

# **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

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

**Open to Public** Inspection

		of the Treasury nue Service	▶ Information about Form 990-EZ and its instructions is a	at www.irs.gov/fori	n990.	Inspection
				016, and ending	7-31	, 20 17
<b>B</b> 0	heck if a	pplicable	C Name of organization		D Employer is	dentification number
	Address o	change	THIBODAUX BIDDY BASKETBALL ASSN, INC.			58-1876494
	Name cha	ange	-Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone	
=	nitial retu		P O BOX 5453	·	(0	85) 633-2984
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	A2	F Group Exe	
=	Amended Applicatio	on pending	THIBODAUX, LA 70302	03	Number	
		ting Method	✓ Cash Accrual Other (specify) ►			ıf the organization is <b>not</b>
	Vebsite					tach Schedule B
J Ta	ax-exer	npt status (che	eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)		•	00-EZ, or 990-PF)
		organization	<u> </u>		· · ·	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000		assets	
(Par	t II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b>	\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	ances (see the	instruction	s for Part I)
			the organization used Schedule O to respond to any quest			
	1		ons, gifts, grants, and similar amounts received		1	
	2		ervice revenue including government fees and contracts .		. 2	58,726
	3		ip dues and assessments		3	05,720
	4	Investment			4	
	5a	Gross amo	ount from sale of assets other than inventory	5a	Nove,	
	ь			5b	CONT.	
	С		ss) from sale of assets other than inventory (Subtract line 5b from		5c	
	6		d fundraising events		unit Mile	
	а	Gross inco	ome from gaming (attach Schedule G if greater than		in military	
e		\$15,000)		6a		
ē	ь	Gross inco	me from fundraising events (not including \$	of contributions		
Revenue			aising events reported on line 1) (attach Schedule G if the			
т.			h	6ь		
	С		· •	6c	476.7	
	d		e or (loss) from gaming and fundraising events (add lines 6a			
		line 6c) .			6d	
	7a	Gross sales	s of inventory, less returns and allowances	7a		
	b			7b		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a		7c	
	8		nue (describe in Schedule O)		8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. • 9	58,726
	10		similar amounts paid (list in Schedule 0) . RECE		10	00,720
	11		aid to or for members	- IXI	11	
S	12	Salaries of	ther compensation, and employee benefits	9 2018	. 12	
nse	13	Professiona	al fees and other payments to independent contractors JUN 1	القال وروزة	13	
Expenses	14	Occupancy	/, rent, utilities, and maintenance	·······	14	1,152
Ĕ	15		ublications, postage, and shipping \ CCD	ENLLL	. 15	
	16	-	inses (describe in Schedule O)		. 16	62,912
	17		nses. Add lines 10 through 16		▶ 17	64,064
S	18		deficit) for the year (Subtract line 17 from line 9)		. 18	-5,338
šet	19		or fund balances at beginning of year (from line 27, column	(A)) (must agree		
AS			r figure reported on prior year's return)		19	17,346
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O).		20	,,,,,,,,,
Z	21		or fund balances at end of year. Combine lines 18 through 20		. ▶ 21	12,008
For	Paper		on Act Notice, see the separate instructions.	Cat No 10642I		Form <b>990-EZ</b> (2016)



Form	990-FZ	(2016)

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Ρ	а	a	Δ	-

Pa	rţ II	Balance Sheets (see the instructions	for Part II)				rage Z
		Check if the organization used Schedul		nu guastian in this	Doub II		
		Shook ii the organization asea Schedul	e O to respond to a	ily question in this	(A) Beginning of year	r <del>-</del>	(B) End of year
22	Cas	h, savings, and investments		-	· · · · · · · · · · · · · · · · · · ·	22	<del></del>
23		d and buildings			17,346	23	12,008
24		er assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	24	
25		al assets			17,346		12.000
26		al liabilities (describe in Schedule O) .	•		17,340	26	12,008
27		assets or fund balances (line 27 of colum	n (B) <b>must</b> agree with		17,346		12 009
Par	t III	Statement of Program Service Accord	nplishments (see th	e instructions for	Part III)		12,008
		Check if the organization used Schedul	e O to respond to a	nv question in this	Part III		Expenses
Wha	t is the	organization's primary exempt purpose?	<u> </u>	., 4400.000		,	quired for section
Desc	cribe th	ne organization's program service accomp	lishments for each o	f its three largest p	program services,	orga	(c)(3) and 501(c)(4) anizations, optional for ers )
pers	ons be	ed by expenses. In a clear and concise in nefited, and other relevant information for e	each program title.			Olin	
28		NIZE BASKETBALL GAMES AND COACHES I					
	7 TO 1	2.					
	(Grant	ο Φ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A f . l C				
29	(Grant		t includes foreign gra			<b>28</b> a	58,726
29							
	(Cront	ο Φ \ \ <b>!! ! ! ! ! ! ! ! ! !</b>					
30	(Grant		t includes foreign gra		▶ ⊔	29a	9
30							
	(Grant	-					
24	(Grant		t includes foreign gra		<u> ▶ ∐</u>	30a	
31		program services (describe in Schedule O)					
33	(Grant		t includes foreign gra	nts, check here .	▶ U	31a	+
	t IV	program service expenses (add lines 28a				32	
гаг	UV	List of Officers, Directors, Trustees, and Ke				ıstru	ctions for Part IV)
		Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,	<del></del>	· · · <u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe		Estimated amount of other compensation
Kevi	1 Cleme	ent	_				
Presi	dent		5			0	0
Quin	n Stran	der	_			İ	
	Preside		11	(		0	0
	Lawles	SS					
Secr			1	(	)	<u> </u>	0
	ne Rod	rigue					
Treas	surer		1 1		0	0	0
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		•			<del> </del>	+	<del></del>
			1		1		

Part	t and the state of	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization ongogo in any provincent activity and acceptance to the U. (1900 K.) (1900 K.)		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>√</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<b>13</b>	主作
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	12.		$\Sigma_{i,j}$
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	- 7°	<b>√</b>
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			10 mm
a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on line 9			Sec.
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	を変え		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			<u> </u>
	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	1 990 4000	<b>√</b>
С	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,	\$3.5°		
	4955, and 4958	,,T'		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization	7		70
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			•
42a	The organization's books are in care of ▶ Telephone no. ▶			
	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		Yes	No
	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	42b	-5800E	<b>√</b> S\$. 14£
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		<b>√</b>
43	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	** 25°		
	completed instead of Form 990-EZ	44a	730000	<b>√</b>
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	44b	5 A C	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ja Sul M
	explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	- C - C - Bern 5	32.77.74.17
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions)	45		

							_		Yes	No
46	Did the d	organization engage, directly or in	ndirectly, in political o	ampaign activities o	n behalf of	or in opposi	tion	1).	* 2	420
		dates for public office? If "Yes," o		, Part I	· · ·			46		✓
Part \		ction 501(c)(3) organizations								
	All	section 501(c)(3) organization	is must answer que	stions 47–49b and	d 52, and c	omplete th	e tabl	les fo	r line	s
		and 51.								
	Che	eck if the organization used Sc	hedule O to respond	to any question in	this Part V	<u>.</u>	. ,			
									Yes	No
47	Did the d	organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect	during the	tax [		ĺ	
	year? If "	Yes," complete Schedule C, Par	tll				-	47		1
48	Is the org	janization a school as described ii	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E	<u>.</u>		48		Ż
		rganization make any transfers t						49a		Ż
b	If "Yes,"	was the related organization a se	ection 527 organizatio	on?			-	49b		<del>`</del>
50	Complete	e this table for the organization's	five highest compen	sated employees (of	her than off	cers. direct	∟ ors. tri	ustee	s. and	ke
	employee	es) who each received more than	\$100,000 of compe	nsation from the org	anization. If	there is non	e. ente	er "No	one "	
				1		h benefits,				
	(a) Nam	e and title of each employee	(b) Average hours per week	(c) Reportable compensation		s to employee		tımated		
			devoted to position	(Forms W-2/1099-MISC		s, and deferred ensation	othe	er comp	pensati	חנ
							<u> </u>			
	•••••									
					-		-			
	•••••									
					4.		<b></b>			
		***************************************					ĺ			
f	Total nun	nber of other employees paid over	er \$100,000 .	<b></b>						
51	Complete	e this table for the organization'	s five highest compe	ensated independen	t contractor	s who each	ı recei	ıved r	more	tha
	\$100,000	of compensation from the orga	nization. If there is no	one, enter "None."						
	(a) Nam	e and business address of each independ	lent contractor	(b) Type of se	nuce .	(c)	) Compe	ensatio	n	
	\-\ \ -\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(a) Type of se	. •.••	,,,,		modelo	'	
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						<del> </del>		-	-	
		·		1						
	Total nun	nber of other independent contra	otore oach roccurs	0 /or \$100 000		<u> </u>				
		•	9		. –					
52		organization complete Schedu d Schedule A	ile A7 <b>Note:</b> All se			must attacr	. —	Vaa		_
	•		· · · · · ·	· · · · ·		<u> </u>	.▶□		<u> </u>	
		erjury, I declare that I have examined this r inplete. Declaration of preparer (other than					owledge	e and t	oeliet, i	IS
		A Company of the Comp	- //	Which prepares	Tias arry know	cage / /	<del>( )</del>			
C:		xurune onko av	yere			Ce   14/1	<u>8</u>			
Sign		Signature of officer	J		Da	ite -				
Here		Darlene Rodrigue, Treasurer								
		Type or print name and title	In		<del></del>		<del></del>			
Paid	Prin	nt/Type preparer's name	Preparer's signature	[	Date	Check	ıf P	TIN		
Prepa	arer 🖳		<u> </u>		self-		yed			
Use C		n's name ▶			Fir	m's EIN ▶				
		n's address ▶			Pt	one no				
May the	e IRS disc	cuss this return with the preparer	shown above? See i	nstructions .				Yes	Пи	0

### SCHEDULÈ A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Department of the Treasury Internal Revenue Service

b

C

d

Thibodaux Biddy Basketball Assn, 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.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives (1) more than 331/3% 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 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the

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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.

supporting organization. You must complete Part IV, Sections A and B.

organization(s) You must complete Part IV, Sections A and C.

	functionally integrated, or	rype ili non-iunc	ilonally linegrated sup	sporting t	organizat	ion.	
f	Enter the number of supported of Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)				ĺ			
(B)							
(C)							
(D)							
(E)							
Tota	1			77.259fa	SIRKA		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the or Part III. If the organization fails to qualify under the tests listed below, pleas Section A. Public Support  Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (1) 1 Gifts, grants, contributions, and	ganization failed to que se complete Part III.)  d) 2015 /(e) 2016	(f) Total
Section A. Public Support  Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (	/	(f) Total
Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (	d) 2015 /(e) 2016	(f) Total
	/ (6) 2010	(i) Total
membership fees received. (Do not include any "unusual grants.")		
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		
3 The value of services or facilities furnished by a governmental unit to the organization without charge	/	
4 Total. Add lines 1 through 3		
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		
6 Public support. Subtract line 5 from line 4		
Section B. Total Support		
	<b>d)</b> 2015 <b>(e)</b> 2016	(f) Total
7 Amounts from line 4 /		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		
9 Net income from unrelated business activities, whether or not the business is regularly carried on		
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		
<ul> <li>Total support. Add lines 7 through 10</li> <li>Gross receipts from related activities, etc. (see instructions)</li> <li></li></ul>	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or	fifth tax year as a section	n 501(c)(3)
organization, check this box and stop here /	<u>.</u>	<b>&gt;</b> 🗀
Section C. Computation of Public Support Percentage		
Public support percentage for 2016 (line 6,/column (f) divided by line 11, column (f)) .	<b>—</b>	<u></u>
Public support percentage from 2015 Schedule A, Part II, line 14		<u>%</u>
16a 331/3% support test—2016. If the organization did not check the box on line 13, and lin		
box and stop here. The organization qualifies as a publicly supported organization  b 331/3% support test—2015. If the organization did not check a box on line 13 or 16a, a		
this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<b>&gt;</b> 🗆
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on 10% or more, and if the organization meets the "facts-and-circumstances" test, check Part VI how the organization meets the "facts-and-circumstances" test. The organization	this box and stop here.	Explain in
organization		<b>&gt;</b> 🗀
<b>b</b> 10%-facts-and-circumstances test—2015. If the organization did not check a box or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The supported expansion	st, check this box and	stop here.
supported organization /	17b, check this box and	see
	Schedule A (Form 99	0 or 990-EZ) 2016

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	sis listed beit	ow, please co	implete Part I	1.}	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2012	(2) 2010	(0) 2014	(4) 2010	(6) 2010	(i) Total
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			! ]			
	organization's tax-exempt purpose .	66,131	67,359	71,309	64,646	58,726	328,171
3	Gross receipts from activities that are not an	00,101	07,333	71,303	04,040	30,720	320,171
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities				,		
	furnished by a governmental unit to the						
	organization without charge			[			
6	<b>Total.</b> Add lines 1 through 5	66,131	67,359	71,307	64,646	58,726	328,171
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3					Ī	
	received from other than disqualified						
	persons that exceed the greater of \$5,000				İ		
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	STATE AND LOST IN	574 N 364444-72	Contained to Signature	300 300 mm	1	<del></del>
8	<b>Public support.</b> (Subtract line 7c from line 6.)			7			
Sacti	on B. Total Support	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A TAN TO STATE OF THE STATE OF		in		328,171
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	66,131	67,357	71,307	64,646	58,726	328,171
10a	Gross income from interest, dividends,	507.5	0.7007	11,007	<u> </u>		
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				ļ	ŀ	
	loss from the sale of capital assets					j	
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					50 700	220 474
14	and 12.)	66,131			64,646	58,726	328,171 2 501(c)(3)
14	organization, check this box and <b>stop he</b>	_					► □
Secti	on C. Computation of Public Suppo	_					
15	Public support percentage for 2016 (line			3, column (f))		15	%
16	Public support percentage from 2015 Sc		-			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2016					17	%
18	Investment income percentage from 201					18	
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organization 19 is not more than 231 mg/. shock this						
00	line 18 is not more than 331,8%, check this		_				_
_20	Private foundation. If the organization d	ia not check a	DOX ON line 14,	, 19a, or 19b, c	neck this box	anu see instruc	tions 🕨 🔲

#### 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

- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support 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," answ (b) and (c) below
- b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how t organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2): 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")? "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 forei supported organization? If "Yes," describe in Part VI how the organization had such control and discretidespite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2), 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 E 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 acti 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 alrea designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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 mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal beneath 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 secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat 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, determine whether the organization had excess business holdings)

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Part	Supporting Organizations (continued)			
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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?	44		
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1 (A)
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	77.7E		
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Libane.a.	AL C. I
2	Did the organization operate for the benefit of any supported organization other than the supported	77	fa)	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	333		<b>1</b>
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		2135 2135	. Turkini
Secti	on C. Type II Supporting Organizations	2		
0001	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Mar.	***	W. (1)
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	arry and		A. Paris
	or management of the supporting organization was vested in the same persons that controlled or managed			<b>Š</b> -127
<u></u>	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations		Yes	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-\$£.	res 3	No .
·	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			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how 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	- 25	ČÆST.	847)Ju
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 year (see i	nstruc	tions	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	ooo ina	trioti	onel
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	_		
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	STORY OF THE STORY		A Company
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	Ay . 1		Y. A
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		-384a397
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	湖		277
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	-2-3		
_	activities but for the organization's involvement	2b	1/9000	٠٠ , ٠٤
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		Maria Lida
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	main 1		85.084
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		- approved 19%

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section 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)	****		
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	1, 1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		SPORTAGE STREET, S
3 Subtract line 2 from line 1d.	3		<del></del>
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		
Section 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	Marchaeller in 1	
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	AND PROPERTY OF THE PARTY OF TH	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Service Commence of the Commen	
emergency temporary reduction (see instructions).	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	ly ın	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	rage r
Sect	ion D - Distributions	of apporting organi	izations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	- Janone Toan		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	noses of supported oras	anizations	<del> </del>
4	Amounts paid to acquire exempt-use assets	poses of supported orga	IIIZALIOTIS	<del></del>
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	<del> </del>
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			· · · · · · · · · · · · · · · · · · ·
8				
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount	···		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6		を開発している。	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016			WART IN THE WAY TO
a	The state of the s			Marin Mila
b				
c	From 2013	374 / 1945 - 1963 / 1965	を行う。大きでいる。	EXPRISE TEMPOR
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	TO THE STATE OF TH		
<u>h</u>	Applied to 2016 distributable amount	ALTONOMIC COMP.		
	Carryover from 2011 not applied (see instructions)			7,72
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years	%/s,		ACCESS OF THE PARTY OF THE PART
<u>b</u>	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.	the grant street was pro-	STATE OF THE STATE	****
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.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7	<b>17</b>		の は は は は は は は は は は は は は は は は は は は
а	医松上来了这些性 的态度 网络一种格尔特斯			
b	Excess from 2013	The second secon		
С	Excess from 2014			A COURT IN THE STATE OF THE STA
d	Excess from 2015			
ее	Excess from 2016 .			

Part VI	<b>Supplemental Information.</b> 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.)
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Thibodaux Biddy Basketball Assoc , Inc			58-1876494	
Tournament Fees	\$37,111			
Referees	14,771			
Uniforms	5,196			
Insurance	2,745			
Franchise Fee	750			
Miscellaneous	30	•••••		
Supplies	2,309			
Total other expenses	\$62,912			
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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