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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

			and ending				
	me of fou				A Emple	oyer identification number	
با		LLE HANUS GONDRAN FOUNDATION	,		7.0	0242270	
Nive	IN	d street (or P O box number if mail is not delivered to street address)	<del></del>	Deserte	<del></del>	-0343370	· · · · · · · · · · · · · · · · · · ·
		DRIFTWOOD LANE		Room/suite		hone number (see instructions 9 <b>- 7 7 1 - 1321</b>	)
		, state or province, country, and ZIP or foreign postal code					
_G	ALV	ESTON TX 77551			C If exe	mption application is pending,	check here
G	Check a	all that apply Initial return Initial retu	rn of a former public	charity	D 1 Fc	oreign organizations, check he	•
		Final return Amended	return		2 Fc	reign organizations meeting th	ne
		Address change Name cha	ange		85	% test, check here and attach	computation
н	Check t	type of organization X Section 501(c)(3) exempt private	e foundation		E If priv	ate foundation status was term	nated under
			le private foundation		sectio	n 507(b)(1)(A), check here	<b>•</b>
I F	aır mar	ket value of all assets at J Accounting method	X Cash A	ccrual	F If the	foundation is in a 60-month ter	mination
eı	nd of ye	ear (from Part II, col (c), Other (specify)	_		under	section 507(b)(1)(B), check hi	ere ►
lır	ne 16) l	▶ \$ 169,457 (Part I, column (d) must	be on cash basis)		<u> </u>		
P.	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					(Cash Dasis Only)
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments		7	7		
2016	4	Dividends and interest from securities	2,24	9	2,249		
	5a	Gross rents					
<b>_</b>	ь	Net rental income or (loss)			***************************************		***************************************
	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-7	1	······································		
ĕ₩	ь	Gross sales price for all assets on line 6a 150					
<b>≥</b> %	7	Capital gain net income (from Part IV, line 2)			0		
Ω	8	Net short-term capital gain				0	
	9	Income modifications					
Z	10a	Gross sales less returns and allowances					
SCANNED MAY 2.0	b	Less Cost of goods sold					
$oldsymbol{\check{o}}$	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	2,18	<del>-                                    </del>	2,256	0	
S.	13	Compensation of officers, directors, trustees, etc		0			
xpenses	14	Other employee salaries and wages		_			
be	15	Pension plans, employee benefits	······································	<del></del>		<del></del>	<del></del>
Ш	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  STMT 2	50	0	250		250
۷e	b b	Other professional fees (attach schedule)			230		250
äti	17	Interest			RE	CENE	7
Operating and Administrative	18	Taxes (attach schedule) (see instructions) STMT 3	1	.8	t William	N_/ N h WY	<u> </u>
Ē	19	Depreciation (attach schedule) and depletion	_	· <del>-</del>	Λ 1	R 2 5 2016	
ᄪ	20	Occupancy		<del>-  </del>	AI	11 6 11 6 11 11 11 11 11 11 11 11 11 11	
Ă	21	Travel, conferences, and meetings		<u> </u>	-E-F	ELLER #21	
ī	22	Printing and publications			RSC	GDEN, UTAL	ŧ'
<b>D</b>	23	Other expenses (att sch )					
ti	24	Total operating and administrative expenses.					
e Ta		Add lines 13 through 23	51		250	0	250
ğ	25	Contributions, gifts, grants paid	11,52				11,525
	26	Total expenses and disbursements. Add lines 24 and 25	12,04	3	250	0	11,775
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-9,85	8			
	b	Net investment income (if negative, enter -0-)			2,006	1	
	С	Adjusted net income (if negative, enter -0-)	<u> </u>			0	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

11,775

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2015), LUCILLE HANUS GONDRAN FOUNDATION, 76-0343370				Pa	age <b>4</b>
Pa	ert VI 'Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
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	1				20
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3				20
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				20
6	Credits/Payments			••••••		
а	2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				20
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11				
***********	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			ıa		
U	Instructions for the definition)?			46		x
	,			1b		
	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			4.		•
C	Did the foundation file Form 1120-POL for this year?			1c	<del></del>	X
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 ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers  \$					7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					7.7
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7	/2	4a		_X_
ь -	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		7.7
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					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				7.7	
_	conflict with the state law remain in the governing instrument?			6	<u> </u>	
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 Par	t XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
<b>L</b>	TX  If the answer is "Yes" to line 7, has the foundation furnished a convert Form 000 DE to the Atterney Conord.					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			0 L	x	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		_
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			_		
40	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			40		x
	names and addresses			10	n Pr	(2015)
			-	UIII <b>J</b>	, y -r I	(2015)

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	During the year did the foundation pay		OIIII TI EU WIAY DE N	equired (conti	ilueu)	1		
- U	(1) Carry on propaganda, or otherwise	•	ction 4945(e))?	□ •	es 🗓 No			
	(2) Influence the outcome of any spec	•	` ''	<u>.                                    </u>	C3 [] 110			
	directly or indirectly, any voter regi	·	o, or to carry on,		es 🗓 No			
	(3) Provide a grant to an individual for		cac?	<del>  </del>	es X No			
	(4) Provide a grant to an organization			<u>.</u> '	63 [22] 140			
			zation described in		es X No			
	section 4945(d)(4)(A)? (see instru-		en en educational	·	es A NO			
	(5) Provide for any purpose other than purposes, or for the prevention of		ary, or educational		es 🗓 No			
b			f. under the eventions d	L.,	es 🔟 NO			
U	If any answer is "Yes" to 5a(1)–(5), did				N/A	5b		1
	Regulations section 53 4945 or in a cu			•		20		$\vdash$
_	Organizations relying on a current not							
С	If the answer is "Yes" to question 5a(4	•	tion from the tax	N/A □ Y	/			
	because it maintained expenditure res	•	•	N/A [] Y	es  No			
c-	If "Yes," attach the statement required		•					
ъа	Did the foundation, during the year, re	ceive any funds, directly or indirectly	y, to pay premiums	г.	, <del>.</del>			
	on a personal benefit contract?				es X No	ا ا		.,
þ	Did the foundation, during the year, pa	ry premiums, directly or indirectly, or	n a personal benefit contr	act?		6b		X
_	If "Yes" to 6b, file Form 8870		_	<del></del>	. 👽			
	At any time during the tax year, was the				es X No			
	If "Yes," did the foundation receive an				N/A	7b		L
<b></b> -	rt VIII Information About 6 and Contractors	Officers, Directors, Trustee	s, Foundation Man	agers, Hignly	Paid Employ	ees,		
1 L	ist all officers, directors, trustees, fo	undation managers and their con	npensation (see instruc	tions).				
	(a) Name ar	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense a r allowa	account, ances
JA	MES B. EARTHMAN III	GALVESTON	PRESIDENT					
68	08 DRIFTWOOD LANE	TX 77551	1.00	0	0	<u> </u>		0
AD	DIE EARTHMAN PAPPOUS	GALVESTON	SECRETARY					
22	CEDAR LAWN NORTH	TX 77551	1.00	0		<u> </u>		0
JO	HN EARTHMAN	HOUSTON	DIRECTOR					
29	14 CLAYTON RIDGE COURT	TX 77082	1.00	0	0	<u> </u>		0
2	Compensation of five highest-paid "NONE."	employees (other than those inclu	uded on line 1 – see ins	tructions). If non	e, enter	<del>.l</del>	<del></del>	
	(a) Name and address of each employ	ee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense a er allowa	account, ances
NO	NE							
						ļ	-	
					<del></del>	<del> </del>		
	<del>, , , , , , , , , , , , , , , , , , , </del>							
		***************************************						
	number of other employees paid over	\$50,000		<u></u>	<u> </u>		$\overline{}$	0
. 000	The state of the s							<b>F</b> (2015)

Form 990-PF (2015) LUCILLE HANUS GONDRAN FOUNDATION	, 76-0343370	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 GAVE FINANCIAL ASSISTANCE TO CHARITABLE, OR EDUCATIONAL ORGANIZATIONS AND INSTITU		11,525
2		
3		:
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
		I

Total. Add lines 1 through 3

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the 3a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 11,775 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) 6 11,755

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2015)

Excess from 2014 Excess from 2015

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved for F  If recipient is an individual,	l .	<del></del>	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 6				11,525
		1		
Total			▶ 3a	11,52
b Approved for future payment N/A				
Total			▶ 3b	
+ ++++				

Part XVI-	Analysis of Income-Producing Ac	tivities				
Enter gross an	nounts unless otherwise indicated	I	d business income	Excluded t	oy section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program s	ervice revenue.					(See instructions )
a			<del></del>			
		.				
d		-				<del></del>
е			<del></del>			
		.				<del> </del>
g Fees a	and contracts from government agencies					
	ip dues and assessments				-	
	savings and temporary cash investments			14	7	
	and interest from securities			14	2,249	
	income or (loss) from real estate					
	nanced property					
	bt-financed property	<del></del>				
	income or (loss) from personal property	<b>—</b>				
	stment income			10	-71	
	ss) from sales of assets other than inventory			18	- / 1	
	e or (loss) from special events			+ +		
•	it or (loss) from sales of inventory			+ +	<del></del>	
	nue a					
		-				
		-		<del>                                     </del>		
e		-		<del></del>		
-	Add columns (b), (d), and (e)	-   "		0	2,185	0
	I line 12, columns (b), (d), and (e)	<u> </u>		<u></u>	13	
	et in line 13 instructions to verify calculations)				.• _	
Part XVI-I		Accomplishm	ent of Exempt	Purposes		
Line No.	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ie is reported in co	olumn (e) of Part X\	/I-A contribu	uted importantly to the	
N/A				·		
		<del></del>				
						·
						<del> </del>
_						<u>.</u>
			· · · · · · · · · · · · · · · · · · ·			
						<del> </del>
					<del> </del>	

Form 99	0-PF (201	15) LUCILLE H	IANUS G	ONDRAN FO	OUNDATIO	N, 76-0	343370		Pag	ge <b>1</b> 3
Part	XVII	Information Regardante		nsfers To and	d Transactio	ns and Relation	nships With No	ncharitable		
1 Di	d the orga	inization directly or ind		ın anv of the foll	owing with any o	ther organization o	lescribed		Yes	No
		01(c) of the Code (other	-	-		-				
	ganızatıor			(0)(0) 0. 9		otton ozn, rolating	to pointour			
	-	om the reporting found	lation to a non	charitable exemn	nt organization o	f				
	) Cash	g /		onaniasio oxomp	or organization o	•		1a(1)		x
•	) Other a	esets						1a(2)		X
•	ther transa							14(2)	$\vdash$	<u> </u>
_		f assets to a nonchant	ahla avamnt o	raanization				1b(1)		х
		ses of assets from a no		-	an .			1b(1)	<b></b>	X
		of facilities, equipment,		. •	JII			1b(3)	<u> </u>	X
	-	rsement arrangements						1b(3)	$\vdash \vdash$	X
		r loan guarantees	•					1b(5)	$\vdash$	X
		nance of services or me	amharahin ar i	fundroising colloit	tations					X
								1b(6)	$\vdash$	X
		acilities, equipment, m	_	•		(1.)		1c		
		er to any of the above i								
		goods, other assets, o								
	ine no	transaction or sharing	1							
$\frac{\sqrt{a}}{N/A}$	.iiie iio	(b) Amount involved	(c) Name (	of noncharitable exemp	ot organization	(a) Descrip	tion of transfers, transaction	s, and sharing arrangeme	nts	
14/A		<u> </u>	<del> </del>		<del></del>		<del></del>			
			ļ							
				·	<del></del>			1		
			ļ							
			<u>L</u> .,							
					•					
				<del></del>						
de	escribed in	ation directly or indirect a section 501(c) of the applete the following sc	Code (other th			. •	ons	Y	es X	No
		a) Name of organization		(b) Type of o	rganization		(c) Description of re	lationship		
N/	A									
							··· <del>·</del>			
	Under per	nalties of perjury, I declare th	at I have examine	ed this return, including	g accompanying sch	edules and statements,	and to the best of my know	ledge and belief, it is true	 a,	
Sign Here	correct, as	nd complete Declaration of p	preparer (other tha	an taxpayer) is based	on all information of	which preparer has any	knowledge	May the IRS discuss this r with the preparer shown b (see instructions)?	etum elow	No
	_	yams ()		-IVVK	100	Jr 11	PRESIDE	NT		
	Signa	ature of officer or trustee		<del></del>	Date	-	Title			
Deta	Print/Ty	pe preparer's name			Preparer's signatu	Ma M	١.	Date	Check self-em	
Paid	HARR	Y D. MAXWELL,	JR.		Kawy I	Y MOHERE	<b>~</b>	04/20/16		-

409-763-6479 Form **990-PF** (2015)

P00627267

Firm's EIN > 76-0354302

PTIN

Phone no

Preparer

Use Only

Firm's name

Firm's address ▶

HEAD, MAXWELL & MCKENNA, P.C.

2200 MARKET ST., SUITE 401

GALVESTON, TX 77550

			Net   Gain / Loss   \$   -71   \$		Charitable Purpose	250		Charitable Purpose	0		Fair Market Value 115, 607	700,011
	ssets		nse Depreciation	g Fees	Adjusted Net	ν ν · · · · · · · · · · · · · · · · · ·	(0)	Adjusted Net	w w	k Investments		ρ. -
tements	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets		Cost Expense 221 \$ 221 \$	990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$ 250 \$	- Form 990-PF, Part I, Line 18 - Taxes	Net Investment	w w .	F, Part II, Line 10b - Corporate Stock Investments	End of Year 63,	619,614
Federal Statements	ıt 1 - Form 990-PF, Paı	How Received	Sale Price PURCHASE 5 \$ 150 \$	- Form	Total	\$ 500	Statement 3 - Form 990-PF	Total	18	m 990-PF, Part II, Line	Beginning of Year	5,845
	Statemen	Description	Date Date Sold Sold MERGER 1/16/01 6/30/15	Statement 2	Description		State	Description		Statement 4 - Form 990-P	Description	
76-0343370			Whom Sold 3 SH AOL INC - M		Desc	RETURN PREPARATION FEES TOTAL			EXCISE TAX TOTAL			TOTAL

76-0343370

## **Federal Statements**

## Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	B	eginning of Year	 End of Year
LOANS FROM OFFICERS	\$	2,000	\$ 2,000
TOTAL	\$	2,000	\$ 2,000

	100 600 6,725 1,000 1,000 11,525 11,525
76-0343370 Federal Statements	Column

\_\_\_\_\_\_