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Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

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

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/torm990pf.

OMB No 1545-0052

FOR C	aler	idar year 2014 or tax year deginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
т	ΗE	PARKS FAMILY FOUNDATIO	N		72-1497053	}
		and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
1	95	32 SO. MUIRFIELD CIRCLE		PARKS	1	-5438
		own, state or province, country, and ZIP or foreign p			C If exemption application is p	ending check here
		ON ROUGE, LA 70810				
		all that apply Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
] Se		Other taxable private foundate	tion	under section 507(b)(1)	
I Fa	ır ma	arket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om l	Part II, col (c), line 16)	ther (specify)		under section 507(b)(1	
	\$	48,840 . (Part I, colu	mn (d) must be on cash b	asis)		
Pa	rt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessanly equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	100,000.		N/A	
	2	Check X if the foundation is not required to attach Sch. B	,			
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	þ	Net rental income or (loss)	,			
e e	6a	Net gain or (loss) from sale of assets not on line 10				
n n	b	Gross sales price for all assets on line 6a		_		
eve	7	Capital gain net income (from Part IV, line 2)		0.		
2015 Revenue	8	Net short-term capital gain				
20	9	Income modifications Gross sales less returns				
₩.	10a	and allowances				
?	b	Less Cost of goods sold				
SEP	C	Gross profit or (loss)				
	11	Other income	100 000			
	12	Total Add lines 1 through 11	100,000.	<u> </u>		
MINED	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
R	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
ış Ç		Legal fees			,	
xbe		Accounting fees				
e EE		Other professional fees				
Operating and Administrative Expen	17	Interest III NOODE				
stra	18 19	Depreciation and depletion Occupancy				
nini	20	Occupancy 100 1 a 15 06				
₽ d	21	Travel conferences, and meetings				
ρ		Printing and authorities -				
g ar	22 23	Printing and publications 38 STMT 1	10.	0.		0.
ţį	23 24	Total operating and administrative	10.			
era	24	expenses. Add lines 13 through 23	10.	0.		0.
Ö	25	Contributions, gifts, grants paid	95,500.	<u> </u>		95,500.
			75/3000			33,300.
		Add lines 24 and 25	95,510.	0.		95,500.
-	27	Subtract line 26 from line 12				33,330.
		Excess of revenue over expenses and disbursements	4,490.			
		Net investment income (if negative, enter -0-)	-, -, -, -, -, -, -, -, -, -, -, -, -, -	0.	• • • • • • • • • • • • • • • • • • •	<u> </u>
		Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

P	a	ne	1

Гп	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	44,350.	48,840.	48,840.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U S and state government obligations			
	l t	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		***************************************	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation	[
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		· ·	
		instructions. Also, see page 1, item I)	44,350.	48,840.	48,840.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
(A)		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
lar	25	Temporarily restricted			
ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
ř.		and complete lines 27 through 31			
tsc	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	44,350.	48,840.	
Š	30	Total net assets or fund balances	44,350.	48,840.	
_	31	Total liabilities and net assets/fund balances	44,350.	48,840.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	44,350.
		r amount from Part I, line 27a		2	4,490.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	48,840.
		eases not included in line 2 (itemize)			0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	48,840.

(a) List and desc	ribe the ki	nd(s) of property sold (e g or common stock, 200 sh	, real estate,	· moonie	P	How ac - Purc - Don	:nase		acquired day, yr)	(d) Date sold (mo , day, yr)
1a				<u> </u>						
b NO	NE				<u> </u>					
<u>c</u>					1					
e e				-	╁					
(e) Gross sales price	(f) !	Depreciation allowed (or allowable)		st or other basis expense of sale	•				Gain or (loss) is (f) minus (
a										
<u> </u>	ļ	· · · · · · · · · · · · · · · · · · ·								
<u>c</u>										
<u>d</u>	 		 							
e Complete only for assets showing	ng gain in	column (h) and owned by	.l the foundation	on 12/31/69			(1)	Gaine /	Col (h) gain	minus
	T	(j) Adjusted basis		cess of col (I)			col	(k), but	not less than	n -0-) or
(i) F M V as of 12/31/69		as of 12/31/69		col (j), if any				Losses	(from col	h))
a		·								
b										
C										
<u>d</u>										
<u>e</u>	<u> </u>		<u> </u>				·			
2 Capital gain net income or (net ca	apital loss	$ \begin{cases} \text{ If gain, also ente} \\ \text{ If (loss), enter -C} \end{cases} $			}	2				
Net short-term capital gain or (los if gain, also enter in Part I, line 8,			nd (6)		J					
If (loss), enter -0- in Part I, line 8		4040() (<u> </u>	·	لليا	3	L			
		ection 4940(e) for					nent inc	ome		
(For optional use by domestic private	e foundati	ons subject to the section	4940(a) tax on	i net investment ir	ncome)				
if section 4940(d)(2) applies, leave t	his part bl	ank								
Was the foundation liable for the sec	tion 4942	tay on the distributable an	nount of any v	ear in the hace ne	rınd?					Yes X No
f "Yes," the foundation does not qua				•	1100					103 (22) 100
Enter the appropriate amount in					entries	;				
(a) Base period years		(b)			(c)				Dietrih	(d) oution ratio
Calendar year (or tax year beginni	ing in)	Adjusted qualifying dis		Net value of no	oncha					ided by col (c))
2013		6	8,000.			<4	4,350	<u>.></u>		.00000
2012		37	8,500.			<2	1,355		-	.00000
2011			0.				0			.00000
2010			0.	<u> </u>			0			.00000
2009			0.	<u> </u>				•	1	.00000
2 Total of line 1, column (d)								2		.00000
3 Average distribution ratio for the	5-vear had	se neriod - divide the total	on line 2 by 5	or by the number	r of ve	are			 	.00000
the foundation has been in existe			on mic £ by Q,	or by the namber	. . . , .	415		3		.00000
		a o youro						<u> </u>	 	
Enter the net value of noncharital	ble-use as	sets for 2014 from Part X,	line 5					4		<48,840
Multiply line 4 by line 3								5_	<u> </u>	0
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6	ļ	0
										•
7 Add lines 5 and 6								7	 	0
B Enter qualifying distributions from	n Part XII,	line 4						8	<u></u>	95,500
If line 8 is equal to or greater than See the Part VI instructions	n line 7, ch	eck the box in Part VI, line	tb, and comp	olete that part usin	ng a 1'	% tax	rate			

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494				
	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		1			0.
	of Part I, line 27b	\Box			- 11 1
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
		2			0.
		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
		5			0.
6	Credits/Payments Credits/Payments				
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
	, ,	7			0.
		8		•	
		9			0.
		0			
-		11			
	rt VII-A Statements Regarding Activities	<u>.</u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
_	any political campaign?		1a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		Х
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
•	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$ 0 •				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
Ū	managers ► \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	If "Yes," attach a detailed description of the activities		-m	******	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
42	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?	N/A	<u> </u>		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
•	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 	N			
	remain in the governing instrument?	•	6		Х
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	
·	the more than the street of th				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE				
		•	-		
þ	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	Х	Ì
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar			
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	ĺ	x
10	Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing their names and addresses.	чт 2	2 10	Х	\vdash

Х

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	57	Ye	es 🗓 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for		
the prevention of cruelty to children or animals?		Y6	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri		3	N/A	5b
Organizations relying on a current notice regarding disaster assistance check i	•		▶	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption is		ined		
expenditure responsibility for the grant?		- /	es No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narcanal hanafit aantraat?			6b X
If "Yes" to 6b, file Form 8870.	personal benefit contract?			21
•	nholtor transaction?	v	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax: b If "Yes," did the foundation receive any proceeds or have any net income attrib		18	·,	7b
Part VIII Information About Officers, Directors, Trust		nogoro Highly		70
Paid Employees, and Contractors	iees, Foundation Ma	magers, migni	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances
FREDERICK L. PARKS, SR.	to position PRESIDENT	enter-0-)	compensation	allowalices
19532 SO. MUIRFIELD CIRCLE	TRESIDENT			
BATON ROUGE, LA 70810	0.00	0.	0.	0.
JANICE N. PARKS	SEC/TREAS	1	0.	0.
19532 SO. MUIRFIELD CIRCLE	DEC/INERS			
BATON ROUGE, LA 70810	0.00	0.	0.	^
	DIRECTOR	0.	0.	0.
BRADFORD T. PARKS, SR. 1414 N. BURNSIDE AVE. STE C, PMB 16	DIRECTOR			
	1 00		_	_
GONZALES, LA 70737	0.00	0.	0.	0.
FREDERICK L. PARKS, JR.	DIRECTOR			
1414 N. BURNSIDE AVE. STE C, PMB 16				_
GONZALES, LA 70737	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	(b) Title, and average	enter NONE."	(d) Contributions to	(a) Evpopes
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
NOVE	devoted to position		compensation	allowances
NONE	4			
	4			
	1			
	4			
	<u> </u>	<u></u>		
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none	e, enter "NONE."	-	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	mpensation
NONE			
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities		T	
List the foundation's four largest direct charitable activities during the tax year. Include releval number of organizations and other beneficiaries served, conferences convened, research papers.	nt statistical information such as the ers produced, etc	Expens	es
TO SUPPORT LOUISIANA STATE UNIVERSITY			,
TO CURROR WINDS WINDS			0.
TO SUPPORT KNOCK KNOCK MUSEUM		-	
		{	0.
TO SUPPORT MARY BIRD PERKINS FOUNDATION			
]	
			0.
TO SUPPORT CYSTIC FYBROSIS FOUNDATION		_	
		-	0
Part IX-B Summary of Program-Related Investments		<u> </u>	0.
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amoun	nt
N/A		<u> </u>	
]	
		_	
		-	
All other program-related investments. See instructions			
}			
		1	

Total. Add lines 1 through 3

	art X he::'	12-	1497033 raye 0
	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 3	4	48,840.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	<48,840.
6	Minimum investment return. Enter 5% of line 5	6	<2,442.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ▶ ☐ and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	<2,442.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0.
P	Qualifying Distributions (see instructions)	1	
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	95,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	95,500.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for	the section

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,	Обіраз	rears prior to 2013	2013	2014
line 7				0.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
h Total for prior years		0.		
Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010	1			
c From 2011	1			
d From 2012 378,500.				
e From 2013 68,000.				
f Total of lines 3a through e	446,500.			
Qualifying distributions for 2014 from		······································	······································	······································
Part XII, line 4 ►\$ 95,500.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				. "
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		11 'In		0.
e Remaining amount distributed out of corpus	95,500.			
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
5 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	542,000.			
b Prior years' undistributed income Subtract		***************************************		
line 4b from line 2b		0.		
c Enter the amount of prior years'				<u></u>
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract			***	
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
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)	0.			
B Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.	·	·	
Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	542,000.		· · · · · · · · · · · · · · · · · · ·	
Analysis of line 9				
a Excess from 2010	4 1			
b Excess from 2011	4			
c Excess from 2012 378,500.				
d Excess from 2013 68,000. B Excess from 2014 95,500.				
B Excess from 2014 95,500.	<u> </u>			Form 990-PF (2014)

THE PARKS FAMILY FOUNDATION 72-1497053 Form 990-PF (2014) Page 11 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 Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year TIGER ATHLETIC FOUNDATION TO SUPPORT FOUNDATION N/A **OPERATING** PRIVATE FOUNDATION 34,500. TO SUPPORT FOUNDATION MARY BIRD PERKINS N/A OPERATING PRIVATE FOUNDATION 20,000. KNOCK KNOCK MUSEUM OPERATING TO SUPPORT FOUNDATION N/A PRIVATE POUNDATION 25,000. HOSPICE OF BATON ROUGE N/A OPERATING TO SUPPORT FOUNDATION PRIVATE FOUNDATION 5,000. CAREER COMPASS **OPERATING** TO SUPPORT FOUNDATION N/A PRIVATE FOUNDATION 3,000. SEE CONTINUATION SHEET(S) Total ➤ 3a 95,500. b Approved for future payment NONE

0.

▶ 3b

Total

Part XVI-A `Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Exclu	ided by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code	711100111		
a	 	· · · · ·				
b	 	<u></u>	ļ		 .	
<u> </u>		····	ļ		<u>.</u>	
d			1		<u> </u>	
e			ļ			
f	ļ					
g Fees and contracts from government agencies						
2 Membership dues and assessments			<u> </u>			
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			ļ			
5 Net rental income or (loss) from real estate			ļ			
a Debt-financed property						
b Not debt-financed property		<u> </u>				
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	 					
9 Net income or (loss) from special events					·	
10 Gross profit or (loss) from sales of inventory			1			
11 Other revenue						
ā		-	 			
b	-					
<u> </u>						
d						
e 12 Subtotal Add columns (b), (d), and (e)		0.	<u> </u>	0.	0.	
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>	<u></u>		13		
(See worksheet in line 13 instructions to verify calculations)				13	<u>_ </u>	
Part XVI-B Relationship of Activities to	o the Acce	mplishment of Ev	/oman	t Durnesse		
Line No Explain below how each activity for which incor			contri	buted importantly to the accord	iplishment of	
the foundation's exempt purposes (other than I	by providing fur	ius ior sucii purposes)				
				·		
			-	·····		
					-	
						
		 				
						
	-					
		· · · · · · · · · · · · · · · · · · ·				
					-	
			_			
		 		 		
423621 11-24-14					Form 990-PF (2014)	

Part	XVII			sfers To a	and Transactions a	and Relations	hips With No	ncharitable	•	
1 Did	the ord	Exempt Organ		of the followin	g with any other organization	nn described in secti	on 501/c) of	T."	Yes	No
					27, relating to political organ		o oo . (o, o.			
		from the reporting founda			• •					
	Cash	. •			•			1a(1)		X
(2)	Other	assets						1a(2)		Х
b Oti	ner trans	sactions								
(1)	Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
		l of facilities, equipment,	or other assets					1b(3)		X
٠.		oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
		mance of services or me		•				1b(6)		X
	-	facilities, equipment, ma	•		•					
					edule: Column (b) should al- ed less than fair market valu			-	eis,	
) the value of the goods,			eu 1655 tilali iali illaiket valt	ie ili aliy tialisaction	or snaring arrange	inicht, show in		
(a) Line r		(b) Amount involved			e exempt organization	(d) Description	of transfers, transaction	ons, and shanno ar	rangeme	ents
<u> </u>	-	<u>' '</u>	, , , , , , , , , , , , , , , , , , , ,	N/A						
-										
		-								
		•								
				•						
		· · · · · · · · · · · · · · · · · · ·								
	_									
		· ··· · · · · · · · · · · · · · · · ·								
										
	1									
										
										
								<u> </u>		
2a s	the four	dation directly or indirect	thy affiliated with or r	elated to one	or more tax-exempt organi	zations described				
		501(c) of the Code (other				2410113 403011504		Yes	X] No
		mplete the following sch		(0,, 0 000.						
		(a) Name of org			(b) Type of organization		(c) Description of re	elationship		
		N/A								
	T :	······························	\wedge			<u> </u>				
Cia-	and be	penalties of penjury 1 declare lief, it is true correct, and con	that I have examined this	s return, including eparer (other that	ig accompanying schedules and in taxpayer) is based on all inform	statements, and to the nation of which preparer	best of my knowledge has any knowledge	May the IRS or	discuss	this
Sign Here		AUY	DOKS		18/11/18	N 11 -		shown below	(see ins	tr)?
110.0	Sign	ature of officer or trustee			8/14/15			_ L Yes		J No
	Joigii	Print/Type preparer's na	ıme	Preparer's s	Date/ / /	Title //	Check If	PTIN		
		e type property 5 He		. Topator 3 3	·B····	5500	self- employed			
Paid										
Prep	arer	Firm's name		·	<u> </u>	ı <u>.</u>	Firm's EIN ▶	<u> </u>	_	
Use	Only									
		Firm's address				T				

Phone no

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
, Recipient			- <u> </u>	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
CYSTIC FIBROSIS	N/A	OPERATING PRIVATE FOUNDATION	TO SUPPORT FOUNDATION	5,000
FOR THE CHILDREN INTERNATIONAL	N/A	OPERATING PRIVATE FOUNDATION	TO SUPPORT FOUNDATION	1,000
ROSEMARY SOCEITY OF ALZEIMER'S SERVICES	N/A	OPERATING PRIVATE FOUNDATION	TO SUPPORT FOUNDATION	2,000
······································				
Total from continuation sheets				8,000

FORM 990-PF	OTHER EXPENSES			STATEMENT 1		
DESCRIPTION		(B) NET INVEST- MENT INCOME				
OPERATING COSTS	10.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	10.	0.		0.		
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT 2		
NAME OF CONTRIBUTOR	ADDR	ESS				
JANICE N. PARKS		2 SO. MUIRFIEI N ROUGE, LA 70				

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT PART X, LINE 4

3

CASH DESIGNATED FOR DONATIONS TO CHARITABLE, EDUCATIONAL, OR OTHER SIMILAR ORGANIZATIONS.

Form **8868** (Rev January 201,4)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

■ If y	ou are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box						
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).					
Do no	ot complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.				
Elect	ronic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a c	corporation			
requir	ed to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically fi	le Form 88	368 to request a	an extension			
	e to file any of the forms listed in Part I or Part II with the exc				-				
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of t	his form,			
	wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww		,		J				
Par			ubmit original (no copies ne	eded)					
	poration required to file Form 990-T and requesting an autor		· · ·						
Part I									
	ner corporations (including 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an exten	ision of time				
	Income tax returns	, , , , , , , , , , , , , , , , , , , ,			er's identifying	number			
Туре	or Name of exempt organization or other filer, see instru	Employer identification number (EIN) or							
print	Traine or exempt organization of other more opening		Z///pioyo		10111001 (E114) 01				
	THE PARKS FAMILY FOUNDATION 72-14970								
File by 1	the Northern street and some street and the D.O. hours	Social security number (SSN)							
filing yo					Social Security Humber (SSN)				
retum 5 instruct	566		······································						
	BATON ROUGE, LA 70810	oreign add	ress, see matractions.						
	2								
Enter	the Return code for the return that this application is for (file	a senara	te application for each return)			0 4			
Littoi	the netalli code for the retain that this application is for the	s a sopara	te application for each return,			رخلک			
Annli	cation	Return	Application			Return			
Application Is For			Is For			Code			
		Code 01	Form 990-T (corporation)			07			
Form 990 or Form 990-EZ			Form 1041-A			08			
Form 990·BL 02			Form 4720 (other than individual)						
	form 4720 (individual) 03 Form 4720 (other than individual) form 990-PF 04 Form 5227					10			
					11				
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)			Form 6069 Form 8870			12			
01111	FREDERICK PARKS	06 	7 01111 0070						
● Th	e books are in the care of > 19532 SO. MUIRI		CIRCLE - BATON RO	UCE -	T.A 70810)			
	lephone No ► (225) 474-5438		Fax No.	<u> </u>	1321 70010				
	he organization does not have an office or place of business	o in the Lin							
	his is for a Group Return, enter the organization's four digit			f thin in fo	r tha whala ara	up chock this			
box I	_	•	ch a list with the names and EINs of						
	I request an automatic 3-month (6 months for a corporation				ers the extensi	JIT IS IOI.			
•			tion return for the organization name		The extension				
	is for the organization's return for:	t Organiza	non return for the organization frame	d above.	THE EXTENSION				
	► X calendar year 2014 or								
► L tax year beginning , and ending									
2	If the tax year entered in line 1 is for less than 12 months, c	hack ross	on: Initial return	Fınal retur	•				
_		HECK IEGS	on miliai return (rınaı retur	11				
3a	Change in accounting period								
-	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$								
h						0.			
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.			
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c. Ralance due. Subtract line 3b from line 3a, Include your payment with this form if required.					3				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EETPS (Electronic Federal Tax Payment System). See instructions.						0.			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.								

instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment