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Form **990-PF**

OMB No 1545-0052

**Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation**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](http://www.irs.gov/form990pf).

**2015**

Open to Public Inspection

For calendar year 2015, or tax year beginning 5/01, 2015, and ending 4/30, 2016

**MARSHALL LEGACY FOUNDATION**  
DR. S. COOK, 320 HAMMOND HWY #403  
METAIRIE, LA 70005

**A** Employer identification number  
46-7206339

**B** Telephone number (see instructions)  
504-309-9845

**C** If exemption application is pending, check here ☐

**D** 1 Foreign organizations, check here ☐  
2 Foreign organizations meeting the 85% test, check here and attach computation ☐

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

**G** Check all that apply. ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

**H** Check type of organization. ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
► \$ 13,967,381.

**J** Accounting method ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	996.	996.	996.	
	4 Dividends and interest from securities	4,219,980.	874.	4,219,980.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
ADMINISTRATIVE AND OPERATING EXPENSES	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	4,220,976.	1,870.	4,220,976.	
	13 Compensation of officers, directors, trustees, etc.	0.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) SEE ST 1	1,650,824.			
	b Accounting fees (attach sch) SEE ST 2	5,788.			
	c Other prof fees (attach sch) SEE ST 3	3,281.			
17 Interest					
18 Taxes (attach schedule)(see instrs) SEE STM 4	-94,825.				
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings	6,949.				
22 Printing and publications	2,578.				
23 Other expenses (attach schedule)					
24 Total operating and administrative expenses. Add lines 13 through 23	1,575,145.				
25 Contributions, gifts, grants paid PART XV	4,462,540.			4,462,540.	
26 Total expenses and disbursements Add lines 24 and 25	6,037,685.	0.	0.	4,462,540.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,816,709.				
b Net investment income (if negative, enter -0-)		1,870.			
c Adjusted net income (if negative, enter -0-)			4,220,976.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash – non-interest-bearing		6,825.		
	2	Savings and temporary cash investments		11,172,525.	8,450,658.	8,450,658.
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable		37.		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)	98,255.			
		Less: allowance for doubtful accounts			98,255.	98,255.
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		96,434.	96,434.	96,434.
	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	LIABILITIES	11	Investments – land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)				
12		Investments – mortgage loans				
13		Investments – other (attach schedule)		2,845,046.	5,322,034.	5,322,034.
14		Land, buildings, and equipment basis				
		Less: accumulated depreciation (attach schedule)				
15		Other assets (describe )				
16		Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)		14,120,867.	13,967,381.	13,967,381.
17		Accounts payable and accrued expenses				
18		Grants payable				
NET ASSETS OR FUND BALANCES	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons			1,663,260.	
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )				
	23	Total liabilities (add lines 17 through 22)		0.	1,663,260.	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
	25	Unrestricted				
ASSET BALANCES	26	Temporarily restricted				
		Permanently restricted				
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	X			
	27	Capital stock, trust principal, or current funds		14,120,867.	12,304,121.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)		14,120,867.	12,304,121.		
31	Total liabilities and net assets/fund balances (see instructions)		14,120,867.	13,967,381.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,120,867.
2	Enter amount from Part I, line 27a	2	-1,816,709.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	12,304,158.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 6	5	37.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	12,304,121.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)				(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a N/A						
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69						
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
a						
b						
c						
d						
e						
2 Capital gain net income or (net capital loss) <span style="float:right">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>				2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float:right">[ ]</span>				3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))		
2014	6,498,785.	10,769,804.	0.603426		
2013	1,000,000.	11,310,216.	0.088416		
2012					
2011					
2010					
2 Total of line 1, column (d)				2	0.691842
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years				3	0.345921
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5				4	10,246,905.
5 Multiply line 4 by line 3				5	3,544,620.
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	19.
7 Add lines 5 and 6				7	3,544,639.
8 Enter qualifying distributions from Part XII, line 4				8	6,939,528.

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 Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	19.
c 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	19.
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	19.
6 Credits/Payments			
a 2015 estimated tax pmts and 2014 overpayment credited to 2015	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	19.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments Add lines 6a through 6d	7		19.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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		0.
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 Refunded	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d 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.		X
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		X
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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 remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, col (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) LA		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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**Part VII-A Statements Regarding Activities (continued)**

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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>SHEENA A. BONADONA, CPA</u> Telephone no <u>214-447-7486</u> Located at <u>7001 PRESTON RD, SUITE 400 DALLAS TX</u> ZIP + 4 <u>75205</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u>			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country <u></u>	16		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
<b>1 a</b> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</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)? Organizations relying on a current notice regarding disaster assistance check here <u></u>	<b>1 b</b> X	
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	<b>1 c</b>	X
<b>2</b> Taxes on failure 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))		
<b>a</b> At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If 'Yes,' list the years <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	<b>2 b</b>	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>		
<b>3 a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of 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)	<b>3 b</b>	N/A
<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4 a</b> X	
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	<b>4 b</b>	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

X

If 'Yes' to 6b, file Form 8870

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7 b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELAINE T. MARSHALL 7001 PRESTON RD, SUITE 400 DALLAS, TX 75205	TRUSTEE 2.00	0.	0.	0.
DR. STEPHEN D. COOK 320 HAMMOND HWY, SUITE 403 METAIRIE, LA 70005	TRUSTEE 2.00	0.	0.	0.
P.L. MARSHALL (REMOVED 9/15/15) 11100 MEADOWICK DR HOUSTON, TX 77024	PREV TRUSTEE 0	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HYMEL DAVID & PETERSEN 10602 COURSEY BLVD. BATON ROUGE, LA 70817	LEGAL	504,078.
WEIL, GOTSHAL & MANGES LLP 200 CRESCENT COURT, STE 300 DALLAS, TX 75201	LEGAL	483,162.
HUNTER, HUNTER & SONNIER, LLC 1807 LAKE STREET LAKE CHARLES, LA 70601	LEGAL	418,925.
THE SANCHEZ LAW FIRM, LLC 1200 RYAN STREET LAKE CHARLES, LA 70601	LEGAL	145,693.
TODD CLEMONS AND ASSOCIATES, APLC 1740 RYAN STREET LAKE CHARLES, LA 70601	LEGAL	63,068.
Total number of others receiving over \$50,000 for professional services		0

**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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 FELLOWSHIP OF ORTHOPAEDIC RESEARCHERS - RESEARCH AND DEVELOPMENT FOR PROSTHETIC REPLACEMENT MAGNETIC TECHNOLOGY	300,625.
2 SEE STATEMENT 7	2,176,363.
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	2,476,988.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	10,402,949.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	10,402,949.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	10,402,949.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	156,044.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,246,905.
6	Minimum investment return. Enter 5% of line 5	6	512,345.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	512,345.
2 a	Tax on investment income for 2015 from Part VI, line 5	2 a	19.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2 b	
c	Add lines 2a and 2b	2 c	19.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	512,326.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	512,326.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	512,326.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	4,462,540.
b	Program-related investments — total from Part IX-B	1 b	2,476,988.
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:		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,939,528.
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	19.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,939,509.

**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.

BAA

Form 990-PF (2015)

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				512,326.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years. 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010	2,309,275.			
b From 2011	3,228,504.			
c From 2012	3,168,602.			
d From 2013	3,571,458.			
e From 2014	5,960,317.			
f Total of lines 3a through e	18,238,156.			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 6,939,528.				
a Applied to 2014, 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 2015 distributable amount				512,326.
e Remaining amount distributed out of corpus	6,427,202.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,665,358.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e 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				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.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	2,309,275.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	22,356,083.			
10 Analysis of line 9.				
a Excess from 2011	3,228,504.			
b Excess from 2012	3,168,602.			
c Excess from 2013	3,571,458.			
d Excess from 2014	5,960,317.			
e Excess from 2015	6,427,202.			



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year SEE STATEMENT 8				
<b>Total</b>			<b>3 a</b>	4,462,540.
<b>b</b> Approved for future payment				
<b>Total</b>			<b>3 b</b>	





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**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16A**  
**LEGAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	\$ 1,650,824.			
TOTAL	<u>\$ 1,650,824.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	\$ 5,788.			
TOTAL	<u>\$ 5,788.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES	\$ 3,281.			
TOTAL	<u>\$ 3,281.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	\$ 3,430.			
REFUND	-98,255.			
TOTAL	<u>\$ -94,825.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING EXPENSE	\$ 484.			
BANK SERVICE CHARGES	22.			
POSTAGE & MAILING	44.			
<b>TOTAL</b>	<b>\$ 550.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**STATEMENT 6**  
**FORM 990-PF, PART III, LINE 5**  
**OTHER DECREASES**

NONDEDUCTIBLE LOSS				\$ 37.
<b>TOTAL</b>				<b>\$ 37.</b>

**STATEMENT 7**  
**FORM 990-PF, PART IX-B, LINE 2**  
**SUMMARY OF PROGRAM-RELATED INVESTMENTS**

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - RESEARCH AND DEVELOPMENT UNDERSTANDING  
 ON MOLECULAR ENGINEERING COMPANY TO DEVELOP SYNTHETIC VIRUSES TO TRANSFORM THE HUMAN  
 UNDERSTANDING, DIAGNOSIS AND TREATMENT OF HUMAN DISEASE

**STATEMENT 8**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
DALLAS CASA 2815 GASTON AV DALLAS TX 75226	NONE	PC	GENERAL SUPPORT	\$ 1,000,000.
COMMITTEE TO REDUCE INFECTION DEATHS 5 PARTRIDGE HOLLOW ROAD GREENWICH CT 06831	NONE	PC	GENERAL SUPPORT	50,000.
NORTHWOOD WOMAN'S CLUE CHARITABLE FUND P.O. BOX 796155 DALLAS TX 75379	NONE	PC	GENERAL SUPPORT	7,016.



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STATEMENT 8 (CONTINUED)  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES ROAD LA JOLLA CA 92037	NONE	PC	GENERAL SUPPORT	\$ -3,976.
KINKAID SCHOOL INC 201 KINKAID SCHOOL DR HOUSTON TX 77024	NONE	PC	GENERAL SUPPORT	1,000,000.
BAYLOR UNIVERSITY 1612 S UNIVERSITY PARKS DR WACO TX 76706	NONE	PC	GENERAL SUPPORT	2,384,500.
EMILY'S PLACE P.O. BOX 860911 PLANO TX 75074	NONE	PC	MORTGAGE PAYOFF	25,000.
TOTAL				\$ 4,462,540.

ORGANIZATION: MARSHALL LEGACY FOUNDATION  
 EIN: 46-7206339  
 TAX YEAR ENDED: 4/30/2016

FORM 990-PF, PART VII-B, LINE 5C

Name and Address of Grantee	Amount of Grant	Date of Grant	Purpose of Grant	Amounts Expended by Grantee	To the Grantor's Knowledge, Grantee Has		Dates and Results of Any Verification of the Grantee's Reports
					Diverted a Portion of Funds from the Purpose of the Grant (Yes/No)	Dates of Reports Received from the Grantee	
1. Fellowship of Orthopaedic Researchers, Inc. 320 Hamond Hwy, Suite 403 Metairie, LA 70005	\$ 300,625	11/5/2015	Research and development of Prosthetic Replacement Magnetic Technology	\$ 123,105	No	12/31/2016	N/A
2. Salk Institute for Biological Studies 10010 North Torrey Pines Road San Diego, CA 9037-1002	\$ 2,176,363	11/5/2015	Research and development understanding on molecular engineering company to develop synthetic viruses to transform the human understanding, diagnosis and treatment of human disease	\$ 1,946,306	No	8/31/2016	N/A

**Marshall Legacy Foundation**

**EIN 46-7206339**

**Addendum to Form 8868 – Application for Extension of Time to File an  
Exempt Organization Return  
for Form 4720**

Preston L. Marshall was removed as a Co-Trustee of the Marshall Legacy Foundation ("Foundation") by Majority Consent of the Trustees dated September 15, 2015 (see attached). Preston L. Marshall has taken action to jam the Foundation's source of funds.

No payment is included with the extension.

**MAJORITY CONSENT OF THE TRUSTEES  
OF  
MARSHALL LEGACY FOUNDATION**

We, the undersigned, representing a majority of the Trustees of the Marshall Legacy Foundation (herein *the Foundation*), who would be entitled to vote upon the resolutions hereinafter set forth at a formal meeting of the Trustees, sign this instrument in lieu of holding a special meeting of the Trustees to evidence our consent to the adoption of the following resolution:

**WHEREAS**, the Foundation is a charitable trust formed under the laws of the State of Louisiana;

**WHEREAS**, Louisiana Revised Statutes 9:2274 relative to charitable trusts provides:

*9:2274. Application of Louisiana Trust Code*

*Whenever the law pertaining to charitable trusts is silent, the Louisiana Trust Code shall apply, but no provision of the Louisiana Trust Code or other law shall be applied to invalidate a trust or any provision thereof permitted by this Part, or to prevent a charitable tax deduction or to affect adversely the trust's tax-exempt charitable status; and*

**WHEREAS**, Louisiana Revised Statutes 9:2114 provides:

*Three or more trustees; exercise of powers*

*A power vested in three or more trustees may be exercised by a majority of the trustees, unless the trust instrument provides otherwise. A trustee who has not joined in exercising a power shall not be liable to the beneficiaries or to others for the consequences of that exercise, nor shall a dissenting trustee be liable for the consequences of an act in which he joins at the direction of the majority of trustees, if he expresses his dissent in writing to his co-trustees at or before the time of the joinder. Nothing in this section shall excuse a co-trustee from liability for inactivity in the administration of the trust nor for failure to attempt to prevent a breach of trust.*

Therefore,

**BE IT RESOLVED** that in accordance with the untrammelled discretion granted in Article XII of the Marshall Legacy Foundation, Preston L. Marshall is hereby ruled ineligible to serve as a Trustee and is removed as co-Trustee of the Foundation. The majority of the Trustees have determined that Preston L. Marshall has violated one or more of the factors for ineligibility. In accordance with Article XII, Preston L. Marshall

is removed as a co-trustee immediately and concurrently with the signing of this document.

This resolution may be signed in multiple counterparts at different times and at different locations with the same effect as if all signing parties had signed the same document. All such counterparts shall be construed together and constitute the same instrument.

*REMAINDER OF PAGE LEFT BLANK INTENTIONALLY;  
SIGNATURE PAGE FOLLOWS.*

IN TESTIMONY WHEREOF, these resolutions are adopted by majority consent and we have signed these resolutions effective as of the 15 day of September, 2015, to evidence our consent.

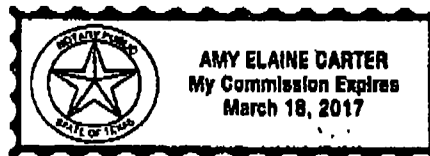
Elaine T. Marshall  
ELAINE T. MARSHALL, Trustee

STATE OF TEXAS

COUNTY OF DALLAS

BEFORE ME, a Notary Public, in and for the aforementioned county and state, on this 15<sup>th</sup> day of September, 2015, personally appeared Elaine T. Marshall, to me known to be the identical person who executed the foregoing instrument before me and acknowledged to me that she executed same, and that it was executed for the uses, purposes and considerations therein expressed as her free voluntary act and deed.

Amy Elaine Carter  
NOTARY PUBLIC  
Amy Elaine Carter  
Printed/Typed Name  
12935227-0  
Notary ID No.  
My commission expires: March 18, 2017



**IN TESTIMONY WHEREOF**, these resolutions are adopted by majority consent and we have signed these resolutions effective as of the \_\_\_\_ day of September, 2015, to evidence our consent.

\_\_\_\_\_  
**STEPHEN D. COOK, Ph.D.,** Trustee

**STATE OF LOUISIANA**

**PARISH OF JEFFERSON**

**BEFORE ME**, a Notary Public, in and for the aforementioned county and state, on this \_\_\_\_ day of \_\_\_\_\_, 2015, personally appeared Stephen D. Cook, Ph.D., to me known to be the identical person who executed the foregoing instrument before me and acknowledged to me that he executed same, and that it was executed for the uses, purposes and considerations therein expressed as his free voluntary act and deed.

**THUS DONE AND SIGNED** before me, a Notary Public, at \_\_\_\_\_, Louisiana, this \_\_\_\_ day of September, 2015.

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Notary ID No.

My commission expires: \_\_\_\_\_

**MAJORITY CONSENT OF THE TRUSTEES  
OF  
MARSHALL LEGACY FOUNDATION**

We, the undersigned, representing a majority of the Trustees of the Marshall Legacy Foundation (herein *the Foundation*), who would be entitled to vote upon the resolutions hereinafter set forth at a formal meeting of the Trustees, sign this instrument in lieu of holding a special meeting of the Trustees to evidence our consent to the adoption of the following resolution:

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*9:2274. Application of Louisiana Trust Code*

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**WHEREAS**, Louisiana Revised Statutes 9:2114 provides:

*Three or more trustees; exercise of powers*

*A power vested in three or more trustees may be exercised by a majority of the trustees, unless the trust instrument provides otherwise. A trustee who has not joined in exercising a power shall not be liable to the beneficiaries or to others for the consequences of that exercise, nor shall a dissenting trustee be liable for the consequences of an act in which he joins at the direction of the majority of trustees, if he expresses his dissent in writing to his co-trustees at or before the time of the joinder. Nothing in this section shall excuse a co-trustee from liability for inactivity in the administration of the trust nor for failure to attempt to prevent a breach of trust.*

Therefore,

**BE IT RESOLVED** that in accordance with the untrammelled discretion granted in Article XII of the Marshall Legacy Foundation, Preston L. Marshall is hereby ruled ineligible to serve as a Trustee and is removed as co-Trustee of the Foundation. The majority of the Trustees have determined that Preston L. Marshall has violated one or more of the factors for ineligibility. In accordance with Article XII, Preston L. Marshall



is removed as a co-trustee immediately and concurrently with the signing of this document.

This resolution may be signed in multiple counterparts at different times and at different locations with the same effect as if all signing parties had signed the same document. All such counterparts shall be construed together and constitute the same instrument.

*REMAINDER OF PAGE LEFT BLANK INTENTIONALLY;  
SIGNATURE PAGE FOLLOWS.*

**IN TESTIMONY WHEREOF**, these resolutions are adopted by majority consent and we have signed these resolutions effective as of the \_\_\_\_ day of September, 2015, to evidence our consent.

\_\_\_\_\_  
**ELAINE T. MARSHALL**, Trustee

**STATE OF TEXAS**

**COUNTY OF DALLAS**

**BEFORE ME**, a Notary Public, in and for the aforementioned county and state, on this \_\_\_\_ day of \_\_\_\_\_, 2015, personally appeared Elaine T. Marshall, to me known to be the identical person who executed the foregoing instrument before me and acknowledged to me that she executed same, and that it was executed for the uses, purposes and considerations therein expressed as her free voluntary act and deed.

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Notary ID No.

My commission expires: \_\_\_\_\_.

IN TESTIMONY WHEREOF, these resolutions are adopted by majority consent and we have signed these resolutions effective as of the 15 day of September, 2015, to evidence our consent.

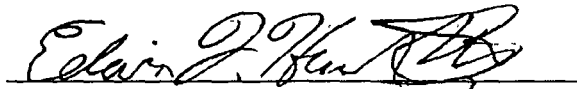
  
STEPHEN D. COOK, Ph.D., Trustee

STATE OF LOUISIANA

PARISH OF JEFFERSON

BEFORE ME, a Notary Public, in and for the aforementioned county and state, on this 15<sup>th</sup> day of September, 2015, personally appeared Stephen D. Coe, Ph.D., to me known to be the identical person who executed the foregoing instrument before me and acknowledged to me that he executed same, and that it was executed for the uses, purposes and considerations therein expressed as his free voluntary act and deed.

THUS DONE AND SIGNED before me, a Notary Public, at Jefferson Parish, Louisiana, this 15<sup>th</sup> day of September, 2015.

  
NOTARY PUBLIC  
Edain F. Hester III  
Printed/Typed Name

29260

Notary ID No.

My commission expires: At my death

2015

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MARSHALL LEGACY FOUNDATION

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STATEMENT 1  
FORM 4720, LINE B  
DESCRIPTION OF CORRECTIVE ACTION TAKEN

THE FOUNDATION IS PARTICIPATING IN ONGOING LITIGATION IN THE 14TH JUDICIAL DISTRICT COURT OF LOUISIANA WITH THE INTENTION OF SEEKING REIMBURSEMENT FOR THE LEGAL FEES INCURRED BY THESE FRIVOLOUS LAWSUITS.

2015

FEDERAL SUPPLEMENTAL INFORMATION

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MARSHALL LEGACY FOUNDATION

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PRESTON MARSHALL, A DISQUALIFIED PERSON AND FORMER CO-TRUSTEE, CAUSED THE FOUNDATION TO INCUR A VERY LARGE AMOUNT OF LEGAL EXPENSE DUE TO HIS FRIVOLOUS LAWSUITS AGAINST THE REMAINING TWO CO-TRUSTEES. HE HAS CAUSED FROST BANK TO FREEZE THE FOUNDATION'S ACCOUNTS HELD THERE, CAUSING DELAY IN SATISFYING OUTSTANDING PLEDGES. PRESTON MARSHALL'S DISPUTES ARE HIS ATTEMPT TO TRY AND SEEK A GLOBAL RESOLUTION OF HIS VARIOUS OTHER CIVIL MATTERS. BY HOLDING THE ASSETS HOSTAGE, HE IS USING FOUNDATION ASSETS FOR HIS PERSONAL BENEFIT.

**Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

► Information about Form 4720 and its separate instructions is at [www.irs.gov/form4720](http://www.irs.gov/form4720).**2015**

For calendar year 2015 or other tax year beginning 5/01, 2015, and ending 4/30, 2016

Name of organization or entity

MARSHALL LEGACY FOUNDATION

Employer identification number

46-7206339

Number, street, and room or suite no (or P O box if mail is not delivered to street address)

DR. S. COOK, 320 HAMMOND HWY #403

Check box for type of annual return

☐ Form 990☐ Form 990-EZ☒ Form 990-PF☐ Form 5227

City or town, state or province, country, and ZIP or foreign postal code

METAIRIE, LA 70005

**A** Is the organization a foreign private foundation within the meaning of section 4948(b)?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter 'N/A' if not applicable)If 'Yes,' attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ 0. If 'No,' (i.e., any uncorrected acts or transactions), attach an explanation (see instructions) **SEE STATEMENT 1****Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income — Schedule B, line 4	1	0.
2	Tax on excess business holdings — Schedule C, line 7	2	0.
3	Tax on investments that jeopardize charitable purpose — Schedule D, Part I, column (e)	3	0.
4	Tax on taxable expenditures — Schedule E, Part I, column (g)	4	0.
5	Tax on political expenditures — Schedule F, Part I, column (e)	5	0.
6	Tax on excess lobbying expenditures — Schedule G, line 4	6	0.
7	Tax on disqualifying lobbying expenditures — Schedule H, Part I, column (e)	7	0.
8	Tax on premiums paid on personal benefit contracts	8	0.
9	Tax on being a party to prohibited tax shelter transactions — Schedule J, Part I, column (h)	9	0.
10	Tax on taxable distributions — Schedule K, Part I, column (f)	10	0.
11	Tax on a charitable remainder trust's unrelated business taxable income Attach statement	11	0.
12	Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2	12	0.
13	<b>Total</b> (add lines 1-12)	13	0.

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code		(b) Taxpayer identification number	
a PRESTON L. MARSHALL 11100 MEADOWICK DR, HOUSTON, TX 77024		449-25-5114	
b			
c			
(c) Tax on self-dealing — Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize charitable purpose — Schedule D, Part II, col (d)	(e) Tax on taxable expenditures — Schedule E, Part II, col (d)	(f) Tax on political expenditures — Schedule F, Part II, col (d)
a			
b			
c			
Total	0.	0.	0.
(g) Tax on disqualifying lobbying expenditures — Schedule H, Part II, col. (d)	(h) Tax on excess benefit transactions — Schedule I, Part II, col (d), and Part III, col (d)	(i) Tax on being a party to prohibited tax shelter transactions — Schedule J, Part II, col (d)	(j) Tax on taxable distributions — Schedule K, Part II, col. (d)
a			
b			
c			
Total	0.	0.	0.
(k) Tax on prohibited benefits — Schedule L, Part II, col (d), and Part III, col (d)			(l) Total — Add columns (c) through (k)
a			
b			
c			
Total	0.		0.

**Part II-B Summary of Taxes** (See Tax Payments in the instructions.)

1	Enter the taxes listed in Part II-A, column (l), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (l)	1	0.
2	<b>Total tax.</b> Add Part I, line 13, and Part II-B, line 1	2	0.
3	Total payments including amount paid with Form 8868 (see instructions)	3	
4	<b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions)	4	
5	<b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund	5	

**SCHEDULE A – Initial Taxes on Self-Dealing** (Section 4941)**Part I Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Description of act	(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealing (10% of col (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e))
1	9/25/15	USE OF ASSETS BY A DISQUALIFIED PERSON				
2						
3						
4						
5						
1A (5)				1,663,676.		

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions)
PRESTON L. MARSHALL	1		

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col (a)	(c) Tax from Part I, col (g), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE B – Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2014 (from Form 990-PF for 2015, Part XIII, line 6d)	1	
2	Undistributed income for 2014 (from Form 990-PF for 2015, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2015 and subject to tax under section 4942 (add lines 1 and 2)	3	0.
4	<b>Tax</b> – Enter 30% of line 3 here and on Part I, line 1	4	0.

**SCHEDULE C – Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1 %	0%	
2 Permitted holdings in business enterprise	2 %	0%	
3 Value of excess holdings in business enterprise	3		
4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5 Taxable excess holdings in business enterprise – line 3 minus line 4	5		
6 Tax – Enter 10% of line 5	6		
7 Total tax – Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2	7 0.		

**SCHEDULE D – Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable) – (lesser of \$10,000 or 10% of col (d))
1					
2					
3					
4					
5					
Total – Column (e) Enter here and on Part I, line 3				0.	

Total – Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0.

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

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**SCHEDULE E – Initial Taxes on Taxable Expenditures (Section 4945)**

<b>Part I Expenditures and Computation of Tax</b>				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col (b))	(h) Initial tax imposed on foundation managers (if applicable) – (lesser of \$10,000 or 5% of col (b))
<b>Total</b> – Column (g) Enter here and on Part I, line 4			0.	
<b>Total</b> – Column (h) Enter total (or prorated amount) here and in Part II, column (c), below				0.

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (h), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instrs)

**SCHEDULE F – Initial Taxes on Political Expenditures (Section 4955)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2-1/2% of col (b))
1					
2					
3					
4					
5					
<b>Total</b> – Column (e) Enter here and on Part I, line 5				0.	
<b>Total</b> – Column (f) Enter total (or prorated amount) here and in Part II, column (c), below					0.

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

(a) Names of organization managers or foundation managers liable for tax	(b) Item no from Part I, col. (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instrs)

**SCHEDULE G – Tax on Excess Lobbying Expenditures (Section 4911)**

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)	2	
3	Taxable lobbying expenditures – enter the larger of line 1 or line 2	3	
4	Tax – Enter 25% of line 3 here and on Part I, line 6	4	0.

**SCHEDULE H – Taxes on Disqualifying Lobbying Expenditures (Section 4912)****Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col (b))	(f) Tax imposed on organization managers (if applicable) – (5% of col (b))
1					
2					
3					
4					
5					
<b>Total</b> – Column (e) Enter here and on Part I, line 7				0.	

**Total** – Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0.

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

(a) Names of organization managers liable for tax	(b) Item number from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE I – Initial Taxes on Excess Benefit Transactions (Section 4958)****Part I Excess Benefit Transactions and Tax Computation**

(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))

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**SCHEDULE I – Initial Taxes on Excess Benefit Transactions (Section 4958) Continued****Part III Summary of Tax Liability of Disqualified Persons and Proration of Payments**

(a) Names of disqualified persons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col (c)) (see instructions)

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

(a) Names of 501(c)(3), (c)(4) and (c)(29) organization managers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE J – Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)****Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**  
(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 – Listed 2 – Subsequently listed 3 – Confidential 4 – Contractual protection	(d) Description of transaction		
1					
2					
3					
4					
5					
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b>		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)	
<b>Total – Column (h) Enter here and on Part I, line 9</b>			<b>0.</b>		

[illegible]

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col (e))	(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)

<b>Total</b> – Column (g) Enter total (or prorated amount) here and in Part II, column (c), below	0.
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(a) Name of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (g) or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
	----- -----	----- -----	
	----- -----	----- -----	
	----- -----	----- -----	
	----- -----	----- -----	

**SCHEDULE L – Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**

See the instructions.

**Part I Prohibited Benefits and Tax Computation**

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit	(d) Amount of prohibited benefit	(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)
1					
2					
3					
4					
5					

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments**

(a) Names of donors, donor advisor, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)

**Part III Tax Liability of Fund Managers and Proration of Payments**

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)

**Schedule M – Tax on Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

<b>Part II</b> Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3)				
(a) Item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

<b>Part III</b> Computation of Tax	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)
2	Tax – Enter \$50,000 multiplied by line 1 here and on Part I, line 12

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign  
Here**

Signature of officer or trustee

CO-TRUSTEE

Title

Date

Signature (and organization or entity name if applicable) of manager, self dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

May the IRS discuss this return with the preparer shown below? (see instructions)



Yes



No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

CHRISTOPHER KLEIN

Preparer's signature

CHRISTOPHER KLEIN

Date

Check ☐ if  
self-employed

PTIN

P01615895

Firm's name ▶ TERRANOVA CPA FIRM, LLC

Firm's address ▶ 800 BAYOU PINES WEST

LAKE CHARLES, LA, 70601

Firm's EIN ▶ 47-4269620

Phone no 337-433-3326

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