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Form **990-PF**

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

Do not enter social security numbers on this form as it may be made public.

MAY 1 4 2015	
ENVELOPE BROTHANDY NATE	THE STREET

SCANNED MAY 1 9 2015

		nent of the Treasury Revenue Service			cial security numbers on • 990-PF and its separate		-	-		en to Public	Inspection
-		lendar year 2014 o					and ending				. 20
-					TRUST #1 ED FU		<u> </u>		mployer identifi	cation number	
	1564-2045000094			INODI HI LD IO	112			64-	6152810	1	
-		per and street (or P.O. box		delivere	d to street address)	-	Room/suite	ВТ	elephone numbe		
		•						-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	228	ST. CHARLES	AVE., 2ND	FL TR	RUST				50	4-599-2	191
_		r town, state or province									
	NEW	ORLEANS, LA	70130					C If	exemption applica ending, check here	tion is	▶□
7		eck all that apply:	Initial retur	n	Initial return	of a former n	ublic charity	\dashv _			_
•	. 0	ok an that appry.	Final return		Amended ret	•	ablic charty	י פן	Foreign organizat Foreign organizat		
			Address ch	-	Name change			'	85% test, check h	ere and attach	
ī	Che	ock type of organiza	 		c)(3) exempt private for			┥	computation .		
		Section 4947(a)(1) no			Other taxable pri		ion		private foundation		►
; ;		market value of			unting method: X Ca		rual	_1	nder section 507(b		
j '					unting method. <u> அ</u> க ther (specify)	asn Acc	ruai		the foundation is in nder section 507(b		
		of year <i>(from Part</i> ► \$ 1	08,184.	_	column (d) must be on cas			· "	nder section 50 /(b)(I)(B), check ne	re . ▶
						SII Dasis)				(d) Disht	irsements
	art	Analysis of Rever			(a) nevertue and	(b) Net inve	stment	(c) Ad	justed net		aritable
		may not necessarily	y equal the amounts		expenses per books	incom	ie		come		ooses
-	Τ.	column (a) (see inst			300					(cash ba	asis only)
	1	Contributions, gifts, grants,	, etc., received (attach sch foundation is not regu				· · · · · · · · · · · · · · · · · · ·				
	2	attach	Sch. B		10						Omiter 1
	3	Interest on savings and	•		19.		19.				STMT 1
	4	Dividends and intere			2,386.		<u>2,386.</u>		·		
	5a										
	1	Net rental income or (Ic	oss)		0.050			_	8==	***************************************	
9	6a b	Net gain or (loss) from : Gross sales price for all			2,872.			┿.	_KECE	IVED	
Boyonia	-	assets on line 6a		<u>,833.</u>			0 000				
á	7	Capital gain net inco					2,872.	- 8	MAY 1		181-
_	8	Net short-term capita	-					18	WAI 4.	3 2015	<u>S</u>
	10a	Income modification Gross sales less returns						+-{			
		and allowances · · ·	• • — —						OGDE	V. UT	
	1	Less Cost of goods sold						-		31.01	
	1	Gross profit or (loss)									
	11	Other income (attach Total, Add lines 1 th			5,277.		5,277.		 -		
-	+				2,517.		$\frac{3,277}{2,517}$.		NONE		NONE
ų	13	Compensation of office			<u> </u>						MONE
900	14	Other employee sala					NONE NONE		NONE NONE		
ġ	15	Pension plans, emple					MOME		NOIVE		
Š	IOA	Legal fees (attach so Accounting fees (atta			750.		750.		NONE		NONE
9	ן ב	Other professional fe			, , , , , ,		, , , , ,		TAOTAE		14014
	17	Interest									
Administrative Evnen	18	Taxes (attach schedu			143.		6.				
	19	Depreciation (attach						-			
- 2	20	Occupancy							-		
		Travel, conferences,					NONE		NONE		
2	21 22	Printing and publicat	-				NONE		NONE		
5	23	Other expenses (atta									
÷	24	Total operating and									
1	23 24 25	Add lines 13 through			3,410.		3,273.		NONE		NONE
غ	25	Contributions, gifts,			1,900.		- /				1,900.
•	26	Total expenses and disbut	= :		5,310.		3,273.		NONE		1,900.
-	27	Subtract line 26 from		J 20	3,310.		-,				
	1	Excess of revenue over ex		nts	-33.						
	1	Net investment inco	•				2,004.				
	1	Adjusted net incom	_								
c		nerwork Reduction A			·					Earm QQ	0-PF (2014)

Б	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	of year
	ait II	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
		Pledges receivable			
ļ		Less: allowance for doubtful accounts			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		_	
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ►NONE			
Š		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations (attack Tablul 4.		5,966	5,966
		Investments - corporate stock (attach schedule) STMT 5		93,584	
	l	Investments - corporate bonds (attach schedule)			. = - 1 = -
	11	Investments- land, buildings, and equipment basis			
	12 13 14	Investments - mortgage loans			
	15	(attach schedule)			
		Other assets (describe) Total assets (to be completed by all filers - see the		····································	
		instructions. Also, see page 1, item I)	99,575.	99,550	108,184
_		Accounts payable and accrued expenses		99,330.	100,104
		_	i		
		Grants payable			
Liabilities	19	Deferred revenue			
bili	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe		_	
	23	Total liabilities (add lines 17 through 22)		NONT	_
_		Foundations that follow SFAS 117, check here		NONE	
es		and complete lines 24 through 26 and lines 30 and 31.			
anc	24	Unrestricted			
Bal	25	Temporarily restricted			
Þ	26	Permanently restricted · · · · · · · · · · · · · · · · · · ·			-
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, ► X			
ō	22	check here and complete lines 27 through 31.	99,575.	99,550.	
its	27	Capital stock, trust principal, or current funds	39,313.	33,330	1
SS	28 29	Paid-in or capital surplus, or land, bldg , and equipment fund			1
t A	29	Retained earnings, accumulated income, endowment, or other funds	99,575.	99,550.	
ž	30 31	Total net assets or fund balances (see instructions)	33,373.	33,330.	1
		instructions)	99,575.	99,550.	
Б		Analysis of Changes in Net Assets or Fund Bala		33,330.	
		I net assets or fund balances at beginning of year - Part I		muet agree with	
•					00 575
2		of-year figure reported on prior year's return)			99,575.
2	O+b~	r amount from Part I, line 27a		2	-33 <u>.</u> 8.
					99,550.
-	D	lines 1, 2, and 3eases not included in line 2 (itemize) ►			33,330.
2	Total	l net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column /h), line 30 6	99,550.
_0	ı Old	riner assers or runu parances at enu or year time 4 minus ii	<u>ne ar Francii, column (D</u>	7, iiie 30 6	33,330.

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			T age C
	(a) List and	(b) How acquired	(c) Date	(d) Date sold		
	2-story br	P - Purchase D - Donation	acquired (mo , day, yr.)	(mo., day, yr.)		
1a	PUBLICLY TRADED	SECURITIES	-			
<u>b</u>	· · · · · ·					
C						
<u>d</u>	· · · <u>-</u>					
<u>e</u>						L-,
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mint	
_	9,833.	(c. c.i.c.i.c.i.c)	6,961.		(0) pies (1)	2,872.
<u>а</u> ь	9,033.		0,301.			2,012.
C					·	
ď						
e	_					
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	in minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less t	:han -0-) or
	(I) 1 .IVI.V. as 01 12/31/03	as of 12/31/69	over col. (j), if any		Losses (from co	
_a	-					<u>2,872.</u>
<u>b</u>						
_ <u>c</u>						
<u>d</u>						
<u>e</u>		, If	gaın, also enter in Part I, line 7			
2	Capital gain net income of		(loss), enter -0- in Part I, line 7	2		2,872.
3	Net short-term capital ga) in or (loss) as defined in sections 1				27072.
		art I, line 8, column (c) (see inst				
	Part I, line 8	<u></u>	<u> J</u>	3		
Pa	rt V Qualification U	Inder Section 4940(e) for Red	uced Tax on Net Investment In	ncome		
(Fo	r optional use by domestic	private foundations subject to the	section 4940(a) tax on net investn	nent inco	me.)	
If s	ection 4940(d)(2) applies,	leave this part blank.				
\A/a	s the foundation liable for	the section 1912 tay on the distrib	outable amount of any year in the b	aca nario	42	Yes X No
		not qualify under section 4940(e). I		ase perior	u,	_ res _ A No
1			; see the instructions before making	any enti	ries.	
	(a)	(b)	(c)	, , , ,	(d)	
Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2013	2,215.	107,969.			0.020515
	2012	3,000.	107,623.			0.027875
	2011	6,918.	95,035.			0.072794
	2010	5,387.	71,744.			0.075086
	2009	4,334.	70,208.			0.061731
_	Takal aftire 4	a)		,		0 250001
_			she satal on line 2 hr E on hr the	2		0.258001
3	•	o for the 5-year base period - divide	•	3		0.051600
	number of years the four	idation has been in existence if les	s than 5 years	-		0.031000
	Enter the not value of no	ncharitable use assets for 2014 fro	om Part X, line 5	4		108,965.
•	Litter the fiet value of flo	nenantable-use assets for 2014 fro	mirat X, iiie 3			100/203.
E	Multiply line 4 by line 3			5		5,623.
J	5 Multiply line 4 by line 3					
6	Enter 1% of net investme	ent income (1% of Part I line 27h)		6		20.
J	Entor 170 of flot investine					
7	Add lines 5 and 6			7		5,643.
	· ·	• •	· · ·			
8	Enter qualifying distributi	ions from Part XII, line 4		8		1,900.
		reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
	Part VI instructions.					

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	3)
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			<u>40.</u>
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	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			<u>40.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	NONE		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>40.</u>
6	Credits/Payments ⁻			
8	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 62.			
Ь	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			<u>62.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> 22.</u>
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 22 . Refunded ▶ 11		-	
	t VII-A Statements Regarding Activities		<u>, </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1b		Х
	Instructions for the definition)?	-"		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		i	
_	published or distributed by the foundation in connection with the activities.	1c		Х
	Did the foundation file Form 1120-POL for this year?			
u	(1) On the foundation. \$ (2) On foundation managers. \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
•	foundation managers. > \$		ŀ	
2		2		Х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		- 1	
	• 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)			
	MS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	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		<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10		X

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Part	VII-A Statements Regarding	g Activities (continued)		
11	At any time during the year, di	d the foundation, directly or indirectly, own a controlled entity within the		T
			11	x
12		oution to a donor advised fund over which the foundation or a disqualified		
	person had advisory privileges? If "Yes,"	attach statement (see instructions)	12	<u> </u>
13		public inspection requirements for its annual returns and exemption application?		X
	Website address			
14	The books are in care of ▶SEE	STATEMENT 6 Telephone no. >		
		ZIP+4 ▶		
15		table trusts filing Form 990-PF in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt into	erest received or accrued during the year		
16		2014, did the foundation have an interest in or a signature or other authority	Ye	s No
			16	<u> </u>
	See the instructions for exceptions	s and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If	_	
	"Yes," enter the name of the foreign cou	untry ▶		
Part	VII-B Statements Regarding	g Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is chec	ked in the "Yes" column, unless an exception applies.	Ye	s No
1a	During the year did the foundation (eith	er directly or indirectly):		
	(1) Engage in the sale or exchange, or	leasing of property with a disqualified person? Yes X No		
	(2) Borrow money from, lend mone	y to, or otherwise extend credit to (or accept it from) a		
	disqualified person?			
	(3) Furnish goods, services, or facilities	to (or accept them from) a disqualified person? Yes X No	Ì	
	(4) Pay compensation to, or pay or rein	nburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to	o a disqualified person (or make any of either available for		
	the benefit or use of a disqualified p	person)?Yes 🗓 No		
	(6) Agree to pay money or propert	y to a government official? (Exception. Check "No" if the		
	foundation agreed to make a	grant to or to employ the official for a period after		
	termination of government service,	if terminating within 90 days.)		
b	If any answer is "Yes" to 1a(1)-(6),	did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53.4941(d)-3 or in a current not	tice regarding disaster assistance (see instructions)?	1b	<u> X</u>
	Organizations relying on a current notic	e regarding disaster assistance check here		
C	Did the foundation engage in a p	rior year in any of the acts described in 1a, other than excepted acts, that	İ	
	were not corrected before the first day of	of the tax year beginning in 20147	1c	<u> </u>
2	Taxes on failure to distribute inco	me (section 4942) (does not apply for years the foundation was a private		
	operating foundation defined in section	4942(j)(3) or 4942(j)(5)).		
а	•	he foundation have any undistributed income (lines 6d and		
	6e, Part XIII) for tax year(s) beginning be	efore 2014? Yes X No		
	If "Yes," list the years	!!!		
		for which the foundation is not applying the provisions of section 4942(a)(2)		
		assets) to the year's undistributed income? (If applying section 4942(a)(2) to		,,
			2b	X_
C	•	re being applied to any of the years listed in 2a, list the years here.		
		//		
За		a 2% direct or indirect interest in any business enterprise		
		Yes X No		
Ь		ess holdings in 2014 as a result of (1) any purchase by the foundation or		
	•	1969; (2) the lapse of the 5-year period (or longer period approved by the		
		(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		
		phase holding period? (Use Schedule C, Form 4720, to determine if the	_	
		s in 2014)	3b	 -
	· · · · · · · · · · · · · · · · · · ·	e year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>
Ь		tment in a prior year (but after December 31, 1969) that could jeopardize its		,,
	charitable purpose that had not been		4b	<u>X</u> PF (2014)
		Form		- (2014)

Par	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)				
5a	During the year did the foundation pay or incur any amou	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	ther similar purposes		. Yes X No				
	(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	arıtable, scientific, l	iterary, or educationa	·				
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No		:		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in				
	Regulations section 53.4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?		5b			
	Organizations relying on a current notice regarding disas	ter assistance check	here					
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				
	because it maintained expenditure responsibility for the	grant?		Yes No	.			
	If "Yes," attach the statement required by Regulations sec							
6a	Did the foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premiur	ns				
	on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·		[[1 aa]				
ь	Did the foundation, during the year, pay premiums, direct				6b	X		
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?.	YesX No	·			
b	If "Yes," did the foundation receive any proceeds or have							
Par	Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Emp	oloyees,			
1	List all officers, directors, trustees, foundation ma	nagers and their	compensation (see	instructions).				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens			
		devoted to position	enter -0-)	and deferred compensation	other all	Jwances		
	EY BANK DBA HANCOCK BANK	TRUSTEE	0.515			•		
228 5	T. CHARLES AVE., 2ND FL, NEW ORLEANS, LA 70130	5	2,517.	-0-		-0-		
								
2	Compensation of five highest-paid employees	other than thos	e included on line	1 - see instruction	ns) If no	one enter		
2	"NONE."	(Other than thos	e moladed on init	s i - see mstructio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, citte:		
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	se account,		
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		owances		
NONE				compensation				
HOND			-0-	-0-		-0-		
			<u> </u>					
- -								
		-			-			
- -								
Total	number of other employees paid over \$50,000				N	ONE		
						0-PF (2014)		

	64-615	2810	
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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, and Contractors (continued)	Highly Paid Employ	/ees,
3 Five I	nighest-paid independent contractors for professional services (see instructions).	If none, enter "NONE	n
) Type of service	(c) Compensation
NONE			
			NONE
Total numb	per of others receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		
	undation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1SCHOL	ARSHIPS ARE PROVIDED TO GRADUATES OF OCEAN SPRINGS HIGH	-	
	L, OCEAN SPRINGS, MS, AS WELL AS ADDITIONAL HIGH		
	LS OF OCEAN SPRINGS, MS BASED ON A FINANCIAL NEED BASIS		1,900
_	CADEMIC PERFORMANCE. THE SCHOLARSHIPS ARE TO		
	T THE GRADUATES WITH THEIR HIGHER EDUCATION.		
3			

4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
Describe th	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 NONE			
2			
All other p	rogram-related investments. See instructions.		
3 NONE			

Form **990-PF** (2014)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foui	ndations,
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	1a	110,624.
	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions),	1c	NONE NONE
d	Total (add lines 1a, b, and c)	1d	110,624.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	110,624.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	1,659.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	108,965.
6	Minimum investment return. Enter 5% of line 5	6	5,448.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ► and do not complete this part.)	dations	-
1	Minimum investment return from Part X, line 6	1	5,448.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 40.		
ь	Income tax for 2014. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	40.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,408.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4.	5	5,408.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	5,408.
Part	XII Qualifying Distributions (see instructions)		5/100.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,900.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,900.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,900.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c	alculati	

Form **990-PF** (2014)

Page 9

Pa	rt XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7			Ì	5,408.
2	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only			NONE	
	Total for prior years 20 12 ,20,20		NONE		
3	Excess distributions carryover, if any, to 2014:				
a	From 2009 NONE				
b					
C	From 2011				
d	From 2012 NONE				
	From 2013 NONE				
f	Total of lines 3a through e	3,048.			·
4	Qualifying distributions for 2014 from Part XII,				
	line 4 [.] ▶ \$1,900.				
а	Applied to 2013, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years			* * *	
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB			
d	Applied to 2014 distributable amount				1,900.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2014 . (If an amount appears in column (d), the same	3,048.		:	3,048.
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	NONE			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract		NONE		
С	line 4b from line 2b Enter the amount of prior years' undistributed		NONE		-
	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			NONE	
T	Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2015				460.
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.	MONT			
	Subtract lines 7 and 8 from line 6a	NONB			
	Analysis of line 9:			ĺ	
	Excess from 2010 NONE				
b					
	Excess from 2012 NONE Excess from 2013 NONE				
e	Excess from 2014 NONE		<u>+</u>		

Pai	t XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, questi	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)	
		Tax year		Prior 3 years		(e) Total	
Za	Enter the lesser of the ad- justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) lotai	
	f or the minimum investment return from Part X for each year listed						
b	85% of line 2a						
	Qualifying distributions from Part						
·	XII, line 4 for each year listed .						
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line						
_	2d from line 2c			<u>,-</u>	<u> </u>		
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					I	
b	4942(j)(3)(B)(i) "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)						
	(2) Support from general						
	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						
Pa		ntary Information (Complete this part	only if the found	lation had \$5,000	or more in assets	
	at any time	e during the year - s	ee instructions.)				
	List any managers of			e than 2% of the tot:	al contributions receiv	ved by the foundation	
a	before the close of any	the loundation who is tax year (but only if the	ney have contributed in	nore than \$5,000). (S	ee section 507(d)(2).)	od by the loundation	
	N/A		400/			- In-	
b	List any managers of ownership of a partner					y large portion of the	
	N/A						
2	N/A Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:			
	unsolicited requests f	or funds. If the found	ation makes gifts, gra	to preselected char ants, etc. (see instruc	itable organizations a tions) to individuals o	and does not accept or organizations under	
	other conditions, comp						
а	The name, address, an	id telephone number o	or e-mail address of the	e person to whom app	lications should be ad	dressed:	
b	The form in which app	lications should be su	omitted and information	on and materials they	should include:		
	Any submission deadli	ines:		-			
·	, my sabilitission deadi						
d	Any restrictions or I	imitations on awards	, such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other	
	factors:						

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution					
a Paid during the year								
UNIVERSITY OF SOUTH ALABAMA			SCHOLARSHIP TO GRADUATES					
MEISLER HALL, SUITE 1200 MOBILE AL 36688-000	NONE	EXEMPT	OCEAN SPRINGS HIGH	633.				
MS GULFCOAST COMMUNITY COLLEGE			SCHOLARSHIPS TO GRADUATES					
P.O. BOX 100 GAUTIER MS 39553	NONE	EXEMPT	OCEAN SPRINGS HIGH	1,267.				
			:					
			1					
•								
		i		•				
Total	<u> </u>		▶ 3a	1,900.				
b Approved for future payment								
	l	<u> </u>						
Total			▶ 3b					

Form 990-PF (2014)		-tat-			Page 12
Part XVI-A Analysis of Income-Produ			T=		
Enter gross amounts unless otherwise indicated.	Unrela	eted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
	(a)	(b)	(c)	(d)	function income
1 Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
a					
b					
с					
d					
е					
f	-				
·	-				
g Fees and contracts from government agencies		-			
2 Membership dues and assessments			+	10	
3 Interest on savings and temporary cash investments		<u> </u>	14	19.	
4 Dividends and interest from securities			14	2,386.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
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	2,872.	
9 Net income or (loss) from special events			 	2,0.2.	
•			- 		
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue a			-		
ь			_		
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		<u> </u>	5,277.	
13 Total. Add line 12, columns (b), (d), and (e)				13	5,277.
(See worksheet in line 13 instructions to verify calc	ulations)				
Part XVI-B Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
Line No. Explain below how each activity	ty for which	income is reported	in column (a) of Part XVI-A contribu	ited importantly to the
accomplishment of the foundati	on a exemp	r harboses former man	by providing	tutios for such purpose:	s). (See manuchons.)
			·		
		NOT APPLICABI	Έ		
					· - · · · · · · · · · · · · · · · · · ·
				· .	
					
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					Form 990-PF (2014)
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	0-PF (20						64-6152810			ge 13
Part 2	XVII	Information R Exempt Organ		ansfers To and	Transacti	ons a	and Relationships With Nor	chari	table)
ir	n sectio	n 501(c) of the Co				-	any other organization described a section 527, relating to political		Yes	No
	rganiza Fransfer	cions? s from the reporting	r foundation to	a noncharitable ex	emnt organi	zation	of:	-		
					_			1a(1)		X
									1	Х
		ansactions:								
{	1) Sale	s of assets to a none	charitable exen	npt organization				1b(1)		X
										X
										X
									1	X
										X
									-	X
	_		_				c. Column (b) should always sho		fair n	
							on. If the foundation received less			
							ue of the goods, other assets, or			
(a) Line	e no.	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization	(d) (Description of transfers, transactions, and sha	arıng arr	angeme	ents
				<u> </u>						
	-									
	- -									
										_
d	describe	d in section 501(c)	of the Code (o				nore tax-exempt organizations ion 527?	Y	es [X No
<u>b 11</u>	f "Yes,"	complete the follow		#13 T #			1 (12)			
	· · · · · · · · · · · · · · · · · · ·	(a) Name of organization	<u>n</u>	(b) Type of	organization		(c) Description of relation	nsnip		
							and statements, and to the best of my knowled	ige and	belief, it	is true
Sign	correct,	and complete. Declaration of	preparer (other than	taxpayer) is based on all info	mation of which	preparer h		بممناه ع	ee thir	ratura
	1 X	Hruny 1 t	Jouley C	代 03/24/2	2015	VP	TRUST OFFICE May the If	repar <u>er</u>	shown	below
Here	Signa	ture of officer or trustee	, ,	Date		Title	(see instruction	ons)?	Yes	No

Preparer's signature

Check if self-employed Firm's EIN

PTIN

Paid Preparer

Use Only

WHITNEY BANK DBA HANCOCK

Print/Type preparer's name

Firm's name

Firm's address

Date

Phone no.

Form 990-PF (2014)

STATEMENT

VENUE		PER BOOKS INCOME	19.	19.	
RE	EXE	DESCRIPTION	HANCOCK HORIZON CORE BOND FUND INST	TOTAL	

2

STATEMENT

REVENUE FORM 990PF, PART I - ACCOUNTING FEES DESCRIPTION

EXPENSES PER BOOKS

	TN		
NET	NVESTMENT	INCOME	1 1 1 1

ADJUSTED NET INCOME	
---------------------------	--

		NONE	
		NONE	
750.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	750.	11 11 11 11 11 11 11 11 11 11 11
750.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	750.	
TAX PREPARATION FEE (NON-ALLOC		TOTALS	

ന

STATEMENT

FORM 990PF, PART I - TAXES	

NET INVESTMENT INCOME	 m m	6.
REVENUE AND EXPENSES PER BOOKS	107. 30. 3.	143.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

STATEMENT

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

HANCOCK HORIZON G'MNT TR

ENDING BOOK VALUE

5,966.

ENDING FMV

5,966.

5,966.

TOTALS

5,966.

22

1564-2045000094

FORM 990PF, PART II - CORPORATE STOCK

R.W. SCHLUTER TEST TRUST #1 ED FUND

0
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9
1
4

ENDING FMV	16,282. 85,936. 102,218.
ENDING BOOK VALUE	10,902. 82,682
	TOTALS
DESCRIPTION	EQUITY MUTUAL FUNDS FIXED INCOME MUTUAL FUNDS

2

STATEMENT

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: WHITNEY BANK

DBA HANCOCK BANK

ADDRESS: 228 ST. CHARLES AVE., 2ND FL

NEW ORLEANS, LA 70130

TELEPHONE NUMBER: (504)599-2191

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

OMB No. 1545-0092

Name of estate or trust	Employer identification number				
R.W. SCHLUTER TEST TRUST #1 ED FUND	64-615	281	0		
Note: Form 5227 filers need to complete only Parts I and II.	 				
Part I Short-Term Capital Gains and Losses - Assets H	eld One Year	r or Less	· · · · · · · · · · · · · · · · · · ·		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) (e) Proceeds Cost (sales price) (or other basis)		(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked		-			
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	237.	232.			5
4 Short-term capital gain or (loss) from Forms 4684, 6252, 67	781, and 8824			4_	
5 Net short-term gain or (loss) from partnerships, S corporatio				5	
6 Short-term capital loss carryover. Enter the amount, if Carryover Worksheet	Capital Loss	6	()		
7 Net short-term capital gain or (loss). Combine lines 1a line 17, column (3) on the back		7	5		
Part II Long-Term Capital Gains and Losses - Assets He	ld More Tha	n One Year			
See instructions for how to figure the amounts to enter on the lines below.	(g) Adjustment to gain or loss f	rom	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	_				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	7,919.	6,729.			1,190
11 Long-term capital gain or (loss) from Forms 2439, 4684, 62	11				
12 Net long-term gain or (loss) from partnerships, S corporation	12				
13 Capital gain distributions	13	1,677			
14 Gain from Form 4797, Part I	14				
15 Long-term capital loss carryover. Enter the amount, if a Carryover Worksheet		15	()		
16 Net long-term capital gain or (loss). Combine lines 8a t line 18a, column (3) on the back				16	2,867

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Schedule D (Form 1041) 2014		/4) Danatistana /	(2) Estato/-	Page 2
Part III Summary of Parts I and II Caution: Read the instructions before completing this	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total	
17 Net short-term gain or (loss)		(See Ilistr.)	or trust's	5.
Net long-term gain or (loss):	''			ļ
a Total for year	18a			2,867.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)				2700
c 28% rate gain				
19 Total net gain or (loss). Combine lines 17 and 18a				2,872.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line	4 (or Fo	rm 990-T, Part I, line 4	la). If lines 18a and	19, column (2), are net
pains, go to Part V, and do not complete Part IV. If line 19, column (3), is a	net loss	, complete Part IV and	d the Capital Loss C	arryover Worksheet, as
Part IV Capital Loss Limitation				
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T	. Part I. lu	ne 4c. if a trust), the sr	naller of:	
a The loss on line 19, column (3) or b \$3,000			20 ()
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 104 .oss Carryover Worksheet in the instructions to figure your capital loss carryover	1, page	1, line 22 (or Form 99	0-T, line 34), is a los	s, complete the Capita
Part V Tax Computation Using Maximum Capital Gains Ra	ates	···		
form 1041 filers. Complete this part only if both lines 18a and 19 in o		2) are gains or an a	mount is entered in	n Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is n		•		
Caution: Skip this part and complete the Schedule D Tax Worksheet in th				
Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
 Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zer 				
form 990-T trusts. Complete this part only if both lines 18a and 19	are ga	ins, or qualified divi	dends are included	I in income in Part
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	art and c	omplete the Schedu	ie D lax Worksnee	t in the instructions
f either line 18b, col. (2) or line 18c, col. (2) is more than zero.				
Enter taxable income from Form 1041, line 22 (or Form 990-T, line	e 34)	. 21		
22 Enter the smaller of line 18a or 19 in column (2)				
but not less than zero				
23 Enter the estate's or trust's qualified dividends				
from Form 1041, line 2b(2) (or enter the qualified		<u> </u>		
dividends included in income in Part I of Form 990-T) 23	_			
24 Add lines 22 and 23				
25 If the estate or trust is filing Form 4952, enter the				
amount from line 4g; otherwise, enter -0 ▶ 25		i		
Subtract line 25 from line 24. If zero or less, enter -0				
Subtract line 26 from line 21. If zero or less, enter -0				
28 Enter the smaller of the amount on line 21 or \$2,500				
29 Enter the smaller of the amount on line 27 or line 28				
Subtract line 29 from line 28. If zero or less, enter -0 This amount		1 1	▶ 30	
Enter the smaller of line 21 or line 26				
Subtract line 30 from line 26				
Enter the smaller of line 21 or \$12,150				
34 Add lines 27 and 30				
Subtract line 34 from line 33. If zero or less, enter -0				
36 Enter the smaller of line 32 or line 35		<u> </u>		
Multiply line 36 by 15%		1 1	▶ 37	·
88 Enter the amount from line 31				
39 Add lines 30 and 36		-		
Subtract line 39 from line 38. If zero or less, enter -0-				
41 Multiply line 40 by 20%			▶ 41	
Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule		1 1		
and Trusts (see the Schedule G instructions in the instructions for Form 10				
43 Add lines 37, 41, and 42		·		
Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule	or Estates	5	1 1	

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . .

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Form 8949

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

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

R.W. SCHLUTER TEST TRUST #1 ED FUND

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions,

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

complete a separate Form 8949, for one or more of the boxes, com	_		•			is than Will fit of	tnis page
(A) Short-term transactions repo	rted on Form(s) 1099-B show	ıng basis was repo	rted to the IRS (s	see Note above)		
(B) Short-term transactions repo			•	reported to the IF	RS		
1 (a) Description of property (Example 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo , day, yr)	-B (d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss).
					(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
11.748 TEMPLETON GLB TOTAL	03/25/2014	06/26/2014	160.00	155.00			5.00
1. HANCOCK HORIZON U.S. SM INSTIT	06/26/2014		15.00	15.00			9 .00
4.604 TEMPLETON GLB TOTAL	VAR	11/24/2014	62.00	62.00			
							-
-							
=-							
							_
200.							
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	total here and above is checke	d include on ed), line 2 (if	237.	232.			5.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2014)

PE2192 302T

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

R.W. SCHLUTER TEST TRUST #1 ED FUND

64-6152810

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e)
	(Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
158.977 HANCOCK HORIZON CO							
INST	VAR	03/25/2014	2,610.00	2,681.00			-71.00
1.296 HANCOCK HORIZON QUAN LONG/SHORT	09/26/2011	03/25/2014	23.00	18.00			5.00
.759 HANCOCK HORIZON BURKE							
CAP_FUN	VAR	03/25/2014	45.00	22.00			23.00
19.427 HANCOCK HORIZON GRO							
CL	VAR	03/25/2014	402.00	230.00			172.00
13.182 HANCOCK HORIZON VAL							
INSTITUTIONAL C	07/25/2002	03/25/2014	387.00	198.00			189.00
77.526 HANCOCK HORIZON COR							
INST	04/25/2013	06/26/2014	1,287.00	1,309.00			-22.00
2. HANCOCK HORIZON DIVERSI							
FUND	04/25/2013	06/26/2014	33.00	32.00			1.00
1.643 HANCOCK HORIZON QUAN					!		
LONG/SHORT	09/26/2011	06/26/2014	30.00	23.00			7.00
4.855 HANCOCK HORIZON DIVE							
INTERNATIONA	VAR	06/26/2014	114.00	64.00	ļ <u> </u>		50.00
6.875 HANCOCK HORIZON BURK							
CAP FUN	VAR	06/26/2014	419.00	135.00			284.00
11.853 HANCOCK HORIZON GRO	40/05/0000	05/05/0054	055.00				100.00
CL CL	12/26/2002	06/26/2014	255.00	129.00		····	126.00
11.632 HANCOCK HORIZON VAL	07/05/0000	06/06/0014	355.00	155 00			100.00
INSTITUTIONAL C	07/25/2002	06/26/2014	355.00	175.00			180.00
78.706 HANCOCK HORIZON COR	04/25/2012	11/24/2014	1 206 00	1 220 00			22.00
INST 3.017 HANCOCK HORIZON QUAN	04/25/2013	11/24/2014	1,296.00	1,329.00			-33.00
-	00/26/2011	11/24/2014	56.00	42.00			14.00
LONG/SHORT	1 09/26/2011	11/24/2014	36.00	42.00			14.00
2 Totals. Add the amounts in c (subtract negative amounts). include on your Schedule D, checked), line 9 (if Box E abo (if Box F above is checked)	Enter each total line 8b (if Box Dove is checked),	here and above is					

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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PE2192 302T

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

R.W. SCHLUTER TEST TRUST #1 ED FUND

64-6152810

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co)	(b) Date acquired	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
	(Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
.113 HANCOCK HORIZON BURKE CAP FUN	02/23/2009	11/24/2014	7.00	2.00			5.00
16.429 HANCOCK HORIZON GRO	02/23/2003	11/24/2014	7.00	2.00			3.00
CL CL	VAR	11/24/2014	373.00	178.00			195.00
7.385 HANCOCK HORIZON VALU	1120	11/01/0011	370.00	27010			250,00
INSTITUTIONAL C	VAR	11/24/2014	227.00	162.00			65.00
<u></u>							-
	<u> </u>						
		<u> </u>					· · · · · · · · · · · · · · · · · ·
							<u> </u>
2 Totals. Add the amounts in construction (subtract negative amounts). I include on your Schedule D, lichecked), line 9 (if Box E above (if Box F above is checked) ▶	Enter each total	here and above is	7,919.	6,729.			1,190.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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