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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A Fo	or the 2	2016 calendar year, or tax year beginning , 20	16, and ending		, 20			
1	3 Ch	eck if ap	plicable C Name of organization		D Employ	er identification number			
[Ad	dress cl	nange SOUTHWEST LOUISANA FOUNDATION OF GR	SOUTHWEST LOUISANA FOUNDATION OF GRACE INC					
	Na	me char	ge Number and street (or P.O. box, if mail is not delivered to street address	(ss) Room/ suite	E Telepho	81-0875519 ne number			
[Init	tial retur	n	55.15					
[Fin	nal retur	1/terminated 1742 P E DAIGLE RD			(337) 244-9465			
[Am	nended r		postal code	F Group E	oup Exemption			
[Apı	plication	pending IOWA LA 70647		Number				
Ī	G Ac	countir	ng Method X Cash Accrual Other (specify) ▶	H C	heck ▶ X r	If the organization is not			
	i We	ebsite:	▶ N/A			attach Schedule B			
,	J Ta	x-exe	npt status (check only one) X 501(c)(3) 501(c)() ◀ (insert no) 4947	(a)(1) or 527 (f	orm 990, 99	990-EZ, or 990-PF)			
ī	(Fo	rm of c	rganization X Corporation Trust Association	Other		· · ·			
1	- Ad	add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,							
_	col	lumn (E	3) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
	Par	t I	Revenue, Expenses, and Changes in Net Assets or Fu	nd Balances (s	ee the instruc	ctions for Part I)			
			Check if the organization used Schedule O to respond to any question in the						
_		1	Contributions, gifts, grants, and similar amounts received			1			
		2	Program service revenue including government fees and contracts .			2			
		3	Membership dues and assessments			3			
		4	Investment income			4			
		5a	Gross amount from sale of assets other than inventory	5a					
		b	Less cost or other basis and sales expenses	5b					
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b fro	m line 5a) · · · ·		5c			
		6	Gaming and fundraising events						
		а	Gross income from gaming (attach Schedule G if greater than						
	Revenue		\$15,000)	6a					
	Š	b	Gross income from fundraising events (not including \$	of contribu	tions	_			
	æ		from fundraising events reported on line 1) (attach Schedule G if the			*			
			sum of such gross income and contributions exceeds \$15,000)	6b					
		С	Less direct expenses from gaming and fundraising events $\hdots \dots \dots$	6c					
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and	d 6b and subtract					
			line 6c)			6d			
		7a	Gross sales of inventory, less returns and allowances	7a					
		b	Less cost of goods sold · · · · · · · · · · · · · · · · · · ·	7b		- The state of the			
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	RECEIVED	-	7c			
		8	Other revenue (describe in Scriedule O)	COLIVED	<u></u>	8			
<u> </u>		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> ၂၀</u> ▶	9 0			
Z		10		PR 1 8 2017		10			
F		11	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·		11			
-	ses	12	Salaries, other compensation, and employee benefits	GDEN, UT		12			
MAY	Expenses	13	Treesbierna recourse sailer payments to independent contractors			13			
\mathbf{z}	Ext	14	Occupancy, rent, utilities, and maintenance			14			
		15	Printing, publications, postage, and shipping			15			
Ш		16	Other expenses (describe in Schedule O)			16			
SCANNED		17	Total expenses. Add lines 10 through 16		17 0				
	y,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18			
	se	19	Net assets or fund balances at beginning of year (from line 27, column (A)	•					
Ğ	Net Assets		end-of-year figure reported on prior year's return)			19			
	Se	i	Other changes in net assets or fund balances (explain in Schedule O)			20			
=	لِ	21	Net assets or fund balances at end of year. Combine lines 18 through 20	······································	· ▶	21 Form 990-F7 (2016)			

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Balance Sheets (see the instruct Check if the organization used Sched		question in this Part II			П
•	Official into organization asca control	die O to respond to uny	·	inning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			0	22	0
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	
25	Total assets			0	25	0
26	Total liabilities (describe in Schedule O) .			0	26	0
27	Net assets or fund balances (line 27 of col			0	27	0
Pá	art III Statement of Program Ser	vice Accomplishm	ents (see the instruction	s for Part III)		Expenses
Des as r	Check if the organization used Sche at is the organization's primary exempt purpose scribe the organization's program service accor measured by expenses. In a clear and concise sons benefited, and other relevant information	e? SEE ATTACH mplishments for each of manner, describe the se	MENT #1	ervices.	50° org	equired for section 1(c)(3) and 501(c)(4) panizations, optional others.)
29	(Grants \$) If this am	ount includes foreign gra	ants, check here		288	
30	(Grants \$) If this am	ount includes foreign gra	ants, check here	▶ 🗓	29a	
24		ount includes foreign gra	ants, check here .	· • []	30a	<u> </u>
31	Other program services (describe in Schedule	•		. \square		
32	(Grants \$) If this am Total program service expenses (add lines a		ants, check here		31a	
					32	
Ρā	List of Officers, Directors, Trustee Check if the organization used Sche		·	* · · · · · · · · · · · · · · · · · · ·	see tn	e instructions for Part IV)
	Check if the organization used Sche	edule O to respond to an	T	1		_ ·· ·· ·· · · <u>·</u> · 🗠
	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099 - MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compe	o lans,	(e) Estimated amount of other compensation
SE	E ATTACHMENT #2					
			<u> </u>			

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SOUTHWEST LOUISANA FOUNDAT

Page 2

Form 990-EZ (2016)

The organization's books are in care of ► SEE ATTACHMENT #3 Located at ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u> .		Х
detailed description of each actively in Schedule O. Were any springenal changes on the reginatoring or governing documents? If "Yes," attach a conformed copy of the armended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34	22	Did the exemplation engage in any supplication in the second of the seco		Yes	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 bit for organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8, a, and 7a, among others)? 35 bit fives," to line 35s, has the organization lifed a Form 990-1 for the year? If "Yes," provide an explanation in Schedule O Was the organization network of \$1,000 or more during the year of the organization subject to section 6033(e) notice, reporting, and proxy its requirements during the year? If "Yes," complete applicable parts of Schedule N. Part III. 36 Did the organization interfers a disquitation, disposition, reministon, or significiant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. Part III. 37 Enter amount of potitical expenditures, ferteor to indirect, as described in the instructions. ▶ 127e 37b 37c 37b 37c 3	JJ			1,	
copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated husiness gross recorne of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35s, has the organization flaid a Form 990—T for the year? If "No," provide an explanation in Schedule O 35b X If "Yes," to line 35s, has the organization of section 50 (c)(4), 50 (c)(5), or 501 (c)(5) organization subject to section 033(e) notice, reporting, and proxy tax requirements during the year? If "No," provide an explanation in Schedule O 75 (c) (c) (c) (c) (c) (c) (c)(6) organization subject to section 033(e) notice, reporting, and proxy tax requirements during the year? If "No," provide an explanation in Schedule O 75 (c)	34		33	X	
change on Schedule O (see instructions) 30 Did the organization have emitted business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 55 Um (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	04				
35a Did the organization have unrelated business gross morm of \$1,000 or more during the year from business activities (such as those resported on lines 2.6 a.d. and 7.a. among others)?			24	v	
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" is time 35a, has the organization field a Form 990-1 for the year? If "Yes," complete Schedule C, Part III	35a		34	Λ	
b II "Yes," to line 35a, has the organization filed a Form 990—T for the year? II "No," provide an explanation in Schedule O Was the organization solici(s), 350 ((s)), 50 (s) (e)(s) (s), 50 (e)(s) (g) and solicity of section \$303(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III \$\$ 80 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes," complete Schedule N \$\$ 81 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 82 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 83 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 84 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 85 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 86 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 87 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 87 Their amount of political expenditures, direct or indirect, as described in the instructions \$\$ 88 Their amount of political expenditures and state of the tax year covered by the return \$\$ 89 Their amount of political expenditures and state of the tax year covered by the return \$\$ 80 Their amount in the political expenditures and state of the tax year covered by the return \$\$ 80 Their amount in their amount involved \$\$ 80 Their amount in their amount in their amount involved \$\$ 80 Their amount in their amount			35a		Х
c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If "Yes," complete spelicable parts of Schedule N 37a Enter amount of policate legendatives, direct or indirect, as described in the instructions 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37c Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL form 1	b				X
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36 b) Of the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If "Yes," complete applicable parts of Schedule N. 27 b) Did the organization life Form 1120-POL for the year? 38 b) Did the organization life Form 1120-POL for the year? 39 b) Did the organization life Form 1120-POL for the year? 39 b) Did the organization life Form 1120-POL for the year? 39 b) Did the organization life Form 1120-POL for the year? 39 b) If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b) If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b) If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b) If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter. a Invitation fees and capital contributions included on line 9. B) Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4915 b) Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization unique year under section 4915 b) Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a pinor year that has not been reported on any of its pinor forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I b) 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40c reimbursed by the organization among the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or displace form 8988-T b) Coated at 1 and 1 a			35c	}	Х
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376 b Did the organization if Portical expenditures, direct or indirect, as described in the instructions ▶ 376			36	,	Χ
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 388	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	2		1
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b 1	b	Did the organization file Form 1120-POL for this year?	37b		Χ
any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38 X Y Y Y Y Y Y Y Y Y	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		3.63	2.4
39 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exysection 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and 4058. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X 11 List the states with which a copy of this return is filed. ▶ NONE 12 The organization's books are in care of ▶ SEE ATTACHMENT # 3 Telephone no. ▶ ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest			38a		
a Intiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities Section 501(c(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4911 ▶ section 4912 ▶ section 4911 ▶ section 4911 ▶ section 4911 ▶ section 4912 ▶ section 4911 ▶ section 4912 ▶ section 4913 ▶ section 4912 ▶ sectio	þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	33.3		(#4 %)
b Gross receipts, included on line 9, for public use of club facilities . 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year orbit section 4911 ▶	39	1 I	_		1. 4.
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4916 ▶ section 4918 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I 40b X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T Located at ▶ NONE 142a The organizations books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶ Located at ▶ Located at ▶ Located at ▶ ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	а				
b Section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an expect of 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . 40b			~ *		(c. 191
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organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886–T List the states with which a copy of this return is filed NONE The organization's books are in care of SEE ATTACHMENT #3 Telephone no. Located at Located at Located at Located at Located at SEE ATTACHMENT #3 Telephone no. ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. 3 Section 4947(a)(1) nonexempt chantable trusts filing Form 990–EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ C Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ 44b X 45c Did the organization receive any payments for indoor tanning services during the year? 45d Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be	_		40b		X
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of SEE ATTACHMENT #3 Telephone no. ZIP+4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?				. z 7. jb.	
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c Did the organization receive any payments for indoor tanning services during the year?	b		4,	- '	
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		·			
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meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				,	 ^-
meaning of section 312(b)(13)* if Tes, Form 990 and Schedule H may need to be completed instead of	400				
		•			x

Forn	<u> 9</u> 90-EZ	<u>(2016)</u>							Pa	age 4
46		organization engage, directly or indirectly, in	•	_		• •		. 46		No
Pa	rt VI	Section 501(c)(3) organizations			·· · · · · · · · · · · · · · · · · · ·		<u> </u>	. 46		X
		All section 501(c)(3) organizations must an	-	ns 47-49	9b and 52, and com	plete the ta	bles for lines			
		50 and 51.			22 474 32, 474 337	ipioto trio te				
		Check if the organization used Schedule C) to respond	to any q	uestion in this Part \	VI				🛭
									Yes	No
47		organization engage in lobbying activities or "Yes," complete Schedule C, Part II				•		. 47		Х
48		rganization a school as described in section 1								X
49a		organization make any transfers to an exemp		•	•			49a	1	X
b		" was the related organization a section 527 o		49b		X				
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key								
	employ	ees) who each received more than \$100,000	of compensa	tion fron	the organization. It	f there is no	ne, enter "None	."		
			(b) Averag	ge	(C) Reportable	(d) Healti	th benefits, contrib— to employee benefit (e) Estimated amou			
	_	(a) Name and title of each employee	hours per devoted to p		compensation (Forms W-2/1099-MISC)	plans,	and deferred	other co		
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				-						
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	Total n	and a state and a second secon				<u> </u>				
f 51		umber of other employees paid over \$100,000								
51	-	ete this table for the organization's five highest 00 of compensation from the organization. If the	•	•		wno each r	eceived more tha	an		
	\$100,00	oo of compensation from the organization. If the	iere is none,	enter iv	ione.		I			
	(a) N	lame and business address of each independent contr	actor		(b) Type of service		(c) c	ompensatio	n	
TON	JE.									
-			,				-	•		
			-			•				
							<u> </u>			
d	Total nu	umber of other independent contractors each	receiving over	er \$100,0						
52	Did the	organization complete Schedule A? Note: Al	section 501	(c)(3) or	ganızatıons must att	tach a		_	_	
	comple	ted Schedule A · · · · · · · · · · · · · · · · · ·						▶ Ye	s X	No
		of perjury, I declare that I have examined this return, of complete Declaration of preparer letter than office						edge and be	lief, it is	
true, c	orrect, an	o complete Declaration of the parer letter than office	THIS DASED ON A	intormat	ion of which preparer i	nas any know	ieoge 	T		
			luce	weed 5				<u> </u>		
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		KAREN DOUCET	NW			ו ו'צב		P0004		1
'	parer	Firm's name HRB TAX GROUP	TINC DO				Firm's EIN • 43	318/18 7-477-		
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way '	ine IHS (discuss this return with the preparer shown at	over See ins	struction	<u> </u>		<u></u>	- M 16	:3	140

FDA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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 Name of the organization 81-0875519 SOUTHWEST LOUISANA FOUNDATION OF GRACE INC 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). 4 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 II, 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 (vi) Amount of other (V) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization listed in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

(D) (E) Total

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ 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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

81-0875519

ORGINATION TO HELP DISABLED VETERAN GET A HOME -

SOUTHWEST LOUISANA FOUNDATION OF GRACE INC