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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

► 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

FUI Ca	enua	r year 2014, or tax year beginning	, 2014	, and ending		,	
THE	ROWE	E FOUNDATION			Α	Employer Identification nui	mber
		JEBONNET BLVD.			В	Telephone number (see inst	
BATO	N RO	DUGE, LA 70809				(225) 293-878	37
•					С	If exemption application is	pending, check here. >
G Ch	eck al	I that apply: X Initial return	Initial return of a forr	ner public charity	n	1 Foreign organizations, chec	ck boro •
		Final return	Amended return	-			
		Address change	Name change			2 Foreign organizations meet here and attach computation	ting the 85% test, check
H Ch		pe of organization: X Section 50	(c)(3) exempt private f	oundation	_	•	<u></u>
I Fair		ction 4947(a)(1) nonexempt charitable to value of all assets at end of year			Ε	If private foundation status under section 507(b)(1)(A)	s was terminated
		II, column (c), line 16)	ounting method: XC Other (specify)	ash	F	If the foundation is in a 60	
► \$;	61,035. (Part I	column (d) must be or	n cash basis.)	F	under section 507(b)(1)(B)	
Part		nalysis of Revenue and	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements
	co	kpenses (The total of amounts in lumns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable purposes
	sa	rily equal the amounts in column (a)					(cash basis only)
-	1	ee instructions).) Contributions, gifts, grants, etc, received (attach schedule)	66,000.	· ,未在1850年74年4月18日本開始的1950年25日		 現職部245人/東京 	
	2	Ck ► if the foundn is not required to attach Sch B	CONTRACTOR OF THE CALL	AUMANUSAS (221726-726-74074)			Mania Mana というない ない
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Ü	9	Income modifications	(539)(666)(19)(62)(69)(1466)(47)(1664)(47)	newspiración (n. 1946)			機能の係がえ、活躍した。おきれば
	10 a	Gross sales less returns and allowances			1.34		MATERIAL STATE OF THE STATE OF
	b	Less. Cost of	The second of th		TĀĀ	R 2 8 2019	には、1988年のほというには、1988年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
	C	goods sold	i international Mathematical International Control		1.	17.6%温量67.5.15.4%和原则。CCCC	المنظمة المنظمة المنظمة المنظمة
	11	Other income (attach schedule)	- 	107	0	THEN, UI	
	1.0	SEE STATEMENT 1	1,347.	<u> </u>			
	12	Total. Add lines 1 through 11	67,347.		0.	0.	" on the lightfull like of the part of the
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
A		Legal fees (attach schedule)					
Ň	_	Accounting fees (attach sch)					
400 N	17	Other prof, fees (attach sch)					
95° 5	18	Taxes (attach schedule)(see instrs)					
R R	19	Depreciation (attach					100 March 12 12 17 19
90	20	sch) and depletion					4 5 miles 1, 45 cc 2, 4
GĖ	21	Travel, conferences, and meetings					
APR OZY	22	Printing and publications					
. <u>-</u>	23	Other expenses (attach schedule)					
N S	24	Total operating and administrative					
Z S		expenses. Add lines 13 through 23					
SCANNED	25	Contributions, gifts, grants paidPART .XV. Total expenses and disbursements.	6,000.	Properties of a defined to the latest of the second		\$ 1. 20 \$ 20 \$ 3 \$ 1. \$ 1. \$ 1. \$ 1. \$ 1. \$ 1. \$ 1.	6,000.
S C	26	Add lines 24 and 25	6,000.		0.	٥.	6,000.
	27	Subtract line 26 from line 12:	and the state of t	STANCE COUNTY			44 (B) (J #342) A
	a	Excess of revenue over expenses and disbursements	61,347.		ű,		
	Ь	Net Investment Income (if negative, enter -0-)	White Charles Kir		0.	The state of the second section of the second section is a second section of the second section section is a second section se	CLANCES TO A SILVE STATE SENT
		Adjusted net income (if negative, enter -0-)	Belde party a fee think him to	The Philipping As a		0.	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.

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D 26 Permanently restricted. Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds. 28 Paid-in or capital surplus, or land, bldg, and equipment fund. 29 Retained earnings, accumulated income, endowment, or other funds. 30 Total net assets or fund balances (see instructions). 31 Total liabilities and net assets/fund balances (see instructions). 30 Total net assets or fund balances at beginning of year — Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). 2 Enter amount from Part I, line 27a. 3 Other increases not included in line 2 (itemize). 4 Add lines 1, 2, and 3. 5 Decreases not included in line 2 (itemize). 5 SEE STATEMENT 3 5 312.	EU	25	Temporarily restricte	d			
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S N 28 Paid-in or capital surplus, or land, bldg, and equipment fund. O E 29 Retained earnings, accumulated income, endowment, or other funds. 30 Total net assets or fund balances (see instructions). 31 Total liabilities and net assets/fund balances (see instructions). O . 61,035. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). 2 Enter amount from Part I, line 27a. 3 Other increases not included in line 2 (itemize). 4 Add lines 1, 2, and 3. 5 Decreases not included in line 2 (itemize). SEE STATEMENT 3 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 7 2 6 1,035. 8 3 6 1,035. 9 3 6 1,035. 9 4 6 1,347. 9 3 6 1,347. 9 3 6 1,347. 9 3 6 1,347.	A S B S A		Foundations that do and complete lines	not follow SFAS 117, check here ► X 27 through 31,			
S N 28 Paid-in or capital surplus, or land, bldg, and equipment fund. O E 29 Retained earnings, accumulated income, endowment, or other funds. 30 Total net assets or fund balances (see instructions). 31 Total liabilities and net assets/fund balances (see instructions). O . 61,035. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). 2 Enter amount from Part I, line 27a. 3 Other increases not included in line 2 (itemize). 4 Add lines 1, 2, and 3. 5 Decreases not included in line 2 (itemize). SEE STATEMENT 3 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 6 1,035. 7 2 6 1,035. 8 3 6 1,035. 9 3 6 1,035. 9 4 6 1,347. 9 3 6 1,347. 9 3 6 1,347. 9 3 6 1,347.	ĒĻ	27	Capital stock, trust r	principal, or current funds			
R S S Total net assets or fund balances (see instructions) 0. 61,035. Total liabilities and net assets/fund balances (see instructions) 0. 61,035. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 61,347. 3 Other increases not included in line 2 (itemize) 5 2 312. 4 Add lines 1, 2, and 3 5 312.	SN			• •			
R S 30 Total net assets or fund balances (see instructions) 0. 61,035. Total liabilities and net assets/fund balances (see instructions) 0. 61,035. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a. 2 61,347. 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3. 4 61,347. 5 Decreases not included in line 2 (itemize) SEE STATEMENT 3 5 312.	С	l	, , ,			61 035	
31 Total liabilities and net assets/fund balances (see instructions) 0. 61,035. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a. 3 Other increases not included in line 2 (itemize). 4 Add lines 1, 2, and 3. 5 Decreases not included in line 2 (itemize). 5 SEE STATEMENT 3 5 312.	RS				<u> </u>		
(see instructions) 0 61,035 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 61,347. 3 Other increases not included in line 2 (itemize) 5 3 4 Add lines 1, 2, and 3 4 61,347. 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 3 5 312.	•				· · · · · · · · · · · · · · · · · · ·	01,033	하는 사람들은 사람들은 사람들이 되었다.
1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a			(see instructions)			61,035.	
end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 61, 347. 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 4 61, 347. 5 Decreases not included in line 2 (itemize) SEE STATEMENT 3 5 312.	Par		Analysis of Chan	ges in Net Assets or Fund Balanc	es		
2 Enter amount from Part I, line 27a	1	Tota end-	I net assets or fund ba	alances at beginning of year - Part II, colud on prior year's return)	umn (a), line 30 (must a	agree with	0
3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 3 5 312.	2	Ente	er amount from Part I,	line 27a		2	
4 Add lines 1, 2, and 3. 4 61, 347. 5 Decreases not included in line 2 (itemize)	3	Other	increases not included in li	ne 2 (itemize) ►		3	02/347.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 3 5 312.	4	Add	lines 1, 2, and 3				61 347
	•						
	_						

Par		the kind(s) of property sold (e.g., re; or common stock, 200 shares MI		(b) How acq	ase	(C) Date acquired (month, day, year)	(d) Dat (month, da	
	N/A			D — Donat	ion			<u> </u>
b	 							
С								ļ
d								i
e						420:	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m		
a								<u> </u>
<u>b</u>								<u> </u>
c								1
e				-				<u> </u>
		ing gain in column (h) and owned t	by the foundation on 12/31.	/69		(1) Gains (Col	umn (h)	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (1)		ain minus column (I an -0-) or Losses (fi	k), but not	
a								
ь								
С								
d								
е								
2	Capital gain net income or (ne	t capital loss) — If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7		2			
3	Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6):					
		e 8, column (c) (see instructions). I			3			
Par	t V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investn	nent Inco	me			
(For	optional use by domestic private for	oundations subject to the section 4940	(a) tax on net investment in	come.)		N/A		
If sec	ction 4940(d)(2) applies, leave t	his part blank.						
		,						
		ction 4942 tax on the distributable a	• •	oase period	17	∐ Yes		No
		alify under section 4940(e). Do not deach column for each year; see the in		/ entries				<u> </u>
		each column for each year, see the in	(c)	/ entities.		(d)		
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	(colu	Distribution umn (b) divided	n ratio by colur	mn (c))
	2013							
	2012							
	2011							1
	2010							<u> </u>
	2009					ī		1
2	Total of line 1 column (d)	,,,,,,,,,,,,			2	!		
3	• • • • • • • • • • • • • • • • • • • •				_		·	
3	number of years the foundation	ne 5-year base period — divide the n has been in existence if less thar	15 years		3	-		
4	Enter the net value of nonchar	itable-use assets for 2014 from Pa	rt X, line 5		4			
5	Multiply line 4 by line 3				5			
6	Enter 1% of net investment in	come (1% of Part I, line 27b)			6			
7				Ī	7			
•					<u> </u>			<u>, </u>
8		rom Part XII, line 4		•	8			
	If line 8 is equal to or greater that Part VI instructions.	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1%	tax r	ate. See the		

for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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Form 990-PF (2014)

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Part VII-B Statements Regarding Activiti	es for Which Form	1 4720 May Be Req	uired (continued)			
5 a During the year did the foundation pay or incu	<u>-</u>			_	1	
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	Yes	X No	超額關	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955); or to carry	Yes 5	X No		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes	X No	化建筑	
(4) Provide a grant to an organization other th	oan a charitable, etc. or	ganization described		<u>ب</u>		
in section 4945(d)(4)(A)? (see instructions	5)			X No		
(5) Provide for any purpose other than religio educational purposes, or for the preventio				X No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to one of the contract to the contract of the contract the contract to t	qualify under the excep ding disaster assistance	tions		5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	e check here	▶ [7	B G	32 4 2 2 4 1
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response.			.N/A.	_] No		
If 'Yes,' attach the statement required by Regu		• •				
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes			
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?		6 b	X
If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the found	dation a party to a prob	ibited tay shelter transa	etion? Dvac	ما الآ		
b If 'Yes,' did the foundation receive any procee					7 b	ننشأ شنن
Part VIII Information About Officers, D						
and Contractors						
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	: ``c	Expense other allo	account, wances
WILLIAM C. ROWE, JR 4757 BLUEBONNET BLVD. BATON ROUGE, LA 70809	TRUSTEE 0	0.	0.			0
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NON	IE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	: 1	Expense other allo	account, wances
NONE				+		
				_		
				+-		
			<u> </u>			
Total number of other employees paid over \$50,000	1			▶		r

Total. Add lines 1 through 3....

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Form **990-PF** (2014)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fo	reign	foundations,
1,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities	1 a	50,516.
E	Average of monthly cash balances	1 b	10,001.
	Fair market value of all other assets (see instructions)	1 c	20/0021
	Total (add lines 1a, b, and c)	1 d	60,517.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	7.1V., N	
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	60,517.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	908.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	59,609.
6	Minimum investment return. Enter 5% of line 5	6	2,980.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting f	oundations
1	Minimum investment return from Part X, line 6	1	2,980.
	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014. (This does not include the tax from Part VI.)	diam't inter	
C	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,980.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,980.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,980.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	6,000.
	Program-related investments — total from Part IX-B	1 b	<u> </u>
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
2	Amounts set aside for specific charitable projects that satisfy the		
3	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.	ındatıor]
BΛΛ			Form 990 DE (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				2,980.
2 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only			Wilein Sidnight St.	
b Total for prior years: 20 , 20 , 20	da e i i i i i i i i i i i i i i i i i i	0.	Haring 10 - 12 1 4 1 1 1 1 1 1 2 1 2 5 2 2 2 2 2 2 2 2 2 2	L. 1971年4月21日本土1月3
3 Excess distributions carryover, if any, to 2014:	10、动物 4、脊髓		P\$7、自己的人,我们是	在1966年1968年1961年
a From 2009				
b From 2010				
c From 2011				
d From 2012		The state of the s		
e From 2013	And the second of the second o			
f Total of lines 3a through e	U.	NAMES AND ASSESSMENT OF THE STREET ASSESSMENT	grafia a distribution in commendativativa. Programma	[16] - [
XII, line 4: ► \$ 6,000.				所求的意识的
a Applied to 2013, but not more than line 2a			0.	
	Control of the Contro	III and the state of the state	ા કે પાણસુર્વકો હો હતું કે સુધાર સુધારો છે. પ્રાથમ સુધારો કરો કો કે કે પાણસુર્વકો હો હતું કે સુધારો કરો પ્રાથમ સુધારો કરો હો છે.	Ni william of Care of the
 Applied to undistributed income of prior years (Election required — see instructions) 	English Branch of the April 1997 Control	0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2014 distributable amount	171 (1)	Applications Committee Committee (1997)	2017年(2018年1月日) - 中央学術教師	2,980.
e Remaining amount distributed out of corpus.	3,020.	Blow Super Control of the British of	- PARRIET STANKARAN	Mark 1 20,254
5 Excess distributions carryover applied to 2014	0.	in Spirit Manager Lead William Street	、1000年 1000年	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		activity (September 1981)	5 2 P. (2.5 P.	Charles of the Section of
Same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,020.	(4) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	《解释》	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				
been issued, or on which the section 4942(a) tax has been previously assessed	The second of th	0.	CONTRACTOR OF THE PROPERTY OF	
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from	MARKET THE SECOND MARK	The state of the s		2000 BRUBER 1800 1800 1800 1800 1800 1800 1800 180
line 2a. Taxable amount — see instructions		and the second	0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2015	Topical Company Carlo Sign and Sign	「	 AMERICA CONTRACTOR ACTUAL AND AND CARROLING 	0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2015.			PAGENTIAL CONTRACTOR STATES	AND THE COURT OF THE SECOND SE
Subtract lines 7 and 8 from line 6a	3,020.	1875年 1886年	经。在特别的基本人。 1988年1988年	据"原"的"特"的
10 Analysis of line 9:				
a Excess from 2010				ا المراجعة المراجعة ولا المراجعة
b Excess from 2011				
c Excess from 2012 d Excess from 2013				
e Excess from 2014 . 3,020.	Figure 1 - Program II a 12	and the first of the second	<u>Hara Barta a</u>	Maria Companyo in Amerikan

46-4351690 Page 11 Form 990-PF (2014) THE ROWE FOUNDATION Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year N/A NC EYECARE FOR THE 6,000. ADVANCED EYE CENTER 5151 BLUEBONNET BLVD. NEEDY BATON ROUGE, LA 70809 6,000. Total..... **b** Approved for future payment

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Part XVI-A Analysis of Income-Producing	Activities
Enter gross amounts unless otherwise indicated.	Unrela

Ente	gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(2)
	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a	<u> </u>			Couc		
b						
С						
d				1		
е						
f						
-	Fees and contracts from government agencies			ļ		
	Membership dues and assessments .			ļ		
3	Interest on savings and temporary cash investments					
	Dividends and interest from securities		M. Balls	ļ.,		
	Net rental income or (loss) from real estate:		Parking and	1 03	And the	1 . 23 min 1 . 1 . 2 min 2 . 1
	Debt-financed property			ļ		
_	Not debt-financed property			-		
6	Net rental income or (loss) from personal property			ļ		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory. Net income or (loss) from special events			ļ		
9	Gross profit or (loss) from sales of inventory					
10 11	Other revenue:	WYDER OUTSE	GI O JOSEPH MARKEN	18032	THE STATE OF THE S	5 . h. h
		BN CHARGE TAN ALEXEN	That was a control of the control of	+		A THE PROPERTY OF A SECOND SEC
	DIVIDENDS	-		14		
C	INTEREST			14	2.	
_	· · · · · · · · · · · · · · · · · · ·	 		 		
d						
d e				<u> </u>		
e		Biologic ethiologic		M 45	1.347	
e 12	Subtotal. Add columns (b), (d), and (e)	$\ f_{n+1}^{k}(x_{i})-f_{n}^{k}f_{n}^{k}\ _{L^{2}_{t}}^{2}$	<u> </u>	7 7	1,347.	1.347
12 13		,	<u> </u>	7	1,347.	1,347
12 13 (See	Subtotal. Add columns (b), (d), and (e)	ons.)			13	1,347
12 13 (See	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e).	ons.)			13	1,347
12 13 (See Par	Subtotal. Add columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculations. TXVI-B Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
12 13 (See Par	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify calculation t:XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)	ishment of Exemp	t Purp	0ses	
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Part:XVII

							圆头为人(IYe	es No
1 Did the describe	organization directly d in section 501(c) o	or indirectly er if the Code (ot	ngage in any of the following her than section 501(c)(3) or	with any o ganizations	ther organizations) or in section 5	n 527.		
relating f	to political organizati	ions?	a noncharitable exempt orga			,		
	-						1 a (1)	X
							1 a (2)	$\frac{\hat{x}}{x}$
	ansactions:			*******			1 4 (2)	
		sharitable ever	mnt organization					السمساخت
			mpt organization				1 b (1)	<u> X</u>
			ble exempt organization				1 b (2)	X
			r assets				1 b (3)	<u> X</u>
							1 b (4)	X
							1 b (5)	X
			p or fundraising solicitations				1 b (6)	X
c Sharing	of facilities, equipme	ent, mailing lis	ts, other assets, or paid emp	loyees	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1c	X
d If the an	cwar to any of the al	hove is 'Ves !	complete the following school	lula Calum	n (h) should alu	rave chow the fair r	narkot value	of
the goods	s, other assets, or serve	vices given by t	complete the following sched the reporting foundation. If the the now in column (d) the value of	foundation r	eceived less than	rays show the fair in fair market value in or services receive	d	OI .
(a) Line no.	(b) Amount involved		f noncharitable exempt organization			sfers, transactions, and		nents
N/A	(b) ranount involved	(C) Hame o	Honoral Rabie exempt organization) bescription or trun	orers, transactions, and	onaring arranger	-
N/A							-	
				 				
								
								
								
						<u> </u>		
						<u> </u>		
describe	d¦in section 501(c) o	of the Code (ot	with, or related to, one or mor ther than section 501(c)(3)) o	e tax-exempor in section	ot organizations		. Yes	XNo
	complete the following	 ,						
	Name of organization	on	(b) Type of organizat	ion	(c) Description of rel	ationship	
N/A					 			
	1				ļ			
								
· · · · · · · · · · · · · · · · · · ·								
· · · · · · · · · · · · · · · · · · ·	-		`					
Under p correct,	enalties of perjury I declar and complete. Declaration	e that I have exami of preparer other	ined this return, including accompanying than taxpayer) is based on all informat	ng schedules ar tion of which pr	nd statements, and to eparer has any know	the best of my knowledg ledge,	e and belief, it is	true,
Sign /	1 HIT		P///				May the IRS this return w	discuss
Here //	V1/M/	1 9 W	V / 3/10/11	، 🕨 ما	TRUSTEE		preparer sho	wn below
Signa	ture of officer or trustee		Date		fitle		X Ye	
	Print/Type preparer's nan	ne	Preparer's signature		Date	Check If	PTIN	
Paid	RICHARD E. MITC	HEN CDA	RICHARD E. MITCHE	אין רים א		self-employed	D01333100	
				M, CPA		 	P01322188	
Preparer		ICHARD E. M				Firm's EIN 52-22	12428	
Use Only	·	757 MILLWOOD	D DR LA 70817-1201		····	Dhann 1955		
	B	TON ROUGE,	TV 10011-1501			Phone no. (225)	755-5770	
RΔA							Form 990.F	F (2014)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

2014

Employer identification number

OMB No. 1545-0047

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

THE ROWE FOUNDATION		46-4351690
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tr	eated as a private foundation
•	527 political organization	•
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	d as a private foundation
	= '''	a as a private roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) organ		ulo and a Special Pulo. See instructions
I .	mization can check boxes for both the General IV	ule and a Special Rule. See instructions.
General Rule	000 PF HI 1 - I - I - I	
property) from any one contributor. Complet	or 990-PF that received, during the year, contrile Parts I and II. See instructions for determining	butions totaling \$5,000 or more (in money or a contributor's total contributions.
	· ·	
Special Rules		
•	(c)(3) filing Form 990 or 990-F7 that met the 33	1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), t	(c)(3) filing Form 990 or 990-EZ that met the 33 hat checked Schedule A (Form 990 or 990-EZ), Part	II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 990	e year, total contributions of the greater of (1) \$ -EZ. line 1. Complete Parts I and II.	5,000 or (2) 2% of the amount on (i)
	•	
For an organization described in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	t received from any one contributor,
purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ tha han \$1,000 <i>exclusively</i> for religious, charitable, schildren or animals. Complete Parts I, II, and III	scientific, literary, or educational
For an organization described in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	t 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	e total contributions that were received during the ny of the parts unless the General Rule applies	e year for an <i>exclusively</i> religious,
it received nonexclusively religious, charitable	e, etc., contributions totaling \$5,000 or more du	ring the year > \$
	5 , , ,	
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
Caution: An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	e 2, of its Form 990; or check the box on line H of filing requirements of Schedule B (Form 990, 99	of its Form 990-EZ or on its Form 990-PF,
BAA For Paperwork Reduction Act Notice, see		hedule B (Form 990, 990-EZ, or 990-PF) (2014)
or 990-PF.	110 110 110 110 110 110 110 110 110 110	(2014)
1		

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of org	anization DWE FOUNDATION	1 ' '	r identification number 351690
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C. ROWE, JR		Person X Payroll
	5157 BLUEBONNET BLVD. 	\$66,000.	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/17/14	Schedule B (Form 990	, 990-EZ, or 990-PF) (2014)

1 of Part 1

Page

1 to

1 of Part II

Employer Identification number

THE ROWE FOUNDATION

46-4351690

	Notices in Property (see instructions), ose duplicate copies of Part in in additional sp		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	N/A		
ı		\$	
(a) No. 1	//>	(-)	/-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u></u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ļ Is	
	1	<u>'</u>	
(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
	<u> </u>		
' '		\$	
(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	\$	
BAA	Sched	lule B (Form 990, 990-EZ, c	or 990-PF) (2014)

H				
L'				
[·				
	(e)			
	(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		
·				
1	TET 407041 11/10/14	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)		

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Zι	J I	4

FEDERAL STATEMENTS

PAGE 1

THE ROWE FOUNDATION

46-4351690

STATEMENT 1	
FORM 990-PF.	PART I, LINE 11
OTHER INCOM	ΛE

	RE PER	(A) VENUE BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	\$	1,345.		
TOTAL	\$	1,347.	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART II, LINE 13 **INVESTMENTS - OTHER**

		ATION THOD	 BOOK VALUE	FAIR MA VALU	
OTHER PUBLICLY TRADED SECURITIES					
RAYMOND JAMES	COST		\$ 51,032.	\$	0.
		TOTAL	\$ 51,032.	\$	0.

STATEMENT 3 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

N .			
INVESTMENT CHANGE IN	I FMV		ጎ 31 2
THAPPILIPHI CIMMOR IN	• ± ± ± ¥, , , , , , , , , , , , , , , ,		7 712.
		ጥ∧ጥአፒ 7	212
4		IUIAL) JIZ.

STATEMENT 4 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME: CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

WILLIAM C. ROWE, JR

5157 BLUEBONNET BLVD.

BATON ROUGE, LA 70809

LETTER TO TRUSTEE REQUSTING FUNDS AND THE PURPOSE OF THOSE FUNDS.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: