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SCANNEC APR 07 2016

Form **990-PF**

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.

ormation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2015
Open to Public Inspection

For	calen	dar year 2015 or tax year beginning	, 201	5, and e	ending		, 20
		undation				r identification numb	
	1.)v	ight Family Foundation I	TNC.	- 1	47	-2181552	2
Nu	mber an	d street (or P.O box number I mail is not delivered to street address)	Room	n/surte	B Telephor	ne number (see instruct	ions)
	1518 State Street					-305-18	03
Cit	y or tow	78 State Street n, state or province, country, and ZIP or foreign postal code				tion application is pend	
		OvleANS, LA 70118 - 613:	2		O il exemp	Bon application is pen	ing, cricon ficrop
G	Check	all that apply: I Initial return I Initial return	of a former public	: charity	D 1 Foreig	n organizations, check	here 🕨 🗆
~	011001	Final return Amended		onlanty			_
		☐ Address change ☐ Name char		:		n organizations meetin here and attach comp	
н	Check	type of organization: Section 501(c)(3) exempt p				foundation status was	
		on 4947(a)(1) nonexempt charitable trust Other tax		dation	section 5	607(b)(1)(A), check here	. ▶□
		narket value of all assets at J Accounting method					
		f year (from Part II, col. (c),	. Le Casii L	CCIU	F If the fou	ndation is in a 60-mon ction 507(b)(1)(B), chec	th termination
	line 16	(Part I, column (d) must be	on cash basis)		411001 00	00011 001 (0)(1)(0); 01100	
_	art I		On cash basis)	,		<u> </u>	(d) Dishumamenta
	al L I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		Investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	in	come	income	purposes (cash basis only)
			211 202	<u> </u>		,	
	1	Contributions, gifts, grants, etc., received (attach schedule)	24,390	 		<u> </u>	
	2	Check ► ☐ if the foundation is not required to attach Sch. B		ļ <u>.</u>			
	3	Interest on savings and temporary cash investments	0	ļ	<u> </u>	0	
	4	Dividends and interest from securities	160	 	160	160	ļ
	5a	Gross rents		<u> </u>	0	0	ļ <u>.</u>
	b	Net rental income or (loss)		ļ		ļ	
ë	6a	Net gain or (loss) from sale of assets not on line 10	(10)	ļ			
Revenue	Ь	Gross sales price for all assets on line 6a		<u> </u>			
ð	7	Capital gain net income (from Part IV, line 2)		ļ	0		
Œ	8	Net short-term capital gain ,		<u> </u>		0	
	9	Income modifications		ļ			
	10a	Gross sales less returns and allowances		.			<u> </u>
	b	Less: Cost of goods sold		<u> </u>			
	С	Gross profit or (loss) (attach schedule)	0	ļ		0	
	11	Other income (attach schedule)	0	<u> </u>		0	<u> </u>
	12	Total. Add lines 1 through 11	24.540		160	160	
g	13	Compensation of officers, directors, trustees, etc.	0	<u> </u>	0	0	
Se	14	Other employee salaries and wages	0	1		0	0
5	15	Pension plans, employee benefits	0		0	σ	0
×	16a	Legal fees (attach schedule)			<u> </u>	4	0
strative Expenses	b	Accounting fees (attach schedule)	0	ļ	0	0	0
Š	С	Other professional fees (attach schedule)	0	<u> </u>	_0	٥	0
ца	17	Interest	0	<u> </u>	0	0	0
	18	Taxes (attach schedule) (see instructions)	0	<u> </u>	0	0	0
를	19	Depreciation (attach schedule) and depletion & A 2	,, <u>c</u> 0	ļ	0	0	
Þ	20		16 ,0			0	0
70	21	Travel, conferences, and meetings		1	0	0	0
Operating and Admin	22	Printing and publications	0	ļ	0_	0	0
9	23	Other expenses (attach schedule)	0		0	0	0
章	24	Total operating and administrative expenses.		1			
5		Add lines 13 through 23	0	L	0	0	0
Ă	25	Contributions, gifts, grants paid	1,500				1,500
_	26	Total expenses and disbursements. Add lines 24 and 25	1,500		Ó	0	1.500
	27	Subtract line 26 from line 12:]	
	а	Excess of revenue over expenses and disbursements	23,040	1			<u> </u>
	ь	Net investment income (if negative, enter -0-) .		I	160		
	c	Adjusted net income (if negative, enter -0-)				160	

For Paperwork Reduction Act Notice, see instructions.

Cat. No 11289X

Form **990-PF** (2015)



		Attached schedules and amounts in the description column	Beginning of year	End o	f year
Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-Interest-bearing	0	O	0
	2	Savings and temporary cash investments	0	357	357
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other	j		
		disqualified persons (attach schedule) (see instructions)		0	0
	7	Other notes and loans receivable (attach schedule) ▶	,		1
		Less: allowance for doubtful accounts ▶	0	0	0
Assets	8	inventories for sale or use	0		0
Š	9	Prepaid expenses and deferred charges			0
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			0
	ь	Investments—corporate stock (attach schedule)		27,683 0	24,106
	C	Investments—corporate bonds (attach schedule)	0	<u> </u>	
	11	Investments—land, buildings, and equipment: basis ▶			
	40	Less. accumulated depreciation (attach schedule) ▶	0		
	12	Investments - mortgage loans	0		<u> </u>
	13 14	Investments—other (attach schedule)	O	٥	
	14	Land, buildings, and equipment: basis ▶		_	_
	15		<u> </u>		
	16	Other assets (describe ►) Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	0	23.040	24.463
	17	Accounts payable and accrued expenses	0	0	27,765
	18	Grants payable	0	0	
Liabilities	19	Deferred revenue	0	0	
둋	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ia.	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ▶)	6	0	
	23	Total liabilities (add lines 17 through 22)	0	O	
8		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
일	24	Unrestricted	0	23,040	
器	25	Temporarily restricted	٥	0	
9	26	Permanently restricted	0	0	
or Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □			
빝		and complete lines 27 through 31.		}	
- 1	27	Capital stock, trust principal, or current funds			
Net Assets	28 29	Paid-in or capital surplus, or land, bidg., and equipment fund Retained earnings, accumulated income, endowment, or other funds			
8	30	Total net assets or fund balances (see instructions)			
ह	31	Total liabilities and net assets/fund balances (see			
Z		instructions)			
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
	Total	net assets or fund balances at beginning of year-Part II, colun	nn (a), llne 30 (must	agree with	
	end-	of-year figure reported on prior year's return)		1	0
		r amount from Part I, line 27a		2	23 040
3	Othe	r increases not included in line 2 (itemize) ▶		3	<i>7</i> 😊
4	Add I	lines 1, 2, and 3		4	23,040
5	Decr	eases not included in line 2 (Itemize) ► net assets or fund balances at end of year (line 4 minus line 5)—P		5	0
В.	ıotal	net assets or fund balances at end of year (line 4 minus line 5)-P	'aπ II, column (b), lin	e30 6	23 040

Part	V Capit	al Gains and	i Losses for Tax on Invest	ment income			
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story bnck warehouse, or common stock, 200 shs MLC Co)			(b) How acquired PPurchase DDonation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a	35	Shrs	MPC		D	10/13/15	12/14/15
b							
c					ļ	,	
<u>d</u>							
<u>e</u>				,	L		
	(e) Gross sales	·	(f) Depreciation allowed (or allowable)		other basis ense of sale		n or (loss) f) minus (g)
a b	1,6	97		1,7	707		(10)
			· · · · · · · · · · · · · · · · · · ·				
d							
е							
	Complete on	y for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	(i) FM V. as of 1	2/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) (j), if any	col (k), but not	tless than -0-) or rom col (h))
a	•		· · · · · · · · · · · · · · · · · · ·	 		···································	
b							
c							
d							
е							
2	Capital gain	net income o	r (not canital loce)	, also enter in Pa s), enter -0- in Pa	'	2	(10)
3	If gain, also	enter in Part	n or (loss) as defined in section I, line 8, column (c) (see instru	uctions). If (loss)		_	
_					<u>) </u>	3	
Part			ler Section 4940(e) for Red				
if sect	: tion 4940(d)(2	applies, leav	ivate foundations subject to the ethis part blank.			·	☐ Yes ☑ No
If "Ye	s," the founda	tion does not	section 4942 tax on the distrib qualify under section 4940(e).	Do not complete	this part.	· · · · · · · · · · · · · · · · · · ·	☐ 163 図 140
1		propriate am	ount in each column for each ye	ear; see the instr	uctions before m	aking any entries.	
Cale	(a) Base perio endar year (or tax	d years year beginning in	(b) Adjusted qualifying distribution	ons Net value o	(c) of noncharitable-use a		(d) tribution ratio divided by col (c))
<u> </u>	201	4				•	
	201	3					
•	201	2					
	201	1					
	201	0					
2		1, column (d				. 2	· · · · · · · · · · · · · · · · · · ·
.3			for the 5-year base period—didation has been in existence if			· 3	·
4	Enter the ne	t value of nor	ncharitable-use assets for 2015	from Part X, line	5	4	
5	Multiply line	4 by line 3				. 5	
,6	Enter 1% of	net Investme	nt income (1% of Part I, line 27	'b)		. 6	
7	Add lines 5	and 6				. 7	
8		qual to or gre	ons from Part XII, line 4 ater than line 7, check the box			. 8 that part using a 1	% tax rate. See the

Date of rulling or determination letter: Domestic foundations that meet the section 4940(e) requirements in Part V, check Section of the property of Part I, line 27b Determine the part I, line 12c Determine the part I Det	1a	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			Γ
b Domestic foundations that meet the section 494(log) requirements in Part V, check here \(\) = \(\) and enter 1 \(\) for Part I, line 2 \(\) by 6 Part I, line 12 \(\) by 6 Part I, line 12 \(\) by 6 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 \(\) 3 Add lines 1 and 2 \(\) 3 Subtitlé A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 \(\) 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 \(\) 5 3 Coreditaryements: a 2015 estimated tax payments and 2014 overpayment credited to 2015 \(\) 8a \(\) 0 \(\) be Exempt foreign organizations—tax withheld at source \(\) 6b \(\) \(\) \(\) \(\) be Exempt foreign organizations—tax withheld at source \(\) 6b \(\) \(\) \(\) \(\) \(\) \(\) be Exempt foreign organizations—tax withheld at source \(\) 6b \(\) \(\) \(\) \(\) \(\) \(\) \(\) be Exempt foreign organizations—tax withheld at source \(\) 6b \(\)		Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Conceits Payments: 5 Tax based on investment incomes. Subtract line 4 from line 3, if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3, if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3, if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3, if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3, if zero or less, enter -0- 5 Tax based on investment and 2014 overpayment credited to 2015 6 Credits/Payments 2 2015 settmated tax payments and 2014 overpayment credited to 2015 6 Backup vithholding erroeusly withheld at source 1 Tax paid with application for extension of time to file (Form 8868) 6 Backup vithholding erroeusly withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 Data set in the set of the condition of the set of lines 5 and 8, enter the amount overpald 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Total credits and payments. Add lines 6a through 6a for the set of the set of the set of the set of the participate or intervene in any political campaign? 10 Coverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald 11 Enter the amount of line 10 to be Credited to 2016 estimated tax \(\) Returned by Enter the amount of line 10 to be Credited to 2016 estimated tax 11 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 If the answer is "Yes" to 4 or 10, attach a detailed description of the		here ▶ ☐ and enter 1% of Part I, line 27b			
3 Add lines 1 and 2 Sublitle A [nocome] but (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. if zero or less, enter -0	C				
Subtitle A (Income) tax (Idomestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-1 4	2			3	00
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines	3			3	00
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b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to fille (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withheld To Total credits and payments. Add lines & through & Gad O Total credits and payments of estimated tax. Check here ☐ if Form 2220 is attached B Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, eriter amount owed Part VII-A Is the time amount of line 10 to be Credited to 2016 estimated tax ► Part VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 published or distributed by the foundation in connection with the ectivities. 1c Did the foundation in E-form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ (2) On foundation managers. ► \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. As Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 7 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 8 by state legislation that effectively	_			_3	00
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed Total credits and payments. Add lines 6a through 6d Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owerpaid Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Tax due, if line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and payments. The line 7 is more than 10 to be: Credited to 2016 estimated tax. The credit amount overpaid Total credits and payments. The line 7 is more than 10 to be: Credited total line 8 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to be: Credited tax. The line 7 is more than 10 to line 10 to be: Credited tax. The line 10 to line 10	а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6			
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8	C				
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, eriter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax 12 Refunded 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax 13 Part VII-A Statements Regarding Activities 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to 1e or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation monection with the activities. 16 C Did the foundation file Form 1120-POL for this year? 17 C Did the foundation in the promount (if any) of tax on political expenditures (section 4955) imposed during the year: 18 C Did the foundation have propaged in any activities that have not previously been reported to the IRS? 19 C Did the foundation managers. 10 Did the foundation made any changes, not previously reported to the IRS; not seem of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	d				
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4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			30		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
TU Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9		V
	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1		

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		/
40	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement (see instructions)	40		./
		12		V
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ► NONE			
14	The books are in care of ► Valeric 1, Wyloht Telephone no. ►			
	Located at \$ 1518 State Street, New Orleaus, LA ZIP+4 \$ 70118	?-6	<u> </u>	3
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here.			
•	and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2015, did the foundation have an Interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
en e	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.	· · · · · · · · · · · · · · · · · · ·			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (0) Remain manage from least to an extension extension and the content to the content			
	(2) Borrow money from, lend money 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?		•	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes WNo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property 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 notice regarding disaster assistance (see instructions)?	1b		1
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ľ	ł	١.
	were not corrected before the first day of the tax year beginning in 2015?	1c	-	
2	Taxes on fallure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	Ì	ļ	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	Ì]
	6e, Part XIII) for tax year(s) beginning before 2015?	1		İ
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	l	ĺ	٠ ا
	all years listed, answer "No" and attach statement—see instructions.)	2b	1	1
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	<u> </u>		_
	► 20 .20 .20 .20	1] _
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise]
~~	at any time during the year?			1
		l	}	
þ	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	1	İ	İ
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	j		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	ŀ	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	25	1	・/
_	,	3b		 ,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		lacksquare
b			1	/
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		<u></u>
	Fo	sm 99	10-PF	(2015)

Form 9	90-PF (2015)								Page 6
-	t VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Re F	Require	ed (continued)		. ago
5a	During the year did the foundation pay or incur a			11.20	ay Do .	qu		T	1
	(1) Carry on propaganda, or otherwise attempt t	-		n (sec	tion 4945(e	1)? .	Yes Who	,	
	(2) Influence the outcome of any specific public		-	•	•	••	, — —		
	directly or indirectly, any voter registration dr	rive?					☐ Yes ☑ No	,	
	(3) Provide a grant to an individual for travel, stu	ıdy, or	other similar i	ourpos	es?		☐ Yes ☑ No	,	
	(4) Provide a grant to an organization other than	• •	•	•				1 1	
	section 4945(d)(4)(A)? (see instructions)						Yes No	,	
	(5) Provide for any purpose other than religious	, charit	able, scientifi	c, liter	ary, or edu	cationa	ı — —		
	purposes, or for the prevention of cruelty to	childrer	n or animals?				☐Yes ☑No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transa	actions fall to	qualify	under the	except	ions described in	۱ I	
	Regulations section 53.4945 or in a current notice	regardi	ing disaster as	sistano	e (see Instr	uctions)?	5b	12
	Organizations relying on a current notice regardi	ing disa	ster assistan	ce che	ck here		▶□		
Ci	If the answer is "Yes" to question 5a(4), does t	-				the tax	(
	because it maintained expenditure responsibility	for the	grant?		·		☐ Yes ☑ No	.	
	If "Yes," attach the statement required by Regula	ations s	ection 53.494	15-5(d)	•			1 1	
6a	Did the foundation, during the year, receive any	funds,	directly or inc	directly	, to pay pr	emiums	,	1 1	
	on a personal benefit contract?						Yes No	.	
b	Dld the foundation, during the year, pay premiun	ns, dire	ctly or indired	ctly, on	a persona	i benefi	t contract? .	6b	\ \
	If "Yes" to 6b, file Form 8870.								
	At any time during the tax year, was the foundation						☐Yes ☑No	•	
b	If "Yes," did the foundation receive any proceed							7b	/_
Par	t VIII Information About Officers, Direc	tors, 1	Frustees, Fo	ounda	tion Man	agers,	Highly Paid E	mploye	es,
	and Contractors			,_,					
1_	List all officers, directors, trustees, foundation							· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address	(b) Title	e, and average rs per week	(c)Co (lfi	mpensation not paid,		Contributions to benefit plans		se account,
		devot	ed to position	, et	iter -0-)	and def	erred compensation	otner au	lowances
	homas Wright	0	. / +		_			<u> </u>	
15	18 State Street, New Orlews, LA	Tre5	ident Th	-	- 0-	ļ	- 0 -		<u>o -</u>
Va	Jerie Wright		1 IN			Į			_
	18 State Street New Orleans LA	Sec	- F TYPASUAY		0-	ļ	<u> - 6-</u>		<u>o - </u>
	Thomas Wight Ir		,						
	110 St Alicia Ct, Alamaca	Dire	rtor - mi	<u>, </u>	0-		~0-		0-
	Tox C. Wright	1_	,				_		
f	O. Box 403 Little Rock AR		etor -ms		<u>, 0 – </u>		- 6 -		<u>o - </u>
2	Compensation of five highest-paid émployer "NONE."	es (oth	er than thos	se inci	uded on H	ne 1—	see instruction	s). If no	ne, enter
		-	(b) Title, and a	verage			(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,00	00	hours per w	/eek	(c) Compe	nsation	employee benefit plans and deferred	other al	se account, lowances
			devoted to po	Joillon			compensation		
]	
	NONE								
			<u> </u>		ļ				
]		}		1		
			1		1		1		
									

Par	t VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid En	nployees,
3	Five hi	ghest-paid independent contractors for professional services (s	ee instructions). If none, enter "NON	E."
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		VONE		
Tota	1 number	of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Par	t IX-A	Summary of Direct Charitable Activities		
		ation's four largest direct charitable activities during the tax year. Include relevant and other beneficiaries served, conferences convened, research papers produced, ϵ		Expenses
1		NONE		
2	-			
3	************			
4				
•				
Par	t IX-B	Summary of Program-Related Investments (see instru	ctions)	l
	scribe the t	wo largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1	,	NONE		
2				
Ali 3	other progr	am-related investments. See instructions.		
J				
Tota	I. Add lin	es 1 through 3	· · · · · · · · · · · · · · · ·	

, ,

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	100	
_	·	1' 1	8388
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
9	Fair market value of all other assets (see instructions)	10	<u> </u>
d e	Total (add lines 1a, b, and c)	1d	8388
•		25,300 pre-200	
^	1c (attach detailed explanation)	- /-'``\	_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	8388
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 . 1	
_	Instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8388
6	Minimum investment return. Enter 5% of line 5	6	419
Part	and certain foreign organizations check here ► ☐ and do not complete this part.)	ounda	itions
1	Minimum Investment return from Part X, line 6		419
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	3
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	416
4	Recoveries of amounts treated as qualifying distributions	4	7.0
5	Add lines 3 and 4	5	416
6	Deduction from distributable amount (see instructions)	6	776
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	- 	
	line 1	7	416
Part	XII Qualifying Distributions (see instructions)	-tt-	
		,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
а	Expenses, contributions, glfts, etc.—total from Part I, column (d), line 26	1a	1500
Þ	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	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Sultability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	6
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,500
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation
			- 000 DE

. .

Part	Part XIII Undistributed Income (see instructions)							
		(a)	(b)	(c)	(d)			
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015			
	line 7				416			
2	Undistributed Income, if any, as of the end of 2015:	· ····································						
a	Enter amount for 2014 only			0				
ь	Total for prior years: 20 ,20 ,20		0					
3	Excess distributions carryover, if any, to 2015:							
а	From 2010			İ				
b	From 2011			ļ				
_	From 2012							
C	From 2013							
d								
e		_						
f 4	Total of lines 3a through e	0						
4	Qualifying distributions for 2015 from Part XII, line 4: ▶ \$							
				_				
a	Applied to 2014, but not more than line 2a .			<u> </u>				
D	Applied to undistributed income of prior years		_					
	(Election required—see Instructions)		0					
С	Treated as distributions out of corpus (Election	_						
	required—see instructions)	0						
ď	Applied to 2015 distributable amount				416			
е	Remaining amount distributed out of corpus	0						
5	Excess distributions carryover applied to 2015	0			0			
	(If an amount appears in column (d), the same				•			
	amount must be shown in column (a).)		İ					
6	Enter the net total of each column as]					
	indicated below:		1					
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0						
b	Prior years' undistributed income. Subtract							
	line 4b from line 2b							
С	Enter the amount of prior years' undistributed				, ,			
	income for which a notice of deficiency has							
	been Issued, or on which the section 4942(a)							
	tax has been previously assessed							
d	Subtract line 6c from line 6b. Taxable							
	amount-see instructions							
е	Undistributed income for 2014. Subtract line							
	4a from line 2a. Taxable amount-see							
	instructions			0				
f	Undistributed income for 2015. Subtract lines							
	4d and 5 from line 1. This amount must be							
	distributed in 2016		}		ð			
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						
8	Excess distributions carryover from 2010 not				 			
	applied on line 5 or line 7 (see instructions) .	0						
9	Excess distributions carryover to 2016.							
	Subtract lines 7 and 8 from line 6a	0						
10	Analysis of line 9:							
a	_ 11							
b	Excess from 2012							
c	Excess from 2013							
ď	Excess from 2014							
e	Excess from 2015							
		<u> </u>	<u> </u>					

om 99 Part	o-PF (2015) XIV Private Operating Founda	tions (see inst	uctions and Par	Wil-A question G	<u>)</u>	Page 10
	If the foundation has received a ruling				7	······································
Id	foundation, and the ruling is effective fo					
ь	Check box to indicate whether the four		-		ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	300011 [10,01 1 4342()(0)
Lu	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	(4) 2010	(6) 2014	(0) 2010	(4) 2012	
_	each year listed			 		
	85% of line 2a			 		
C	line 4 for each year listed					
_	•			- 		
đ	Amounts included in line 2c not used directly		ł			
	for active conduct of exempt activities		·	- 		ļ
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:		ļ		ļ	}
a	"Assets" alternative test—enter:		1			
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		<u> </u>			
ь	"Endowment" alternative test—enter 2/3 of minimum investment return shown in		-			
	Part X, line 6 for each year listed			<u> </u>		
C	"Support" alternative test-enter:			-		
	(1) Total support other than gross					
	investment income (interest,		1			
	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)		1	<u></u>		
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part				the foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	see instructio	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation	who have contrib	uted more than 2	% of the total conti	ibutions received	by the foundation
	before the close of any tax year (but o				ection 507(d)(2).)	
	Thomas I Wrigh	t · Valer	ie L. Wii	o ht		
þ	List any managers of the foundation					arge portion of the
	ownership of a partnership or other er	itity) of which the	e foundation has a	10% or greater into	erest.	
	NONE					
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ▶ ☑ if the foundation	only makes con	tributions to prese	elected charitable	organizations and	I does not accept
	unsolicited requests for funds. If the f	oundation makes	s gifts, grants, etc.	(see instructions) t	o individuals or o	rganizations under
	other conditions, complete items 2a, i					
а	The name, address, and telephone nu	mper or e-mail a	aaress of the pers	on to whom application	ations should be a	addressed:
L	The form in which and in the second	ha ante-les s	-41			-
D	The form in which applications should	pe submiπed ar	ia information and	materials they sho	uia include:	
С	Any submission deadlines:					·····
	•					
d	Any restrictions or limitations on aw	ards, such as b	oy geographical a	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors:					

Part XV Supplementary Information (conti				
3 Grants and Contributions Paid During t			ure Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	reciplent	contribution	
	any foundation manager	reciplent	Support Needy Children	#1,500
Total				3a 1,50ò
b Approved for future payment			<u>.</u>	3a 1,500
B ypproved to raidio payment				
Total			· · · · · · · · · · · · · · · · · · ·	3b

_		-A Analysis of Income-Producing Ac	,	- 	(-		· · · · · · · · · · · · · · · · · · ·
Ente	er gros	s amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue:	Business code	Amount	Exclusion code	Allount	(See instructions)
	a _						
	b _	N/A	 -				
	<u> </u>	-			ļ		
	<u> </u>						
	, -			 	ļ		
	a E	ees and contracts from government agencies					<u> </u>
2	_	bership dues and assessments			 	· · · · · · · · · · · · · · · · · · ·	
3		est on savings and temporary cash investments			 		
4		ends and interest from securities					
5		ental income or (loss) from real estate:					
		ebt-financed property					·····
		ot debt-financed property					
6		ental income or (loss) from personal property					
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9	Net in	ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Other	r revenue: a					
	b _						
	Ç _						
	d				ļ		· · · · · · · · · · · · · · · · · · ·
	e					· 	
		otal. Add columns (b), (d), and (e)			l		<u></u>
13 500	I otal	l. Add line 12, columns (b), (d), and (e)				13	
	rt XVI			ent of Evemn	t Purposes		
,	e No.				· · · · · · · · · · · · · · · · · · ·	A contributed le	
	▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	poses (other that	n by providing fun	nds for such purp	oses). (See Instruc	tions.)
			·····				·-····································
		NA				· · · · · · · · · · · · · · · · · · ·	
				*	·	· - · · · · · · · · · · · · · · · ·	
							· · · · · · · · · · · · · · · · · · ·
							
							·
			 -		 	 	· · · · · · · · · · · · · · · · · · ·
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				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
							·····
					·· · · · ·		
						. 	
						· · · · · · · · · · · · · · · · · · ·	

Part	XVII	Fxempt Or	n Regarding ganizations	_	siers ic	and Irans	sacuor	is and r	telauonsni	ps w	IUI N	Oncha	ritabi	e	
1	Did th	e organization o			ngage in	any of the fo	lowing	with any	other organ	izatio	n des	cribed	T	Yes	No
•	ın sec	tion 501(c) of th	e Code (othe	r than s	ection 50	01(c)(3) organ	nization	s) or in se	ection 527, re	elatin	g to p	olitical			
		zations?				- (-)(-)		•	,		•		}		
	-	ers from the rep	norting found:	ation to	a nonch:	arttable exen	not oraș	anization	of:						
a		•	•		a 1.011011								1a(1)		
	• •	ish				· · · ·	• •			•			1a(2)		-
		her assets .					• •		· · · · ·	•	• •		1012)		<u> </u>
		transactions:				_14!							4 15/41		
		les of assets to								•	• •		1b(1)		<u>~</u>
		rchases of asse								•			1b(2)	-	/
		ntal of facilities								•		• •	1b(3)	_	<u>/</u>
	. ,	Imbursement a	•							•		• •	1b(4)		
		ans or loan gua								•			1b(5)		<u> </u>
		rformance of se			-	-				•			1b(6)		~/
		ng of facilities, e											1c		<u> </u>
d		answer to any													
	value	of the goods, o	ther assets, o	or servic	es given	by the repo	rting for	undation.	if the found	ation	recei	/ed less	than	tair m	arket
		in any transacti								_					
(a) Line	no (t) Amount involved	(c) Name	of nonch	aritable exe	mpt organization	n	(d) Descr	iption of transfer	rs, tran	saction	s, and sh	aring arr	angeme	ents
		<u>. </u>													
			<u> </u>												
		 													
			<u> </u>												
2a		foundation din													
	descr	ibed in section i	501(c) of the	Code (o	ther than	section 501	(c)(3)) o	r in sectio	on 527?			[Yes	S 🗹	No
b	If "Ye	s," complete the	e following so	hedule.											
		(a) Name of organ	nization			(b) Type of orga	nization			(c) Des	cription	of relation	nship		
				. 1		<u> </u>									
 د		penalties of penury, et, and complete Dec										ny knowle	dge and	belief, i	is true,
Sign	I	and company out			27.	- / /	L.	α	, ,	ougo		May the			
Here		/ Komu	_ / U	Jusk	<u> </u>	3/19/16	/	<u> res</u>	ident			with the (see instri			
	Sign	ature of officer or tru	ustee/	1		Date	Title								
Paid		Print/Type prepare	r's name	\mathcal{O}^{-}	Preparer	's signature			Date		Check		PTIN		
Prep	arer				J							nployed			
Use		Firm's name								Flrm's	EIN Þ				
	-···y	Firm's address ▶								Phon	e no				

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization Employer identification number Foundation 41-2181552 Family

Organi	zation type (check or	nel				
Filers o	of:	Section:				
Form 99	90 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note. C instruct	Only a section 501(c)(ions.	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	II Kule					
₽	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	l Rules					
	regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributor, during contributions totale during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the ies to this organization because it received nonexclusively religious, charitable, etc., contributions				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

totaling \$5,000 or more during the year

Pane	2

Name of or		Employer identification number 47-2181552			
Part I	Ontributors (see instructions). Use duplicate copies of				
(a)	(b)	· · · · · · · · · · · · · · · · · · ·	(d)		
No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution		
1	Thomas I & Valevie Wright 1518 State Street New Orleans, LA 70/18-6/33	\$ 24,390	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

lame of o	ight Family Foundation Inc		47-2181552
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 Shrs MPC (FMO)	\$ 24,390	10/13/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
······		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2015)		Page					
Name of o	rganization		Employer identification number					
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	r the year from any one contributions completing Part III, enter the ne year. (Enter this information one	ns described in section 501(c)(7), (8), or extor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc., ce. See instructions.) > \$					
7-131-	Use duplicate copies of Part III if add	ditional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
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Ī		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
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(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	lationship of transferor to transferee						
ļ								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
İ								
}	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							

Part VII-A 8 (b)

Louisiana Attorney General's office advised that they no longer required the 990-PF be filed with their office.