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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

The Walter E, Luckett Jr. Foundation, Inc. Academs others and street and street in the argument of the work of the street and st	A For the 2016 calendar year, or tax year be				ing January 1 , 2016, and ending		ending		cember 31 , 20			
Number and street, even to the street address) Room/sulto E Telephone number 20 did Pasture Road 20			plicable.	C Name of organization			D Emple	oyer identif	ication numbe	er		
Internativation Processing P	=		The Walter L. Eucker Jr. Poulidation, Ric.									
For attent/herminated	=		•	Trained and direct for 1 for box, it mains not delivered to direct addressly			E Telepi	elephone number				
Amendated return	===			120 Old Decture Deed					203-43	30-0898		
Appleatence pending Hamden, Connecticut, 08518 Number Num	=			City or town, state or province, country,	and ZIP or foreign postal code			F Grou	p Exempti	ion		
Webste: ► Tax-exempt status (check only one)	==	1 American total				Num	nber 🕨					
Website: ► Travexempt status (check only one) -	G A	ccounti	ing Method:	☐ Cash	pecify) >		Н	Check >	► ☐ if the	organization	is not	
K Form of organization:	ı v	/ebsite:	:▶							-		
K Form of organization:									90, 990-EZ	z, or 990~PF).		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received												
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, girts, grants, and similar amounts received Program service revenue including government fees and contracts Remarkship dues and assessments Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Garning and fundraising events Gross income from garning (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) C Less: direct expenses from garning and fundraising events Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances Ta Dess: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					ipts. If gross receipts are \$200,	000 or more	, or if tota	assets				
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16 Other expenses (describe in Schedule O)	ĕ	,						• •				
16 Other expenses (describe in Schedule O)	X	ł						• •			3,900	
		1	Other expenses (describe in Schedule O)								36	
11/ TOTAL CAPACITIES AND THES TO THE OWN TO THE STATE OF		ξ									14,105	
19 Everyon or (definit) for the year (Cultivest line 17 from line 0)		+									89,115	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	क्							طهنید م	·		<u>-8,438</u>	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	3SE	וש		let assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			e with					
end-of-year figure reported on prior year's return)	Ž		-	l-of-year figure reported on prior year's return)							12,142	
20 Other changes in net assets or fund balances (explain in Schedule O)	Net Assets	1						• •				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 3,7	_	21	Net assets	s or tund balances at end of yea	r. Combine lines 18 through	<u> 20</u>	<u> </u>	▶	21		3,704	

Form !	990-EZ (2016)					Page 2
Pa	t II Balance Sheets (see the instructions for	•				
	Check if the organization used Schedule (O to respond to an			<u></u>	<u> </u>
			<u> </u>	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,142		3,704
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			12,142		3,704
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			12,142	27	3,704
Par	t III Statement of Program Service Accomp	•				Expenses
148	Check if the organization used Schedule				(Red	uired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				orga	nizations; optional for
	neasured by expenses. In a clear and concise ma ons benefited, and other relevant information for ea		services provided,	the number of	Cale	13.,
						
28	Books To Basketball is a Saturday program with a par					1
	The program promotes health/wellness, remedial train					
	building and music appreciation. SAT training is offe				00-	
00	(Grants \$ 28,477) If this amount i				28a	28,477
29	Ralphola Taylor Community Center is provided funding				ļ	
	leadership institute with20 boys focuses on leadership A girls leadership institute for 15 girls focuses on leadership institute with20 boys focuses on leadership institute for 15 girls focus			ng SAT prep.		
	(Grants \$ 3,481) If this amount			▶ [7]	29a	3,481
30	The Bridgeport Boys Choir is a 10-month program for			shin and life.		3,461
-	skills. Funding supported program operations, direct				١	
	a four week internship for two choir members to assis					
	(Grants \$ 3,400) If this amount			▶ 🗇	30a	3,400
31	Other program services (describe in Schedule O)				1	0,400
	(Grants \$ 2,200) if this amount	Includes foreign gra	nts. check here .	▶□	31a	2,200
32	Total program service expenses (add lines 28a t				32	37,558
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the	nstru	
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		
		(b) Average	(c) Reportable	(d) Health benefits,		C-4:
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		testimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	on	
Walt	er E. Luckett Jr., President					
		20	20,000			
Valit	a H. Luckett, Vice President & Secretary/Treasurer				T	
		5	0			
Loui	s Albanese, Director					
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Dr. L	eroy Williams, Director					
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Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		\Box	
00	Did the executables opened in any similar to the USA of		Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				
35a					
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b			
C	144 H				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			Array of Array	
b	Did the organization file Form 1120-POL for this year?	37b		✓	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	13.50	ر الله الله الله الله الله الله الله الل	3.3	
39	Section 501(c)(7) organizations. Enter:	\$1		25,37	
8	Initiation fees and capital contributions included on line 9	1.7 2.7	7 7 2 7		
b	Gross receipts, included on line 9, for public use of club facilities		, ,	~ :	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			, e (2) 1.	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	75 (3) 35 (3)		E = 1".	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
-1	<u></u>	3 23		4	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T				
41	List the states with which a copy of this return is filed ▶ Connecticut			····	
42a	The organization's books are in care of ▶ Valita H. Luckett Telephone no. ▶	203-43	30-089	8	
	Located at ▶ 29 Old Pasture Road, Hamden, CT ZIP + 4 ▶				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1	
	If "Yes," enter the name of the foreign country: ▶	\$	1-6-4	٠, ٠,	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4 3			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	JAPUT IT	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	· 1223		
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	37.5		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	1995 W	ا ما الما الما الما الما الما الما الما	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	17	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-100	1-7-	<u>v</u>	
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		11.5	
	Form 990-EZ (see instructions)	45b	<u></u>	1	

rom 98	30-EZ (ZI			 				130	ugo 7
46	to car	ne organization engage, directly or ind ndidates for public office? If "Yes," co	omplete Schedule C,	ampaign activities o	n behalf of o	r in opposit	ion 46	Yes	No ✓
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	must answer que			emplete the			es
		Check if the organization used Sch	edule O to respond	to any question in	uns : ait vi		• • • •	Yes	No
47		he organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elect	ion in effect	during the	tax 47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes." complete	Schedule E		. 48		1
49a		ne organization make any transfers to		-					1
b If "Yes," was the related organization a section 527 organization?			_			. 49b			
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	anization. If t	here is non	e, enter "	None.	13
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	n benefits, s to employee , and deferred insation	(e) Estimated the contract (e)		
None			·						
		···							
					 				
51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest comp	ensated independe		s who eac	h receive	d mor	e tha
		Name and business address of each independ		(b) Type of s	ervice	(0) Compense	ıtion	
None				-				_	

d	Total	number of other independent contra	ectors each receiving	over \$100.000 .	. ▶		0		
52	Did	the organization complete Schedupleted Schedule A	•	•	ganizations	must attac	ha .►☑Ye	s 🗆	No
Under p	penalties orrect, ar	s of perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than	return, including accompanolitics; is based on all interest.	nying schedules and state formation of which prepar	ements, and to the er has any know	ne best of my litedge.	nowledge a	nd belie	ef, it Is
		(U) alter c. owel	10/26/11						
Sign Here	Signature of officer			Daté					
, 161 6		Walter E. Luckett, Jr., President Type or print name and title	October 26, 2017						
		Print/Type preparer's name	Preparer's signature		Date	Ta F	7 ., PTIN	·	
Paid		Typo proposo o mante				Check L self-empi	ן זו ל		
•	oarer Only	Firm's name ▶	<u> </u>		Fi	rm's EIN ▶	<u> </u>		
U3 0	Jiny	Firm's address ▶				hone no.			
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions			► ✓ Y	98 🗀	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization The Walter E. Luckett Jr. Foundation, Inc. 46-2345690 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(li). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (v) Amount of monetary (lii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) No Yes (A) (B) (C) (D) (E)

Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua			
Secti	on A. Public Support	- quality ariac							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and		()						
	membership fees received. (Do not	•				1			
	include any "unusual grants.")		21778	78911	86205	80677	267571		
2	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
3	The value of services or facilities	į.				j			
	furnished by a governmental unit to the		[:				
	organization without charge								
4	Total. Add lines 1 through 3		21778	78911	86205	80677	267571		
5	The portion of total contributions by				阿克里克斯	文章			
	each person (other than a		最多的		是不是是对方				
	governmental unit or publicly								
	supported organization) included on		1. 100 100 100 100 100 100 100 100 100 1						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		· 建筑是"		存置是存货				
6	Public support. Subtract line 5 from line 4	The way of the party	32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	E CONTRACT CLA	The second second	Programme con	007574		
	ion B. Total Support	(***********************************	<u> </u>	10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	122 1 15 15 151	18 11	267571		
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4		21778	 			267571		
8	Gross income from interest, dividends,								
	payments received on securities loans,	1				!			
	rents, royalties and income from similar			ļ	:	ŀ			
	sources								
9	Net income from unrelated business								
	activities, whether or not the business				1				
	is regularly carried on								
10	Other income. Do not include gain or				[
	loss from the sale of capital assets	1		1					
	(Explain in Part VI.)	ma 22 25 4 50 50 74	-79 % -2-5 \$ \$			15 5 55			
11	Total support. Add lines 7 through 10			一种是一种的			267571		
12 13	Gross receipts from related activities, etc					12	- CO1(-)(O)		
13	First five years. If the Form 990 is for to organization, check this box and stop he				-				
Sect	ion C. Computation of Public Suppo			· · · · ·	• • • • •		▶ 🗸		
14	Public support percentage for 2016 (line			11 column (f)		14	%		
15	Public support percentage from 2015 Sc					15			
16a	331/3% support test—2016. If the organ								
	box and stop here. The organization qua						▶ □		
b	331/3% support test-2015. If the organ			_	6a, and line 15	is 331/3% or m	ore, check		
	this box and stop here. The organization					. .	▶ ┌		
17a	10%-facts-and-circumstances test-2	2016. If the ord	anization did	not check a bo	ox on line 13.	l6a. or 16b. an	d line 14 is		
	10% or more, and if the organization m	•	•						
	Part VI how the organization meets the								
	organization								
b	10%-facts-and-circumstances test-2	2015. If the ord	ganization did	not check a bo	ox on line 13.	16a, 16b. or 17	a, and line		
	15 is 10% or more, and if the organiz								
	Explain in Part VI how the organization						a publicly		
	supported organization						🕨 🛚		
40	Delicate form delicate the constitution of				4				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

The Walter E. Luckett Jr. Foundation, Inc.	46-2345690
Part 1 Q 10: Ralphola Taylor Community Center (\$1500) for dance program and summer camp; Diam	ond 9 Baseball Team (\$350) for
baseball program; The Bridgeport Boys Choir (\$2750) for choir operations and leadership program;	Books to Basketball Program (\$2000) for
program operations, summer basketball camp, and girls leadership program; Habitat for Humanity (\$200) for leadership program.
Part 1 Q 16: Other expenses were \$14,105: Transportation (\$1460); Refreshments (\$4331); Events (\$	4422); Supplies (\$2810); Insurance/Fees
(\$1082).	
Part 3 Q 31: Other programs funded were Kolbe Cathedral boys and girls leadership programs and	use of facilities (\$2000); Habitat for
Humanity leadership program (\$200).	

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