4009 | | 20- | 5177582 |
| Num | ber and street (or P.O. box number if mail is not deliver | ed to street address) | Room/sui | ite B Telephone numbe | r (see instructions) |
| 10 | 0 DEXEDODY TI 1 0117 | | | 0.0 | C 000 F1F7 |
| | S DEARBORN IL1-0117 or town, state or province, country, and ZIP or foreign p | ostal code | | 86 | 6-888-5157 |
| , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | C If exemption application pending, check here | tion is |
| | ICAGO, IL 60603 | | | | |
| G Che | eck all that apply: Initial return | ├ ── | n of a former public cha | rity D 1. Foreign organizat | ons, check here > |
| | Final return | X Amended r | | 2 Foreign organizat 85% test, check h | |
| | Address change eck type of organization. X Section 50° | Name chan | | computation • | |
| | | _ | orivate foundation | E If private foundation | |
| | Section 4947(a)(1) nonexempt charitable trust r market value of all assets at J Acce | ounting method: | | under section 507(b | |
| | | Other (specify) | Casii [] Accidal | 1 | n a 60-month termination |
| | | column (d) must be on o | | | (1)(b), check here. |
| | Analysis of Revenue and Expenses (Th | | Julia y | | (d) Disbursements |
| , <u>a</u> , t | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| 1 | Contributions, gifts, grants, etc., received (attach schedule) | 1,109,093 | | | |
| 2 | Check X if the foundation is not required to attach Sch B | | | | |
| 3 | Interest on savings and temporary cash investments- | | | | |
| 4 | Dividends and interest from securities | 280,392 | | | |
| 5a | Gross rents | 334,559 | 334,559. | NONE | |
| b | Net rental income or (loss) 332, 059 | | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | 945,368 | | | |
| 6a b | Gross sales price for all 3,312,149 | <u> </u> | 0.15.060 | | |
| 2 2 | , | | 945,368. | | |
| 0 | Net short-term capital gain | | | | |
| 9 10a | Income modifications | | | | |
| | Less Cost of goods sold . | | | | |
| 1 | Gross profit or (loss) (attach schedule) | | 100 | <u> </u> | CIDATE 1 |
| 11 | Other income (attach schedule) | | | NONE | STMT_1 |
| + | | 50 150 | | NONE | 29,578 |
| 13 8 14 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | | NONE | NONE | 23,310 |
| 15 | Pension plans, employee benefits | | NONE | | |
| | Legal fees (attach schedule) | 1,168 | | | 1,168 |
| î b | Accounting fees (attach schedule) STMT 3 | 24,200 | | NONE | 12,100 |
| ء ≦ | Other professional fees (attach scheduler, 4 | 96,559 | | | |
| 17 | Interest | 23,43 | DF 23,438. | | |
| 18 | Taxes (attach schedule) (see instructions). 6. | 9,631 | | | |
| 19 | Depreciation (attach schedule) and depletion . | 101,946 | b. 101,940. | | |
| 20 | Occupancy | | JUN 1 7 2010 | 08 | |
| 21 | Travel, conferences, and meetings | | HUGH - | | |
| 22 | Printing and publications | 10 000 | NONE | NONE NONE | |
| 23 | Other expenses (attach schedule) STMT. 7. | | OGDE51,920F | | 12,760 |
| 24 | Total operating and administrative expenses. | 1 | 274 062 | MONE | FF 606 |
| 16a b c 17 18 19 20 21 22 23 24 25 | Add lines 13 through 23 | | | NONE | 55,606 1,336,306 |
| - 1 | Contributions, gifts, grants paid | | | NONE | 1,326,396 |
| 26 | Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12. | 1,001,100 | 2/4,003. | INOINE | 1,382,002 |
| a a | | 1,009,156 | : | | |
| 1 | Net investment income (if negative, enter -0-) | 1,000,150 | 1,285,368. | | · |
| - 1 | Adjusted net income (if negative, enter -0-). | | 1 1,200,300 | NONE | |
| For Pa | perwork Reduction Act Notice, see instruction | s. | | ~ | Form, 990-PF (2014) |
| 410 1 000 | BKN448 501G 06/07/2016 17:0 | 7:23 | R56564009 | ے ۔ | · 1263 - |

| Part II | | Attached schedules and amounts in the description column should be for end-of-year | | Beginning of year | End o | End of year | | |
|-------------------|---------|---|---------------------------------------|---------------------------|-----------------|-----------------------|--|--|
| | art II | Balance Sneets description amounts on | ly (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | | | | | | |
| | 2 | Savings and temporary cash investr | ments | 1,294,315. | 1,666,713. | 1,666,713 | | |
| ı | 3 | Accounts receivable ▶ | | | | | | |
| | | Less allowance for doubtful accoun | | | | | | |
| | 4 | Pledges receivable ▶ | | | | | | |
| | | Less allowance for doubtful accoun | | | | | | |
| | 5 | Grants receivable | | | · | | | |
| | 6 | Receivables due from officers, di | ectors, trustees, and other | | | | | |
| | | disqualified persons (attach schedul | e) (see instructions) | | | | | |
| | | Other notes and loans receivable (a | | | | | | |
| | | Less: allowance for doubtful accoun | ts ▶NONE | | | | | |
| ţ | 8 | Inventories for sale or use | | | | | | |
| Assets | 9 | Prepaid expenses and deferred char | ges | 6,814. | | | | |
| ٨ | 10a | Investments - U.S. and state government | obligations (attach schedule) | | | | | |
| | b | Investments - corporate stock (attac | h schedule) L | 5,546,655. | 5,522,963. | 6,425,572 | | |
| | , c | Investments - corporate bonds (atta | ch schedule) | 3,138,559. | 3,621,784. | 3,566,229 | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | | |
| 1 | | Less accumulated depreciation (attach schedule) | | | | | | |
| | 12 | Investments - mortgage loans | | | | | | |
| | 13 | Investments - other (attach schedule | e) | 13,766. | 240,104. | 253,297 | | |
| - 1 | 14 | Land, buildings, and equipment basis | 4,279,063. | | } | | | |
| | | Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) | 1,241,403. | 3,139,600. | 3,037,660. | <u>5,496,205</u> | | |
| | 15 | Other assets (describe | STMT_8) | 2,138,803. | 2,091,150. | 2,115,210 | | |
| ļ | 16 | Total assets (to be completed | by all filers - see the | | | | | |
| ᅵ | | instructions. Also, see page 1, item | <u>)</u> | 15,278,512. | 16,180,374. | 19,523,226 | | |
| | 17 | Accounts payable and accrued expe | enses | | | | | |
| | 18 | Grants payable | | | ··· | | | |
| S | 19 | Deferred revenue | | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, a | nd other disqualified persons . | | | | | |
| ᇛ | 21 | Mortgages and other notes payable | (attach schedule) | 1,820,159. | 1,756,675. | | | |
| ᅦ | 22 | Other liabilities (describe 🕨 |) | | | | | |
| - 1 | | | | | | | | |
| 4 | | Total liabilities (add lines 17 throug | | 1,820,159. | 1,756,675. | | | |
| - 1 | | Foundations that follow SFAS | | | | | | |
| S | | and complete lines 24 through | 26 and lines 30 and 31. | | | | | |
| ances | | Unrestricted | F [*] | | | | | |
| | 25 | Temporarily restricted | · · · · · · · · · · · · · · · - | | | | | |
| 핗 | | Permanently restricted • • • • • | | | | | | |
| 딢 | | Foundations that do not follow | | | | | | |
| P | | check here and complete lines | - | 12 450 252 | 14 400 600 | | | |
| Assets or Fund Ba | | Capital stock, trust principal, or curr | | 13,458,353. | 14,423,699. | | | |
| sse | | Paid-in or capital surplus, or land, bldg , a | · · · · · · · · · · · · · · · · · · · | | ··- <u></u> . | | | |
| t A | | Retained earnings, accumulated income, | | 13,458,353. | 14 422 600 | | | |
| Net | | Total net assets or fund balances (| | 13,450,353. | 14,423,699. | | | |
| | | Total liabilities and net ass | · 1 | 15,278,512. | 16 100 274 | | | |
| P | art III | Analysis of Changes in N | | | 16,180,374. | <u>-</u> | | |
| _ | | I net assets or fund balances a | | | oust agree with | | | |
| • | | of-year figure reported on prior | | | 1 1 | 13,458,353. | | |
| 2 | | r amount from Part I, line 27a | | | | 1,009,156. | | |
| | | er increases not included in line | 2 (itemize) ▶ | | 3 | 2,000,200. | | |
| | | | | | | 14,467,509. | | |
| 5 | Door | eaces not included in line 2 lite | mize) ► SEE STAT | EMENT 9 | | 43,810. | | |
| e | Tota | I not accete or fund balances at | and of year /line 4 minus ly | ne 5\ - Part II column /h | Vino 20 | 14 423 600 | | |

14,423,699. Form **990-PF** (2014)

| Form 990-PF (2 | | and Lance for Torrest | | | | Page 3 |
|-------------------------|---|---|--|--|---|----------------------------------|
| Part IV | | and Losses for Tax on Inv | | (b) How | (c) Date | 100 |
| | | d describe the kind(s) of property sold rick warehouse; or common stock, 200 | | P - Purchase | acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| - DIDI T | | | | D - Donation | (1110., uay, y1.) | |
| | CLY TRADED | SECURITIES | | | - | |
| <u>b</u> | | | · · · · · · · · · · · · · · · · · · · | | | |
| d | | | | - | | |
| e | | | | | | |
| | s sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) min | |
| a 3 | ,312,149. | | 2,366,781. | | | 945,368. |
| | | | | | | |
| С | | | | | | |
| <u>d</u> | | | | ļ | | |
| е | | | | - | | |
| Comple | ete only for assets s | showing gain in column (h) and owned | T | (1) | Gains (Col. (h) g | ain minus |
| (i) F.M.V. a | s of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | col. | (k), but not less Losses (from co | il. (h)) |
| <u>a</u> | | | | ļ | | 945,368. |
| | | | | | | |
| С | | | | | | |
| <u>d</u> | | | | <u> </u> | | |
| е | | - 1 | form also anter in Boot Line 7 | | | |
| | | or (net capital loss) | f gaın, also enter in Part I, line 7 } f (loss), enter -0- ın Part I, line 7 | 2 | | 945,368. |
| | | in or (loss) as defined in sections | | | | |
| _ | | | structions). If (loss), enter -0- in $\}$ | | | |
| | ne 8 | | duced Tax on Net Investment I | 3 | | |
| Part V | | | e section 4940(a) tax on net investr | | | |
| | | the section 4942 tax on the distring the qualify under section 4940(e). | butable amount of any year in the b Do not complete this part. | ase perio | d? | Yes X No |
| 1 Enter th | e appropriate am | ount in each column for each yea | r; see the instructions before makin | g any ent | ries. | |
| | (a) period years r tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distribution ra (col (b) divided by | |
| | 2013 | 594,455. | 10,344,756. | | | 0.057464 |
| | 2012 | 399,061. | 8,617,115. | | | 0.046310 |
| | 2011 | 313,939. | | | | 0.041975 |
| | 2010 | 260,916. | | | | 0.037107 |
| : | 2009 | 229,250. | 6,420,505. | | | 0.035706 |
| | | | | | | 0.070560 |
| | | | | 2 | | 0.218562 |
| _ | | • | e the total on line 2 by 5, or by the | , | | 0 042710 |
| number | of years the four | idation has been in existence if le | ss than 5 years | 3 | | 0.043712 |
| 4 Enter th | e net value of no | ncharitable-use assets for 2014 fr | om Part X, line 5 | 4 | 11 | ,711,873. |
| 5 Multiply | line 4 by line 3 | | | 5 | | 511,949. |
| 6 Enter 19 | % of net investme | ent income (1% of Part I, line 27b) | | 6 | | 12,854. |
| | | | | 7 | | 524,803. |
| 8 Enter qu If line 8 | ıalıfying dıstributi is equal to or g | ions from Part XII, line 4 | c in Part VI, line 1b, and complete | 8 that part | | , 382 , 002 . x rate. See the |
| Part VI i | nstructions. | · · · · · · | | | | |

| Form | 990-PF (2014) 20-5177582 | | Page | 4 |
|------|---|-------|---------------|-----|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | nstru | ctions) | |
| 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) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 12,854 | ٠. |
| | here X and enter 1% of Part I, line 27b | | | |
| С | 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-) 2 | | | |
| 3 | Add lines 1 and 2 | | 12,854 | t . |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | NON | ΙE |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 12,854 | : . |
| 6 | Credits/Payments | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4,500. | | | |
| b | Exempt foreign organizations - tax withheld at source 6b NONE | | | |
| С | Tax paid with application for extension of time to file (Form 8868)6c 13,000. | | | |
| d | Backup withholding erroneously withheld | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 17,500 | ١. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 | | <u> </u> | ١. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | <u>4,4</u> 89 | ١. |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 4,489. 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 it | | Yes No | o |
| | participate or intervene in any political campaign ² | 1a | | Χ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | |
| | Instructions for the definition)? | 1b | | X |
| | 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. | | | |
| C | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. > \$ | | 1 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers. > \$ | | - | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3_ | | Χ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| 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 | | Χ |
| | 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 | | İ | |
| | 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 | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | X | |
| 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 | 1 | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," | | | |
| | complete Part XIV | 9 | | Χ |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | 7- | |
| | names and addresses | 10 | X | |
| | | | | |

| Par | t VII-A Statements Regarding Activities (continued) | | | |
|------------|--|-------------|--|-----------|
| 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 | | X |
| 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 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► JPMORGAN CHASE BANK, NA Telephone no. ► (866) 888- | -515 | 7 | |
| | Located at ▶ 10 S DEARBORN ST IL1-0117, CHICAGO, IL ZIP+4 ▶ 60603 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | · 🔲 |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | <u> X</u> |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If | | | |
| | "Yes," enter the name of the foreign country | | | ! |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | l Ni- |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | - | Yes | No |
| 1a | During the year did the foundation (either directly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | and a sum of the sum o | | | |
| | (-, | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | } | |
| | the benefit or use of a disqualified person)? | | 1 | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | ŀ | | |
| | 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.) | | | |
| t | 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 instructions)? | 1b | | X |
| | 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 20147 | 1c | | X |
| 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)): | | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2014? | | | |
| | If "Yes," list the years | | | |
| Ł | 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 | ۱., | | v |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | <u>X</u> |
| • | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| _ | District the second of the sec | | | |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| t | olf "Yes," did it have excess business holdings in 2014 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 2014) | 3b | | |
| A = | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | <u> </u> | | <u> </u> |
| • | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 4b | | Х |
| | | | 0-PF | (2014) |

| Par | VII-B Statements Regarding Activities f | or Which Form 4 | 720 May Be Req | uired (continued) | | | |
|-----------|--|------------------------------------|-----------------------------|---|------------|------------------------|--|
| 5a | During the year did the foundation pay or incur any amor | unt to. | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, | | | | | | |
| | directly or indirectly, any voter registration drive? | | | | | | |
| | (3) Provide a grant to an individual for travel, study, or of | | | | , | | |
| | (4) Provide a grant to an organization other than a | | | | | | |
| | section 4945(d)(4)(A)? (see instructions) | | | Yes X No | , | | |
| | (5) Provide for any purpose other than religious, ch | | | | | | |
| | purposes, or for the prevention of cruelty to children | | | | , | | |
| ь | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | . | | |
| _ | Regulations section 53.4945 or in a current notice regard | | | | | | |
| | Organizations relying on a current notice regarding disas | | | | | | |
| С | If the answer is "Yes" to question 5a(4), does the | | | | | | |
| · | because it maintained expenditure responsibility for the | | | | , | | |
| | If "Yes," attach the statement required by Regulations sec | | | | } | | |
| 6a | Did the foundation, during the year, receive any fun | | ectly, to pay premiur | ns | İ | | |
| ua | on a personal benefit contract? | | | +- | , | | |
| ь | Did the foundation, during the year, pay premiums, direct | | | | 6ь | Х | |
| | If "Yes" to 6b, file Form 8870 | .,,, | | | | | |
| 7a | At any time during the tax year, was the foundation a pa | rty to a prohibited tax | shelter transaction?. | . Yes X No | , | | |
| ь | | | | | . 7b | | |
| | Information About Officers, Director | rs, Trustees, Fou | ındation Manager | s, Highly Paid Emp | oloyees, | | |
| | and Contractors List all officers, directors, trustees, foundation ma | anagers and their | compansation Isaa | instructions) | | | |
| <u></u> _ | | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expens | se account, | |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other all | owances | |
| JP MC | RGAN CHASE BANK .N.A. | TRUSTEE | | | | | |
| 10 S | DEARBORN ST; MC; IL 1-0117, CHICAGO, IL 60603 | 2 | 59,156. | -0- | | -0- | |
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| | | | | | | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | e included on line | e 1 - see instruction | ons). If n | one, enter | |
| | NOINE. | (b) Title, and average | | (d) Contributions to | | | |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | | se account, owances | |
| | | devoted to position | | compensation | | | |
| | | | 370370 | 11011 | | ·0110 | |
| NON | 3 | | NONE | NONE | N | ONE | |
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| | | <u> </u> | | | 2.7 | ONE | |
| otal | number of other employees paid over \$50,000 | | | | | ONE (2014) | |
| | | | | | 101111 33 | → • • (∠∪14) | |

| Form 990-PF (2 | 214) | | Page 7 |
|----------------|---|--------------------------------------|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued) | anagers, Highly Paid Emplo | |
| 3 Five hi | ghest-paid independent contractors for professional services (see instr | uctions). If none, enter "NONI | :." |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | NONE |
| | | | |
| | | | |
| | | | |
| | | | |
| Total number | r of others receiving over \$50,000 for professional services | | NONE |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | dation's four largest direct charitable activities during the tax year. Include relevant statistical and other beneficiaries served, conferences convened, research papers produced, etc. | ol information such as the number of | Expenses |
| 1 NONE | | | |
| | | | |
| 2 | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B | Summary of Program-Related Investments (see instructions) | | |
| | two largest program-related investments made by the foundation during the tax year on lines 1 | and 2. | Amount |
| 1 NONE | | | |
| 2 | | | <u> </u> |
| | | | |
| | gram-related investments. See instructions | | |
| зйойЕ | | | |
| | | | |
| Total. Add li | nes 1 through 3 | <u></u> ▶ | |

Form **990-PF** (2014)

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| Part | Minimum Investment Return (All domestic foundations must complete this part, Fosee instructions.) | reign founda | ations, |
|------|---|-----------------|---------------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. | 2., | |
| | purposes: | 1 [| |
| а | Average monthly fair market value of securities | | 10,649,966. |
| b | Average of monthly cash balances | . 1b | 1,232,700. |
| C | Fair market value of all other assets (see instructions) | | 7,560. |
| d | Total (add lines 1a, b, and c) | 1d | 11,890,226. |
| е | | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | NONE |
| 3 | Subtract line 2 from line 1d | 3 | 11,890,226. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se | ee | |
| | instructions) | 4 | <u> 178,353.</u> |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line | | 11,711,873. |
| 6 | Minimum investment return. Enter 5% of line 5 | | 585,594. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ▶ and do not complete this part.) | oundations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 585,594. |
| 2a | 12.00 | 54. | |
| | Income tax for 2014. (This does not include the tax from Part VI.) | | |
| | Add lines 2a and 2b | 2c | 12,854. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 1 1 | 572,740. |
| 4 | Recoveries of amounts treated as qualifying distributions | | 47,659. |
| 5 | Add lines 3 and 4 | 1 - 1 | 620,399. |
| 6 | Deduction from distributable amount (see instructions) | 1 - 1 | NONE |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X | | |
| • | line 1 | | 620,399. |
| Part | XII Qualifying Distributions (see instructions) | | · · · · · · · · · · · · · · · · · · · |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 1,382,002. |
| ь | Program-related investments - total from Part IX-B | | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. | s | |
| _ | purposes | | NONE |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | • • | |
| a | Suitability test (prior IRS approval required) | 3a | NONE |
| | Cash distribution test (attach the required schedule) | | NONE |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line | | 1,382,002. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom | ' | 2,302,002. |
| J | Enter 1% of Part I, line 27b (see instructions) | | 12,854. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 1,369,148. |
| Ū | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years whe | · · | |
| | qualifies for the section 4940(e) reduction of tax in those years. | Jaivalating | sailor allo loundation |

Form **990-PF** (2014)

Page 9

| Pa | rt XIII Undistributed Income (see instru | ictions) | | | |
|--------|--|----------|---------------------|----------|-----------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2014 from Part XI, | Corpus | Years prior to 2013 | 2013 | 2014 |
| • | line 7 | | - | | 620,399. |
| 2 | Undistributed income, if any, as of the end of 2014 | | | | |
| | Enter amount for 2013 only | | | 269,549. | |
| a b | Total for prior years 20,20,20 | | NONE | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | | " · · - |
| э a | i ' I | | | | |
| a b | From 2009 NONE From 2010 NONE | | | | |
| D | | | | | |
| ن | | | | · | |
| d | From 2012 NONE From 2013 NONE | | | | |
| e | Total of lines 3a through e | NONE | | | |
| , T | Qualifying distributions for 2014 from Part XII, | HOME | | | |
| 4 | line 4 ▶ \$1,382,002. | | | | |
| _ | Applied to 2013, but not more than line 2a | | | 269,549. | |
| | ,, | | | 2037313. | |
| b | Applied to undistributed income of prior years | | NONE | | |
| | (Election required - see instructions) | | NONE | | 191411111 |
| С | Treated as distributions out of corpus (Election | NONE | | | |
| | required - see instructions) | NONB | | | 620,399. |
| | Applied to 2014 distributable amount | 492,054. | | | 020,333. |
| | Remaining amount distributed out of corpus | NONE | | | NONE |
| 5 | Excess distributions carryover applied to 2014. (If an amount appears in column (d), the same | NOND | | | HONE |
| | amount must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | |
| _ | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 492,054. | | | |
| | • | 152).551 | | | |
| D | Prior years' undistributed income. Subtract line 4b from line 2b | | NONE | | |
| С | 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 | | NONE | | |
| | · · · · · · · · · · · · · · · · · · · | | | | · · · |
| a | Subtract line 6c from line 6b. Taxable amount - see instructions | | NONE | | |
| e | Undistributed income for 2013. Subtract line | | | | |
| | 4a from line 2a. Taxable amount - see instructions | | | | |
| _ | | | | | |
| f | Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2015 | | | | NONE |
| 7 | Amounts treated as distributions out of corpus | | | | |
| • | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | NONE | | | |
| 8 | Excess distributions carryover from 2009 not | | | | |
| _ | applied on line 5 or line 7 (see instructions) | NONE | | | |
| 9 | Excess distributions carryover to 2015. | | | | |
| | Subtract lines 7 and 8 from line 6a | 492,054. | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2010 NONE | | | | |
| b | Excess from 2011 NONE | } | | | |
| c | Excess from 2012 NONE | | | | |
| d | Excess from 2013 NONE | | | | |
| e | Excess from 2014 492,054. | | | | |

Form **990-PF** (2014)

| Par | t XIV Private Ope | erating Foundations | (see instructions ar | nd Part VII-A, questio | on 9) | NOT APPLICABLE | |
|-----|--|--|-------------------------|---|------------------------|------------------------|--|
| 1 a | a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling | | | | | | |
| b | Check box to indicate v | | | | section 4942(j |)(3) or 4942(J)(5) | |
| 22 | Enter the lesser of the ad- | Tax year | | Prior 3 years | | (e) Total | |
| 24 | justed net income from Part | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total | |
| | I or the minimum investment return from Part X for each year listed | | | | | | |
| _ | 85% of line 2a | | | | | | |
| | | | | | | | |
| С | Qualifying distributions from Part | | | | | | |
| | XII, line 4 for each year listed . | | | | | | |
| u | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | |
| е | Qualifying distributions made | | | | | | |
| | directly for active conduct of | | | | | | |
| | exempt activities Subtract line 2d from line 2c | | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | | |
| | alternative test relied upon | | | | | | |
| а | "Assets" alternative test - enter | | | | | | |
| | (1) Value of all assets | | | | | | |
| | (2) Value of assets qualifying under section | | | | | | |
| | 4942(j)(3)(B)(i) | <u> </u> | | | | | |
| b | "Endowment" alternative test- | | | | | | |
| | enter 2/3 of minimum invest- ment return shown in Part X, | | | | | | |
| | line 6 for each year listed | | | | | | |
| С | "Support" alternative test - enter | | | | | | |
| | (1) Total support other than | | | | | | |
| | gross investment income (interest, dividends, rents, | | | | | | |
| | payments on securities | | | | | | |
| | loans (section 512(a)(5)), | | | | | | |
| | or royalties) | | | · · · · · · · · · · · · · · · · · · · | | | |
| | public and 5 or more | | | | | | |
| | exempt organizations as provided in section 4942 | | | | | | |
| | (j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | | |
| | organization | | <u> </u> | | | | |
| _ | (4) Gross investment income | 1 | | | | <u> </u> | |
| Par | | tary Information (deduction the during the year - se | | only if the founda | ation nad \$5,000 | or more in assets | |
| 1 | Information Regarding | | | | | | |
| | List any managers of | _ | | than 2% of the tota | L contributions recen | ad by the foundation | |
| a | before the close of any | | | | | ed by the loundation | |
| | N/A | | | | | | |
| b | List any managers of | the foundation who | own 10% or more of | the stock of a corpo | oration (or an equally | / large portion of the | |
| | ownership of a partner | | | | | | |
| | | | | | | | |
| | N/A | | | | | | |
| 2 | N/A Information Regarding | Contribution, Grant, | Gift, Loan, Scholarship | o, etc., Programs: | | | |
| | Check here ► X if t | | | | able pragnizations | and does not secont | |
| | uncolicited requests for | ne ioungation only i or funds if the found: | nakes contributions | io preselected charit nte etc (see instructi | ione) to individuale o | r organizations under | |
| | unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. | | | | | | |
| - | The name, address, an | | | parcan to whom appl | instings should be ad | draccad: | |
| a | me name, address, an | a tetebnone namber o | i e-man address of the | berson to whom abbi | ications should be ad | u169260: | |
| | The form to 1:1 | P. 4 | | | L La | ····· | |
| b | The form in which appl | lications should be sub | mitted and informatio | n and materials they s | nould include: | | |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | ····· | | |
| C | Any submission deadling | nes: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Any restrictions or li | mitations on awards, | such as by geograp | ohical areas, charitab | le fields, kinds of i | nstitutions, or other | |
| | factors: | | | | | | |

| <u> </u> | Grants and Contributions Paid Durin | If recipient is an individual | | | |
|----------|--|--|----------------------|----------------------------------|-------------|
| | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | Name and address (home or business) | or substantial contributor | recipient | | |
| a | Paid during the year | | | į | |
| OT.V | ANGELS RESIDENTIAL FACILITY | | | | |
| | LAURIE B BOSWELL SHREVEPORT LA 71106-77 | NONE | PC | GENERAL | 1,326,396 |
| | MICKED DOCUMENT DESCRIPTION OF THE PERSON OF | 110.12 | | | _,,, |
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| | | | | | |
| | Total | <u></u> | | ▶ 3a | 1,326,396 |
| b | Approved for future payment | | | | |
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| | Total | | | ▶ 3b i | |

| Part XVI-A Analysis of Income-Produ | | vities ated business income | Evaluded by | section 512, 513, or 514 | (e) |
|--|---------------|--------------------------------|----------------|---------------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) | (b) | (c) | (d) Amount | Related or exempt function income |
| 1 Program service revenue. | Business code | Amount | Exclusion code | Amount | (See instructions.) |
| a | | | | | |
| b | | | | | |
| d | | | | | |
| d | ··· | | <u> </u> | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 280,392. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | 16 | 332,059. | |
| 6 Net rental income or (loss) from personal property . | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 945,368. | |
| 9 Net income or (loss) from special events | ļ | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | 11 | 712 | |
| b DEFERRED REVENUE | | | 14 | 713. | |
| c FOREIGN CURRENCY d MINERAL ROYALTIES | | · | 14 | 205. | · |
| | | | | | |
| e | | | | 1,558,731. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 1,558,731. |
| (See worksheet in line 13 instructions to verify calci | | | | · · · · · · · · · · · · · · · · · · · | |
| Part XVI-B Relationship of Activities Line No. Explain below how each activit | | | | | ted importantly to th |
| ▼ accomplishment of the foundation | | | | | |
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| Form 990 | -PF (20 | 014) | | | | 20-5177582 | Page | e 13 |
|-----------------|----------|---------------------------------------|------------------------|--|------------------|--|-----------------------|---------------|
| Part X | VII | Information R Exempt Organ | | ansfers To and T | ransactions | and Relationships With Nor | | |
| in | section | - | | | _ | th any other organization described r in section 527, relating to political | | No |
| a Tr | ansfe | rs from the reporting | - | a noncharitable exen | - | | | •• |
| | | | | | | | | $\frac{X}{X}$ |
| | | er assets | | | | | . 1a(2) | |
| | | | charitable exen | npt organization | | | . 1ь(1) | X |
| | | | | - | | | | X |
| | | | | | | | | <u>X</u> |
| | | | | | | | | X |
| | | | | | | | | X |
| | | | | | | | | X |
| d If | the a | nswer to any of th | e above is "Ye | es," complete the fol | lowing schedu | ule. Column (b) should always sho | w the fair ma | |
| | | | | | | ation. If the foundation received less | | |
| | | (b) Amount involved | | gement, show in coll noncharitable exempt organ | | alue of the goods, other assets, or d) Description of transfers, transactions, and she | | |
| (a) Line i | no. | (b) Amount involved | (c) Name of | noncharitable exempt organ | ization (c | a) Description of transfers, transactions, and sh | aring arrangement | 15 |
| | _ - | | | | | | | |
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| | _ | | | | | | | |
| 2a Is | the f | oundation directly | or indirectly af | filiated with, or relate | ed to, one or | more tax-exempt organizations | | _ |
| de | scribe | ed in section 501(c) | of the Code (o | ther than section 501 | (c)(3)) or in se | ection 527? | Yes X | No |
| b If | "Yes," | complete the follow | | (1) 7 | | | | |
| | | (a) Name of organization | <u> </u> | (b) Type of org | anization | (c) Description of relation | nsnip | — |
| | | | | | | | | |
| | | | | | | | | _ |
| | | | | | | | | |
| | Under | | ab 1 b | | | | des and balled at a | |
| _ | | | | taxpayer) is based on all informa | | es and statements, and to the best of my knowled er has any knowledge | ige and belief, it is | ; true, |
| Sign | | War Vace | PRESIDEN. | 06/07/20: | 16 | ■ · · | RS discuss this re | |
| Here | Signa | ature of officer or trustee | PACTUEN | Date | Title | with the p | | elow No |
| | | | | | | <u> </u> | | <u>-</u> |
| Paid | | Print/Type preparer's nar | | Pseparer's signature | 10 | Date Check If | PTIN | |
| r aid Prepai | rer | CHRISTOPHER | | | Chigner | 06/07/2016 self-employed | P01220103 | } |
| Use O | L | | LOITTE TAX | | | Firm's EIN ► 86- | -1065772 | |
| Jac U | y | | 7 PUBLIC S EVELAND, | SQUARE OH | 44114 | Phone no. 216-5 | 89-5461 | |
| | | | - A THUMAN ' | 041 | | | orm 990-PF (2 | 014) |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 OMB No. 1545-0047

Employer identification number

<u>20-517</u>7582 ZITA CHARITABLE NP TRUST R56564009 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

Name of organization
ZITA CHARITABLE NP TRUST R56564009

Employer identification number 20-5177582

Part | 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_ | JANE RISINGER GOOD 3751 WELGEHAUSEN RD. FREDERICKSBERG, TX 78624 | \$40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2_ | VIRGINIA BARNWELL MURPHY 1030 ERIE STREET SHREVEPORT, LA 71106 | \$31,683. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3_ | MARLIN RISINGER 28 STAFFORD TERRACE , LONDON, UNITED KINGDOM W8 7BH | \$40,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) | (d) |
| MO. | ivalile, addless, alid ZIF + 4 | Total contributions | Type of contribution |
| 4 | ROBERT H WATSON 6130 I-55 NORTH JACKSON, MS 39311 | \$30,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | ROBERT H WATSON 6130 I-55 NORTH | | Person X Payroll Noncash (Complete Part II for |
| 4 | ROBERT H WATSON 6130 I-55 NORTH JACKSON, MS 39311 (b) | \$30,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | ROBERT H WATSON 6130 I-55 NORTH JACKSON, MS 39311 (b) Name, address, and ZIP + 4 TONY PACK 940 N PEYTONVILLE AVENUE | \$30,000. (c) Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

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Name of organization ZITA CHARITABLE NP TRUST R56564009 Employer identification number 20-5177582

| 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 |
|------------|---|--|--|
| 7_ | DON AND MARGARET MARTINSON 1718 WEISKOPF DRIVE ROCKWALL, TX 75032 | \$10,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8_ | KATHERINE C OWEN 11110 Alhambra Drive Austin, TX 78759 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 99 | TEA RANCH 6220 MILAM RIDGE SANGER, TX 76266 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (-) | 14) |
| No. | Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | • • | | , · · · |
| No. | Name, address, and ZIP + 4 KAROL WILLY RAINES 34 GRANBURG CIRCLE | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II for |
| No | Name, address, and ZIP + 4 KAROL WILLY RAINES 34 GRANBURG CIRCLE SAN ANTONIO, TX 78218 (b) | # Total contributions #10_000. # (c) | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| No | Name, address, and ZIP + 4 KAROL WILLY RAINES 34 GRANBURG CIRCLE SAN ANTONIO, TX 78218 (b) Name, address, and ZIP + 4 VERNON GOLDSTON 901 BIG THICKET STREET | \$10,000. (c) Total contributions | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

Name of organization

Employer identification number ZITA CHARITABLE NP TRUST R56564009 20-5177582

| Part I | Contributors (see instructions). Use duplicate copies of Par | t I if additional space is nee | ded. |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13_ | BYRON JOHNSON & CYNTHIA REHRIG 4029 STONEHOLLOW WAY DALLAS, TX 75287 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _14_ | MARGARET AND JIM HUCKABAY JR 411 BELL CHASE CIRCLE SHREVEPORT, LA 71115 | \$5,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _15_ | MARJORIE A. PADULA P.O. BOX 27034 OMAHA, NE 68127 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _16_ | TERRY AND LINDA RICH 565 N. PEYTONVILLE AVENUE SOUTHLAKE, TX 76092 | \$ 100,000. | Person X Payroli Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _17_ | JOHN W AND LORI L DEAN P.O. BOX 1607 SHREVEPORT, LA 71165 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | DWIGHT L. PUGH 470 ASHLEY RIDGE BLVD. SHREVEPORT, LA 71106 | \$40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization ZITA CHARITABLE NP TRUST R56564009

Employer identification number 20-5177582

| <u> </u> | MERCHANICAL INCOME RESUSTANCE | | |
|------------|--|----------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Pa | art I if additional space is nee | eded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19_ | CFG SPECIALTY, INC. P.O. BOX 465 LOREAUVILLE, LA 70552 | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20_ | CHESTER AND ELIZABETH GONSOULIN P.O. BOX 465 LOREAUVILLE, LA 70552 | \$13,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | RICK MULLIN 188 FOREST STREET WINNETKA, IL 60093 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | DAN AND NANCY SCURLOCK 12095 ELLERBE ROAD SHREVEPORT, LA 71115 | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | GARY AND MARIANNE LOFTIN 832 ROCHEL DRIVE SHREVEPORT, LA 71115 | \$ <u>11,500</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | EDNA MARIE ALLEN FOUNDATION P.O. BOX 65088 | \$20,000. | Person X Payroll Noncash |

(Complete Part II for

noncash contributions.)

SHREVEPORT, LA 71136

Name of organization ZITA CHARITARLE ND TRUST R56564009

Employer identification number

| ZIIA (| CHARTIABLE NF IRUSI K36364009 | | 20-51/582 |
|------------|---|---------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Pa | rt I if additional space is nee | eded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _25_ | LAKSHMI AND VENKATA KOVVALI 1406 BOXWOOD COURT LUFKIN, TX 75904 | \$20,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26_ | DONNA WALSTON CRAWFORD 5228 QUAIL RUN FRISCO, TX 75034 | \$25,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27_ | SAM PACK 24 BRAEWOOD PLACE DALLAS, TX 75248 | \$500,000. | Person X 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

ZITA CHARITABLE NP TRUST R56564009

Employer identification number 20-5177582

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 2_ | ZYGO CORP, 5225 SHARES | | |
| | | \$100,216. | 05/15/2014 |
| (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 |
| | | \$ | |
| (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 |
| | | \$ | |

20-5177582

FORM 990PF, PART I - OTHER INCOME

| DESCRIPTION | | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME |
|---|--------|---|-----------------------------|
| DEFERRED REVENUE FOREIGN CURRENCY GAIN/(LOSS) MINERAL ROYALTIES | | 713. -6. 205. | -6. 205. |
| | TOTALS | 912. | 199. |

20-5177582

FORM 990PF, PART I - LEGAL FEES

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|--------------------------------|--------------------------------|-----------------------|---------------------------|------------------------|
| LEGAL FEES - PRINCIPAL (ALLOCA | 1,168. | | | 1,168. |
| TOTALS | 1,168. | NONE | NONE | 1,168. |

20-5177582

FORM 990PF, PART I - ACCOUNTING FEES ******************

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|--------------------------------|--------------------------------|-----------------------|---------------------------|------------------------|
| AUDIT & ACCOUNTING FEES (ALLOC | 24,200. | 12,100. | | 12,100. |
| TOTALS | 24,200. | 12,100. | NONE | 12,100. |

20-5177582

FORM 990PF, PART I - OTHER PROFESSIONAL FEES .

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME |
|--------------------------------|--------------------------------|-----------------------------|
| INVESTMENT MGMT FEES-SUBJECT T | 96,559. | 96,559 |
| TOTALS | 96,559. | 96,559 |

20-5177582

FORM 990PF, PART I - INTEREST EXPENSE

| DESCRIPTION | | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME |
|---------------------|--------|--------------------------------|-----------------------------|
| INVESTMENT INTEREST | | 23,438. | 23,438. |
| | TOTALS | 23,438. | 23,438. |

20-5177582

FORM 990PF, PART I - TAXES

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME |
|---|--|-----------------------------|
| | | |
| FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED | 2,743. 2,000. 2,303. 1,956. 629. | 2,743. 1,956. 629. |
| TOTALS | 9,631. | 5,328. |

20-5177582

FORM 990PF, PART I - OTHER EXPENSES ***********

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | CHARITABLE PURPOSES |
|---|------------------------------------|-----------------------------|--------------------------|
| LIFE INSURANCE PREMIUM - POLIC REAL ESTATE EXPENSES CHARITABLE EXPENSES DIRECTORS & OFFICERS LIABILITY | 9,200. 2,500. 140. 6,840. | 2,500. 3,420. | 9,200. 140. 3,420. |
| TOTALS | 18,680. | 5,920. | 12,760. |

20-5177582

FORM 990PF, PART II - OTHER ASSETS

| DESCRIPTION | ENDING BOOK VALUE | ENDING FMV |
|---|----------------------|----------------------|
| MINERAL ASSETS NOTE RECEIVABLE - HOLY ANGELS | 6. 2,091,144. | 7,548. 2,107,662. |
| TOTALS | 2,091,150. | 2,115,210. |

| FORM 990PF, | PART III - | OTHER | DECREASES | IN NET | WORTH | OR | FUND | BALANCES |
|-------------|------------|-------|-----------|--------|-------|----|------|----------|
| | | | | | | | | |

| DESCRIPTION | AMOUNT |
|--|----------------------------|
| 12/31/2013 COST BASIS ADJUSTMENT 12/31/2013 REVERSAL OF ACCRUALS AND PREPAID EXPENSES 12/31/2014 COST BASIS ADJUSTMENT | 22,693. 20,572. 545. |
| TOTAL | 43,810. |