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EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

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 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

Inspection

		to 20 to calcinate year, or tax year beginning	criding		
В	Check applica	C Name of organization		D Employer identific	cation number
	Add	ress CHRISTWOOD FOUNDATION			
	Nam	e		72-1	336124
	Initia		Room/suite	E Telephone number	
	Fina	100 CURTCOMOOD BLVD			898-0515
	term ated	in-		G Gross receipts \$	363,662.
	Ame retur	nded CONTINUEDI TA TOARA		H(a) Is this a group re	eturn
	App	Finame and address of principal officer WILLIAM I. MASON, I	II, CPA	for subordinates	² Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-e	xempt status X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list (see instructions)
		ite: ▶ N/A		H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year	of formation: 1996 N	State of legal domicile: LA
P	art I	Summary			
è	1	Briefly describe the organization's mission or most significant activities $\ \underline{ ext{TO}} \ \ \underline{ ext{S}}$			MANAGE AND
Governance	-	ADMINISTER GIFTS FOR THE BENEFIT AND PUR	POSES	OF CHRISTWO	OD.
ern	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	_
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
es Se	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Õ.	6	Total number of volunteers (estimate if necessary)		6	25
P	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
COMPANY ON A Activities &	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			-	Prior Year	Current Year
<u>_</u> 9	8	Contributions and grants (Part VIII, line 1h)	 	157,636.	331,016.
ੁ⊔ੁ∟ੁ Revenue	9	Program service revenue (Part VIII, line 2g)	-	0.	0.
) é	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	13,791.	32,646.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	171 427	0.
" ——	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		171,427. 0.	363,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	211,815.
j	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Expenses	108	Professional fundraising fees (Part IX, column (A), line 11e)	-0.		<u>U•</u>
Ĕ	17	Other expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 	4,579.	5,626.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	피었! ├	4,579.	217,441.
	19	Revenue less expenses Subtract line 18 from line 12 NOV 2 0 2017		166,848.	146,221.
es	13	Tievende less expenses Subtract line to nont line 12 [3]		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		821,435.	973,039.
Net Assets or Fund Balances	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		0.	0.
E E	22	Net assets or fund balances Subtract line 21 from line 20		821,435.	973,039.
Pa	art II	Signature Block		<u> </u>	<u> </u>
Unde	er pen	alties of perjury, declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
		1/00 h AV - 20 00 000		11/13	117
Sign	n	Signature of officer		Date	7
Her		CAROLYN CHASSEE, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's aggnature		Date Check	PTIN
Paid	l	RONALD H. DAWSON, JR., CP		9/9//7 self-employe	P00442622
Prep	arer	Firm's name ERICKSEN, KRENTEL & LAPORTE, LL	P	Firm's EIN	72-0549733
Use	Only	Firm's address 4227 CANAL STREET			
		NEW ORLEANS, LA 70119		Phone no. 5 0	4-486-7275
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	art III Statement of Program Service Accomplishments	<u> </u>
تت	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission.	
	TO SOLICIT, RECEIVE, MANAGE AND ADMINISTER GIFTS FOR THE BENEFIT AND	
	PURPOSES OF CHRISTWOOD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	Version Versions Vers)
	SOLICITING, MANAGING AND ADMINISTERING GIFTS FOR CHRISTWOOD.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
	Other program conjuges (Departure in Cabadiale O.)	
4d	Other program services (Describe in Schedule O)	
4d	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 217,441.	

Form 990 (2016) CHRISTWOOD FOUNDATION
Part IV Checklist of Required Schedules

•			Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ļ —
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		}
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u></u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		'	
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			{
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	}		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		}
	as applicable	1	1	}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		x
С		11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 10		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	·	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		·	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ĺ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19 Earm	990	<u>X</u> (2016)
		rom	シ ブレ l	וסו טב

Form 990 (2016) CHRISTWOOD FOUNDATION
Part IV Checklist of Required Schedules (continued)

•			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}	1	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		}	ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ	l	ļ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		}	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		}	
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
	Schedule L, Part I	25b	ł	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	ĺ
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		}	ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	{	ł	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		}	}
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation]
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	}	}	{
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			}
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}	,	ľ
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
		Form	990	(2016)

Form 990 (2016) CHRISTWOOD FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

•	Check if Schedule O contains a response of note to any line in this Part V					<u> </u>
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		i i	1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gan	ning			ł
	(gambling) winnings to prize winners?	1 1		1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	}	•	1		1
	filed for the calendar year ending with or within the year covered by this return	2a	0		1	ľ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined by the second of			2b		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0		3a		X
b 40	· · · · · · · · · · · · · · · · · · ·		_	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	, a		1	Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial all "Yes," enter the name of the foreign country.	account) /		4a		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (EBA	D)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ad 1) estimotos	<i>inj.</i>	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	etion?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Ction:		5c		
6a		ne organizatio	n solicit			
	any contributions that were not tax deductible as charitable contributions?	.o organization		6a	1	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts				
	were not tax deductible?	ŭ		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided	to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			1	
	to file Form 8282?			7c]	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			[
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A		Ì	
_	sponsoring organization have excess business holdings at any time during the year?			_8_		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7	_	}	
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A N/A	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.		IN/A	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.	100		(ŀ	
а	Gross income from members or shareholders N/A	11a		1		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				ł	
	amounts due or received from them)	11b		}	ĺ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the				}	
	organization is licensed to issue qualified health plans	13b			Ì	
c	Enter the amount of reserves on hand	13c			l	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O		14b		
				Form	990 (2016)

CHRISTWOOD FOUNDATION 72-1336124 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12¢ X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed -NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ___ Own website ___ Another's website X Upon request J Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records:

70433

CAROLYN A. CHASSEE, CFRE - 985-898-0515 100 CHRISTWOOD BLVD., COVINGTON, LA 70

•			
	rm 9 <u>90</u> (2		Page 7
P	art VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
-		Employees, and Independent Contractors	
		Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	(do	not c	((Pos heck ss pe	c) ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer .		Highest compensated smployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES DOMBROWSKI, CFP(R)	2.00	3.5		37				0	0	•
IMMEDIATE PAST PRESIDENT (2) WILLIAM T. MASON, III, CPA	2.00	X	-	Х		 		0.	0.	0.
PRESIDENT	2.00	X		X		}		0.	0.	0.
(3) JAMES R WILLIS, M.D	1.00									
SECRETARY		x		X				0.	0.	0.
(4) THE VERY REV. PAUL BAILEY, M.DIV	1.00									
VICE PRESIDENT		X		X	<u> </u>			0.	0.	0.
(5) MICHELLE GALLAGHER, ESQ	1.00	ŀ								_
VICE PRESIDENT		X		X				0.	0.	0.
(6) AL CATALANATTO TREASURER	1.00	x		x				0.	0.	0.
			_							
		1	\ \ \	1	1	\ \ \		j	1	

Form 990 (2016) CHRISTWO	OD FOUNI)A	<u>ric</u>	N					72-1	336	124	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	Compensated Employe	es (continued)				
	(B) Average hours per week	box,	not ch unles cer and	s per	tion more son :	than d	h an	(D) (E) Reportable Reportable compensation compensation from related		on	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Ml		fr org and	pensa om th anizat d relat anizati	e ion ed
								!					_
		i 											
1b Sub-total		[0.		0.	-		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)						 	<u> </u>	0.		0. 0.			Ö.
Total number of individuals (including but r compensation from the organization	not limited to th	ose	iiste	d ab	ove	e) wh	no re	eceived more than \$100),000 of reportab	le 		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			-		•					3		х
 4 For any individual listed on line 1a, is the si and related organizations greater than \$15 5 Did any person listed on line 1a receive or a 	0,000? <i>If</i> "Yes,	" co	mple	te S	Sche	dule	J f	for such individual	-		4		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ich p	oe <i>r</i> s	on					5_		X
Complete this table for your five highest countries the organization. Report compensation for	-	-								npens	ation f	rom	
(A) Name and business			ONE					(B) Description of s		С	(Compe		n
												·	 -
			_				_			_			
												-	
2 Total number of odes and an analysis of	moludia - 5 - 4				- 44		\	d above) who are	nava the				
2 Total number of independent contractors (\$100,000 of compensation from the organi		OL 111	ec		tnos			a above) who received in	iore trian				

•		Check if Schedule O cont	ains a response	or note to any line	n this Part VIII			
	•		_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	16					
S, E	c	Fundraising events	1c					
言言	d	Related organizations	1d					
is, (e	Government grants (contribut	ions) 1e					
tior s S	f	All other contributions, gifts, gran	ts, and					
ğ ş		similar amounts not included abo	ve 1f	331,016.		j		
a de	g	Noncash contributions included in lines		8,000.)		
<u>3 €</u>	h	Total. Add lines 1a 1f		▶	331,016.			
				Business Code				
Program Service Revenue	2 a	1					`	<u> </u>
e c	b							
E S	С			<u> </u>				
Re	d	l						
č	е	' 		ļ				
ш.		All other program service reve	enue	<u> </u>				
		Total. Add lines 2a-2f				ļ		
	3	Investment income (including	dividends, intere	est, and	14 181			14 171
	_	other similar amounts)		P	14,171.			14,171.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		_				
		One on months	(i) Real	(II) Personal		ĺ		
		Gross rents				,		
		Less rental expenses				i i		
		Rental income or (loss)						
		Net rental income or (loss)	() 0					
	/ a	Gross amount from sales of	(i) Securities 18, 475.	(II) Other				
ĺ		assets other than inventory Less cost or other basis	10,4/5.					
i	b	and sales expenses	0.	1				
- (_	Gain or (loss)	18,475.					
		Net gain or (loss)	10,413.	—	18,475.			18,475.
		Gross income from fundraising	a events (net		10,4/3.			10, 10.
Je	0 4	including \$	•	1				
ē		contributions reported on line]		
Other Reven		Part IV, line 18	a a	{				
ᇐ	h	Less direct expenses	b					
Ò		Net income or (loss) from fund						
		Gross income from gaming ac	_					
		Part IV, line 19	а					
{	b	Less. direct expenses	b					
ĺ		Net income or (loss) from gam	-					
ĺ		Gross sales of inventory, less		r				
ľ		and allowances	а	l				
ı	b	Less cost of goods sold	b					
{		Net income or (loss) from sale						
ſ		Miscellaneous Revenu		Business Code				
Ī	11 a]		
	b							T
	c							
}	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		▶ 「	363,662.	0.	0.	32,646.
632009	11-11							Form 990 (2016)

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	200,550.	200,550.		
2	Grants and other assistance to domestic	_			
	individuals See Part IV, line 22	11,265.	11,265.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	 			
4	Benefits paid to or for members	 			·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		•		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes		·		
11	Fees for services (non-employees)				
а	Management				
b	Legal	L	L		
С	Accounting				
d	, 3				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,315.	1,315.		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	4,211.	4,211.		
12	Advertising and promotion				
13	Office expenses		 		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>	 	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK CHARGES	100.	100.		
b					
C			· · · · · · · · · · · · · · · · · · ·		
d					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	217,441.	217,441.	0.	0.
26	Joint costs. Complete this line only if the organization	<u> </u>	<u> </u>	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)				

973,039. Form 990 (2016)

973,039.

30

31

32

33

821,435

821,435

30

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2016) CHRISTWOOD FOUNDATION	72-133	6124	Pag	_{2e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	363	3,6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	217	7,4	<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>35.</u>
5	Net unrealized gains (losses) on investments	5		5,7	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<3	<u> 25.</u> :
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	973	3,0	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1)	l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		1
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	Ì	l
	separate basis, consolidated basis, or both		1 1		l
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		Į
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 (l
	consolidated basis, or both		1 1	[l
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1	İ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt	} }	ļ	l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		ļ	!
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	മവ	2016\

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

internal Revenue Service

Public Charity Status and Public Support

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

CHRISTWOOD FOUNDATION 72-1336124 Part I 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 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 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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). X 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. 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 listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 72-1192571 CHRISTWOOD 10 X 0 0.

	1 30 110 11 Support test 2010. If the organization old hot check the box of life 10, and life 14 is 00 17070 of more, once the box and		_
	stop here. The organization qualifies as a publicly supported organization	▶[
b	33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		
	and stop here. The organization qualifies as a publicly supported organization		
17a	10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		Ш
b	10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ĺ	

Schedule A (Form 990 or 990-EZ) 2016 CHRISTWOOD FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

•				J	, ,	Part II. If the organi	
Section A. Public Sur	e tests listed below, j	please comp	lete Part II)				
		-) 0010	(h) 2012	(-) 2014	(d) 2015	(a) 2016	(6) Total
Calendar year (or fiscal year b 1 Gifts, grants, contributi		a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
membership fees recei	' [,					
include any "unusual q	,	ļ					
, ,	· · ·					 	
2 Gross receipts from ad merchandise sold or se	imissions, ervices per-	İ		!			
formed, or facilities furn				1		1	
any activity that is relat		ł		1		1	
organization's tax-exen	· · · · · · · · · · · · · · · · · · ·				<u> </u>	 	
3 Gross receipts from ac		Į					
are not an unrelated tra		j					
iness under section 51	·			<u> </u>		 	
4 Tax revenues levied for							
ization's benefit and eit	. 1	{				•	
or expended on its beh	\					 	
5 The value of services o		ł					
furnished by a governn	I						
the organization withou	·					 	
6 Total. Add lines 1 throu					<u> </u>	 	
7a Amounts included on li	' '	{					1
3 received from disqua	· —					 	
Amounts included on lines 2 ai from other than disqualified pe		l					
exceed the greater of \$5,000 or	1	}					
amount on line 13 for the year	 					 	
c Add lines 7a and 7b						 	
8 Public support. (Subtract)				L	<u> </u>		
Section B. Total Supp						1	
Calendar year (or fiscal year be	eginning in) ► 🔃 (a	2012	(b) 2013	(c) 2014_	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						 	
10a Gross income from inte dividends, payments re	· · · · · · · · · · · · · · · · · · ·]			1		
securities loans, rents,	royalties	Ì		1	}		1
and income from simila	r sources						
b Unrelated business taxable	· · · · · · · · · · · · · · · · · · ·						
(less section 511 taxes) fro	· · · · · · · · · · · · · · · · · · ·			1			
	om businesses						
acquired after June 30, 19	om businesses						
acquired after June 30, 19 c Add lines 10a and 10b	om businesses 175						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela	om businesses 175 uted business						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included ii whether or not the busi	om businesses i75 uted business n line 10b,						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busi regularly carried on	om businesses 175 uted business in line 10b, iness is						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the businegularly carried on 12 Other income Do not in	om businesses 175 Itted business in line 10b, liness is include gain						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busi regularly carried on	om businesses 175 Ited business in line 10b, iness is include gain capital						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busi regularly carried on 12 Other income Do not in or loss from the sale of	om businesses 175 Itted business in line 10b, iness is include gain capital VI)						
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the businegularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part N	om businesses 175 Inted business in line 10b, liness is Include gain capital (VI) 10c, 11, and 12)	rganization's	first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busingularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part Notal support. (Add lines 9, 14 First five years. If the Echeck this box and sto	om businesses 175 Inted business in line 10b, liness is include gain capital (VI) 10c, 11, and 12) Form 990 is for the oil phere	<u> </u>		d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included in whether or not the busingularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part National Support, (Add lines 9, 14 First five years, If the First five yea	om businesses 175 Inted business in line 10b, liness is include gain capital (VI) 10c, 11, and 12) Form 990 is for the oil phere	<u> </u>		d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the businegularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part V. 13 Total support. (Add lines 9, 14 First five years. If the Fighter this box and stores of the support of the check this box and stores of the support percent.)	om businesses 75 Inted business In line 10b, Inness is Include gain Capital VI) 10c, 11, and 12) Form 990 is for the or Phere Ion of Public Su age for 2016 (line 8, 6	pport Per	centage		ax year as a secti	on 501(c)(3) organiz	9/
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busing regularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part Value 13 Total support. (Add lines 9, 14 First five years. If the Echeck this box and sto) Section C. Computation	om businesses 75 Inted business In line 10b, Inness is Include gain Capital VI) 10c, 11, and 12) Form 990 is for the or Include gain Capital VI) age for 2016 (line 8, age from 2015 Schee	pport Per column (f) div	centage vided by line 13, o		ax year as a secti		▶□
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included it whether or not the bust regularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part V 13 Total support. (Add lines 9, 14 First five years. If the Ficheck this box and storing Section C. Computation 15 Public support percentation D. Computation 25 Computation D. Computation 26 Computation D. Computation 27 Computation 27 Computation 28 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 29 Computation 20 Computation 29 Computati	om businesses itted business in line 10b, iness is include gain capital VI) form 990 is for the or phere ion of Public Su age for 2016 (line 8, or age from 2015 Sched ion of Investme	pport Per column (f) div dule A, Part i nt Income	centage vided by line 13, o II, line 15 Percentage	column (f))	ax year as a secti	15	9/ 9/
acquired after June 30, 19 c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the busing regularly carried on 12 Other income Do not in or loss from the sale of assets (Explain in Part V.) 13 Total support. (Add lines 9, 14 First five years. If the Ficheck this box and sto) Section C. Computation 15 Public support percentation D. Computation 16 Public support percentation D. Computation 17 Investment income percentation.	om businesses 75 Inted business In line 10b, Iness is Include gain Capital VI) 10c, 11, and 12) Form 990 is for the or Inphere Ion of Public Su age for 2016 (line 8, or Include gain	pport Per column (f) div dule A, Part I nt Income e 10c, colum	centage vided by line 13, of ll, line 15 Percentage in (f) divided by line	column (f))	ax year as a secti	15 16	9/ 9/ 9/
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	х	
			! I
	2		X
	_3a		X
	3b		-
	3c		
	4a		X
	4b		
	,	'	
	4c		
		1	
	5a		<u> </u>
	5b_		
	5c		
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	6		_X_
	l	,	
	7		X
ı	8	-	X
İ	9a		X
	9b		X
	9c		x
	10a		<u>x</u> _
	10b		
n 9	90 or 99	90-EZ	2016

		122017	4 Pa	ige 5
Pa	Irt IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	,		l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L)	X
<u>5ec</u>	ction B. Type I Supporting Organizations		J.,	
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		\ \ \ \	ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	ĺ
	controlled the organization's activities. If the organization had more than one supported organization,		}	{
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		3,5	1
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported		,	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		Ì	
	supervised, or controlled the supporting organization	2	li	_X_
Sec	ction C. Type II Supporting Organizations		r	r
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			}
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			}
	or management of the supporting organization was vested in the same persons that controlled or managed		[1
	the supported organization(s)	11		L
Sec	ction D. All Type III Supporting Organizations			Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		 -
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3	Ĺi	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions		r
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ĺ	}
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ĺ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			(
	how the organization was responsive to those supported organizations, and how the organization determined			ł
	that these activities constituted substantially all of its activities	2a	L	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these) 1	1
	activities but for the organization's involvement.	_2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		[1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			(
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	L_

	edule A (Form 990 or 990 EZ) 2016 CHRISTWOOD FOUNDATION			72-1336124 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
٠ 1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	 other Type III non-functionally integrated supporting organizations must of 	complete Se	ections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016 CHRISTWOOD FC			72-1336124 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued))
Sec	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		1
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions			i
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	 		
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions	}		1
3	Excess distributions carryover, if any, to 2016			
а				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)	1		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f	1		
4	Distributions for 2016 from Section D.	<u> </u>		
•	line 7· \$	ļ.		
	Applied to underdistributions of prior years		 	
	Applied to 2016 distributable amount	 	 	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if	 	 	
_	any Subtract lines 3g and 4a from line 2. For result greater	}		
	than zero, explain in Part VI See instructions	}		j
6	Remaining underdistributions for 2016. Subtract lines 3h	 		1
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			(
7	Excess distributions carryover to 2017. Add lines 3	† 		
•	and 4c		!	
8	Breakdown of line 7	 	<u> </u>	
a	a.ca.co.mormor	 		
	Excess from 2013	 		
	Excess from 2014	 		
	Excess from 2015	†		
<u> </u>		<u> </u>	L	

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	FORM 990 or 990-E2) 2016 CHRISTWOOD FOUNDATION 72-1336124 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
	
	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	CHRISTWOOD FOUNDAT		72-1336124
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u></u>	<u> </u>
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
D -	impermissible private benefit?		Yes No
Ра	rt II Conservation Easements. Complete if the org		Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	, ,	2c
a	Number of conservation easements included in (c) acquired a	arter 8/17/06, and not on a historic struc	i I
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel year	leased, extinguished, or terminated by tr	ne organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		-
•		Training of Violations, and officially con-	, oo, rang, rouge, no year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$	3	<i>5 ,</i>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treation	asures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	•	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/control 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection (sheck all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table	No No
(check all that apply) a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table	□ No
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table	□ No
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table	□ No
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table	□ No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the organization and explain how they further the organization's exempt purpose in Part XIII.	□ No
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the organization and part XIII and complete the following table	□ No
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the organization and part XIII and complete the following table	□ No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of Yes If "Yes," explain the arrangement in Part XIII and complete the following table	□ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table	☐ No
on Form 990, Part X? Description: Descript	
b If "Yes," explain the arrangement in Part XIII and complete the following table	
	t
A	<u>t</u>
Amour	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fou	r years back
1a Beginning of year balance 0. 379,086.	
b Contributions 111,525. 3,610.	
c Net investment earnings, gains, and losses 4,622, <1,547.	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses 661, 2,345.	
g End of year balance 115,486, 378,804.	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.	
a Board designated or quasi-endowment	
b Permanent endowment > %	
c Temporarily restricted endowment ▶ %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by.	Yes No
(i) unrelated organizations 3a(i)	X
(ii) related organizations 3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	—
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Boo	k value
basis (investment) basis (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	

Schedule D (Form 990) 2016

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CHRISTWOOD FOUNDATION		72-133612 4 Pac
Part XI Reconciliation of Revenue per Audited Financi		ue per Return.
Complete if the organization answered "Yes" on Form 990, Pa		
1 Total revenue, gains, and other support per audited financial stateme	nts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	_2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	_4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5
Part XII Reconciliation of Expenses per Audited Financ	-	nses per Return.
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	}
a Donated services and use of facilities		
b Prior year adjustments	2b	
c Other losses	_2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part in	, line 18.)	5
Part XIII Supplemental Information.		
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1		Part V, line 4, Part X, line 2, Part XI,
es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.	
ADM TO TIME 4.		
ART V, LINE 4:		
HE ALMA WIRTH AND ODILE SIMPSON FUND	la puppode ta mo	CUDDADM MUE
WE WINE MIKIH WIND ODITE SIMPSON FOND	5 PURPOSE 15 TO	SUPPORT THE
UDICHWOOD DWDI OVER DRNEUOI DNOR BIND		
HRISTWOOD EMPLOYEE BENEVOLENCE FUND.		
		
		
		
		

Schedule D (Form 990) 2016

632054 08-29-16

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public 2016 Inspection

N X BENEVOLENCE/EXPANSION/SKI Employer identification number 72-1336124 (h) Purpose of grant TURSING BENEVOLENCE or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any RESIDENT 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 200,550 (c) IRC section (if applicable) CHRISTWOOD FOUNDATION General Information on Grants and Assistance 72-1192571 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 100 CHRISTWOOD BLVD Name of the organization COVINGTON, LA 70433 CHRISTWOOD Parti Part

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

632101 11-01-18

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

72-1336124

Page 2

Schedule I (Form 990) (2016) CHRISTWOOD FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
EMPLOYEE BENEVOLENCE FUND RECIPIENTS	9	.000,6	0		
EMPLOYEE EDUCATION FUND RECIPIENTS	()	2 265.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information	uired in Part I, Im	e 2; Part III, column	(b), and any other ac	Iditional information	

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Name of the organization

CHRICOWOOD FOINDATION

Employer identification number 1336124

CHRISIWOOD FOUNDATION 72-1330124
FORM 990, PART VI, SECTION A, LINE 8B:
ALL FOUNDATION BUSINESS IS CONDUCTED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DIRECTOR OF ACCOUNTING, TREASURER OF THE BOARD OF DIRECTORS AND THE
EXECUTIVE DIRECTOR OF THE FOUNDATION REVIEW FORM 990. ONCE IT HAS BEEN
REVIEWED, IT IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW. AFTER IT HAS
BEEN APPROVED BY THE DIRECTOR OF ACCOUNTING AND THE PRESIDENT OF THE BOARD
OF DIRECTORS, IT IS THEN GIVEN TO THE EXECUTIVE DIRECTOR FOR SIGNATURE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPARATIVE COMPENSATION DATA WAS OBTAINED BY RESEARCHING AFP, AHP AND CCRC
DEVELOPMENT PROFESSIONAL PUBLISHED SALARY INFORMATION AND USED TO DETERMINE
A COMPETITIVE SALARY FOR THE EXECUTIVE DIRECTOR OF THE FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST TO THE PUBLIC DURING THE
TAX YEAR.

Complete if the organization answered "Ves" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. Name of the organization SCHEDULE R (Form 990)

OMB No 1545-0047 2016

Employer identification number 72-1336124 Open to Public Inspection

CHRISTWOOD FOUNDATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(bX13) controlled Schedule R (Form 990) 2016 ဍ × entity? Yes Direct controlling status (if section Public charity 501(c)(3)) SUPPORTED <u>e</u> f9 PUB. Exempt Code section 501(C)3 Legal domicile (state or foreign country) OUISIANA DESIGNED FOR AGES 60 AND Primary activity LIFE PLAN COMMUNITY OLDER Name, address, and EIN of related organization 70433 100 CHRISTWOOD BLVD, COVINGTON, LA CHRISTWOOD

Schedule R (Form 990) 2016 CHRISTWOOD FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year 72-1336124 Part III

Page 2

(a)	(q)	<u>©</u>	(Q)	(e)	((6)	3	(6)	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	onate 15?	UB! n box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		499613	Yes No	K-1 (Form 1065)	Yes No	
									-	
				,						
									+	
									+	
					_					
									+	
	7-									
	T-									
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990. Part IV line 34 because it had one or more related	rganizations Taxable a	s a Corpo	ration or Trust. Co	mplete if the organization	on answered "Yes	" on Form 990. P.	art IV. line 34	because it had or	e or mor	e related

organizations treated as a corporation or trust during the tax year Part IV

, .		1	
Section 512(b)(13) controlled entity?	Yes		
(h) Percentage sownership) ,		
(g) Share of end-of-year			
Share of total income			
(e) Type of entity (C corp., S corp,			
(d) (e) Direct controlling Type of entity (C corp. S corp. (C corp. S			
(c) Legal domicile (state or foreign	country)		
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2016

632162 09-06-16

Part V Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				}		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Darts II IV.)	es with one or more re	Lotel anothernous batel	2/2 E 242 E 2/2		Yes	Ş
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>		2	4		×
h Gift grant or canital contribution to related organization(s)					>	
				2	4	
 Giff, grant, or capital contribution from related organization(s) 				ည		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				<u>ə</u>		×
f Dividends from related organization(s)				#		×
a Sale of assets to related organization(s)				2		×
				Ę		×
i Evolucio of secosts with related organization(e)				ï	Γ	:
EACHAING OF ASSETS WITH FEATER OF GALLICATION (S)					T	4
 j Lease of facilities, equipment, or other assets to related organization(s) 				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1 E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			ŧ	×	
				9	×	
p Reimbursement paid to related organization(s) for expenses				10		×
				19		×
r Other transfer of cash or property to related organization(s)				;		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	iis line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved		
	(n=) ad(r					
(1) CHRISTWOOD	В	200,550.				}
(2)						
						}
(4)						
2						
(9)						
632163 09-08-16			Schedule	Schedule R (Form 990) 2016	066 u	2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

and the contract of gaingained to be distincted a legal will be accussed to the last moves then partnerships	orracions regarding excit		estment partnerships						}
(a) Name address and FIN	(b)	(c)	(d)		(6)	ε	(E)	9	₹
of entity	rillialy activity	(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under ons?	Share of total	Share of end-of-year assets	tonate allocations?	Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
								3	
								F	
							-		
								-	
								_	
						1		+	
						1		†	
							_	- `	
])
								1	

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	CHRISTWOOD	FOUNDATION		72-1336124	Page 5
Part VII	Supplemental Info	rmation.				
•	Provide additional inform		nuestions on Schedule F	R. See instructions		
		<u></u>	aconono on conocano.			
•						
						
					_	
						
						
						
						
						
						
						
						
			·			
	·					
						
						
						
						

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Schedule R (Form 990) 2016