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For calendar year 2016, or tax year beginning 08-01-2016, and ending 07-31-2017

Name of foundation POWERS FOUNDATION INC HEARD MCELROY & VESTAL		A Employer identification number 75-6080974	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 1607		Room/suite	B Telephone number (see instructions) (318) 429-2029
City or town, state or province, country, and ZIP or foreign postal code SHREVEPORT, LA 71165		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 5,846,804	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	47,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	43,442	43,442		
	4 Dividends and interest from securities	94,895	94,895		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	4,904			
	b Gross sales price for all assets on line 6a _____ 62,077				
	7 Capital gain net income (from Part IV, line 2)		4,904		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	190,241	143,241		
	13 Compensation of officers, directors, trustees, etc	20,000	14,500		5,500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,755	6,000		1,755
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,718	1,319		399
	24 Total operating and administrative expenses. Add lines 13 through 23	29,473	21,819		7,654
	25 Contributions, gifts, grants paid	317,500			317,500
	26 Total expenses and disbursements. Add lines 24 and 25	346,973	21,819		325,154
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-156,732			
	b Net investment income (if negative, enter -0-)		121,422		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	324,290	235,524	235,524
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,060,908	999,654	2,903,756
	c Investments—corporate bonds (attach schedule)	49,882	49,910	58,119
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,058,659	2,052,702	2,314,185
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	314,592	312,454	335,220	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,808,331	3,650,244	5,846,804	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ☐ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	2,172,983	2,172,983	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	465,335	465,335	
	29 Retained earnings, accumulated income, endowment, or other funds	1,170,013	1,011,926	
30 Total net assets or fund balances (see instructions)	3,808,331	3,650,244		
31 Total liabilities and net assets/fund balances (see instructions) .	3,808,331	3,650,244		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,808,331
2 Enter amount from Part I, line 27a	2	-156,732
3 Other increases not included in line 2 (itemize) ▶ _____	3	27
4 Add lines 1, 2, and 3	4	3,651,626
5 Decreases not included in line 2 (itemize) ▶ _____	5	1,382
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,650,244

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr)	(d) Date sold (mo , day , yr)
1 a SPDR SERIES - ST	P		
b SPDR SERIES - LT	P		
c EMBRIDGE 20 SHS	P	1990-03-20	2017-02-28
d PIEDMONT NATURAL GAS, 1,000SHS	P	2015-12-30	2016-10-03
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 972			972
b 1,097			1,097
c 8		2	6
d 60,000		57,171	2,829
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			972
b			1,097
c			6
d			2,829
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	4,904
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

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

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

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

☐ Yes☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	299,467	5,147,152	0 058181
2014	316,312	5,520,277	0 057300
2013	272,350	5,257,930	0 051798
2012	272,024	5,221,468	0 052097
2011	254,054	4,961,994	0 051200

2 Total of line 1, column (d)	2	0 270576
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 054115
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	5,443,335
5 Multiply line 4 by line 3	5	294,566
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,214
7 Add lines 5 and 6	7	295,780
8 Enter qualifying distributions from Part XII, line 4	8	325,154

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	1,214
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	1,214
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,214
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,400
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,400
8	Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	186
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 186 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ TX		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► C CODY WHITE JR Telephone no ► (318) 429-2029			

Located at **►** 333 TEXAS STE 1500 SHREVEPORT LA ZIP+4 **►** 71101

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►	16	Yes	No

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ► ☐	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No Organizations relying on a current notice regarding disaster assistance check here. ☐ Yes ☒ No	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
C CODY WHITE JR P O BOX 1607 SHREVEPORT, LA 71165	PRES & TREAS 10 00	18,000	0	0
STEPHEN C WHITE P O BOX 1607 SHREVEPORT, LA 71165	V P 1 00	1,000	0	0
ELLEN H WHITE P O BOX 1607 SHREVEPORT, LA 71165	SEC 1 00	1,000	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	5,268,452
b	Average of monthly cash balances.	1b	257,776
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	5,526,228
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	5,526,228
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	82,893
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,443,335
6	Minimum investment return. Enter 5% of line 5.	6	272,167

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

1	Minimum investment return from Part X, line 6.	1	272,167
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,214
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,214
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	270,953
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	270,953
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	270,953

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	325,154
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	325,154
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	1,214
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	323,940

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				270,953
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				10,462
b From 2012.				15,028
c From 2013.				12,378
d From 2014.				43,330
e From 2015.				44,873
f Total of lines 3a through e.	126,071			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>325,154</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				270,953
e Remaining amount distributed out of corpus	54,201			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	180,272			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .	10,462			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	169,810			
10 Analysis of line 9				
a Excess from 2012.				15,028
b Excess from 2013.				12,378
c Excess from 2014.				43,330
d Excess from 2015.				44,873
e Excess from 2016.				54,201

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

Part XV **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- | | |
|----------|---|
| a | <p>The name, address, and telephone number or e-mail address of the person to whom applications should be addressed</p> <p>C CODY WHITE JR
 333 TEXAS STREET SUITE 15
 SHREVEPORT, LA 71101
 (318) 419-2029
 CCWHITE@HMVCPA.COM</p> |
| b | <p>The form in which applications should be submitted and information and materials they should include</p> <p>NO SPECIFIC FORM IS REQUIRED FOR APPLICATIONS APPLICATIONS SHOULD INCLUDE A COPY OF INTERNAL REVENUE SERVICE TAX EXEMPTION LETTER</p> |
| c | <p>Any submission deadlines</p> <p>THERE ARE NO SUBMISSION DEADLINES</p> |
| d | <p>Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors</p> <p>NEW GRANTS ARE MADE PRIMARILY TO ORGANIZATIONS IN THE SHREVEPORT, LOUISIANA AND BOSSIER CITY, LOUISIANA AREAS</p> |

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	317,500
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	43,442	
4 Dividends and interest from securities.			14	94,895	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			14	4,904	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .		0		143,241	0
13 Total. Add line 12, columns (b), (d), and (e).			13		143,241

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name C CODY WHITE JR	Preparer's Signature	Date 2017-08-23	Check if self-employed ☐	PTIN P00434160
Firm's name ▶ HEARD MCELROY & VESTAL LLC				Firm's EIN ▶ 72-0398470
Firm's address ▶ 333 TEXAS STREET SUITE 1525 SHREVEPORT, LA 71101				Phone no (318) 429-2029

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS 805 BROOK HOLLOW DRIVE SHREVEPORT, LA 71105	NONE	PUBLIC	CHARITABLE	20,000
ARKLATEX AMBASSADORS BBQ 220 CARROLL STSUITE C-2 SHREVEPORT, LA 71105	NONE	PUBLIC	CHARITABLE	5,000
BOBBY JONES GOLF COURSE FOUNDATION INC 2560 BROOKDALE DR NW ATLANTA, GA 30305	NONE	PUBLIC	CHARITABLECHARITABLE	10,000
CATHOLIC CHARITIES OF NORTH LOUISIANA 331 E 71ST STREET SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	2,500
CHRISTIAN SERVICE PROGRAM PO BOX 21 SHREVEPORT, LA 71161	NONE	PUBLIC	CHARITABLE	5,000
Total ► 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY FOUNDATION 401 EDWARDS STREET SUITE 105 SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	15,000
COMMUNITY RENEWAL INTERNATIONAL PO BOX 4678 SHREVEPORT, LA 71134	NONE	PUBLIC	CHARITABLE	20,000
FILM PRIZE 401 MARKET STREET SHREVEPORT, LA 71101	NONE	PUBLIC	MEDICAL	10,000
FISCHER CENTER FOR ALZHEIMERS ONE INTREPID SQW 46TH 12TH NEW YORK, NY 10036	NONE	PUBLIC	MEDICAL RESEARCH	5,000
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS STREET SHREVEPORT, LA 71103	NONE	PUBLIC	CHARITABLE	10,000
Total ► 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GEAUX 4 KIDS 6806 SOUTHERN AVENUE SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	1,000
GIRLS ON THE RUN 900 PIERREMONT RD SUITE 206 SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	5,000
GREENWOOD EQUINE ASSISTED THERAPIES 7141 GREENWOOD-SPRINGRIDGE RD GREENWOOD, LA 71033	NONE	PUBLIC	CHARITABLE	1,000
IRAQ AND AFGHANISTAN VETERANS OF AMERICA 292 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10017	NONE	PUBLIC	CHARITABLE	5,000
JUNIOR ACHIEVEMENT OF NORTH LOUISIANA 3825 GILBERT DRIVE SHREVEPORT, LA 71104	NONE	PUBLIC	EDUCATIONAL	5,000
Total 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LITERACY VOLUNTEERS OF AMERICA PO BOX 41188 SHREVEPORT, NY 71134	NONE	PUBLIC	EDUATIONAL	2,500
LOUISIANA PUBLIC BROADCASTING 77733 PERKINS ROAD BATON ROUGE, LA 70810	NONE	PUBLIC	CHARITABLE	1,000
LOUISIANA TECH UNIVERSITY PO BOX 10318 RUSTON, LA 71272	NONE	PUBLIC	CHARITABLE	2,500
LOUISIANA YOUTH DEVELOPMENT 142 CARROLL STREET SHREVEPORT, LA 71105	NONE	PUBLIC	CHARITABLE	2,500
LSUS FOUNDATION - PIONEER HERITAGE CENTER ONE UNIVERSITY PLACE SHREVEPORT, LA 71115	NONE	PUBLIC	EDUCATIONAL2	2,000
Total ▶ 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARTIN LUTHER KING HEALTH CENTER PO BOX 393 SHREVEPORT, LA 71162	NONE	PUBLIC	MEDICAL	5,000
MSF-DOCTORS WITHOUT BORDERS PO BOX 5022 HAGERSTOWN, MD 21741	NONE	PUBLIC	MEDICAL	5,000
NATIONAL ASSOC OF FREE CLINICS 1800 DIAGONAL ROAD SUITE 600 ALEXANDRIA, VA 22314	NONE	PUBLIC	MEDICAL	5,000
NORTHWEST LOUISIANA INTERFAITH PHARMACYINC 909 OLIVE STREET SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	5,000
NORWELA COUNCIL BOY SCOUTS OF AMERICA PO BOX 4341 SHREVEPORT, LA 71134	NONE	PUBLIC	CHARITABLE	2,500
Total ► 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PETSAVERS OF SHREVEPORT 632 DUDLEY DRIVE SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	2,000
PLANNED PARENTHOOD 434 WEST 33RD STREET NEW YORK, NY 10001	NONE	PUBLIC	CHARITABLE	5,000
PROVIDENCE HOUSE 814 COTTON STREET SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	25,000
RED RIVER RADIO ONE UNIVERSITY PLACE SHREVEPORT, LA 71115	NONE	PUBLIC	CHARITABLE	1,000
RED RIVER REVEL 101 CROCKETT STREET SUITE C SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RESTORE HOPE 301 SOUTH CENTER STREET ARLINGTON, TX 76010	NONE	PUBLIC	EDUCATIONAL	5,000
ROBINSON'S RESCUE 2515 LINE AVENUE SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	2,000
RUTHERFORD HOUSE 1707 LINE AVENUE SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	3,500
SCI-PORT DISCOVERY CENTER 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	2,500
SHREVEPORT GREEN 3625 SOUTHERN AVENUE SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHREVEPORT LITTLE THEATRE 812 MARGARET PLACE SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	1,000
SHREVEPORT METROPOLITAN BALLET PO BOX 78564 SHREVEPORT, LA 71137	NONE	PUBLIC	CHARITABLE	1,000
SHREVEPORT OPERA 212 TEXAS STREET SHREVEPORT, LA 71101	NONE	PUBLIC	EDUCATIONAL	1,000
SHREVEPORT REGIONAL ARTS COUNCIL 400 CLYDE FANT PARKWAY SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	10,000
SHREVEPORT SYMPHONY PO BOX 205 SHREVEPORT, LA 71162	NONE	PUBLIC	CIVIC	5,000
Total ▶ 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARKS EPISCOPAL CATHEDRAL 902 RUTHERFORD SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	25,000
THE HIGHLAND CENTER CORPORATION 333 TEXAS STREET SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	6,000
THE STRAND THEATRE PO BOX 1547 SHREVEPORT, LA 71165	NONE	PUBLIC	CHARITABLE	5,000
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	1,000
VOLUNTEERS OF AMERICA OF NORTH LOUISIANA 360 JORDAN STREET SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	30,000
Total ► 3a				317,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMEN FOR WOMEN INTERNATIONAL GLOBAL SUPPORT CENTER PO BOX 9224 CENTRAL ISLIP, NY 11722	NONE	PUBLIC	CHARITABLE	5,000
YMCA OF NORTHWEST LOUISIANA 3455 KNIGHT STREET SHREVEPORT, LA 71105	NONE	PUBLIC	CHARITABLE	25,000
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE SUITE 207 SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	2,000
Total ▶ 3a				317,500

TY 2016 Accounting Fees Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HEARD, MCELROY & VESTAL	7,755	6,000		1,755

TY 2016 Investments Corporate Bonds Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	49,910	58,119

TY 2016 Investments Corporate Stock Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	999,654	2,903,756

TY 2016 Investments - Other Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CERTIFICATES OF DEPOSIT	AT COST	1,675,028	1,673,693
ASSET & MORTGAGE BACKED SECURITIES	AT COST	2,945	3,250
ALERIAN MLP ETF	AT COST	117,987	110,400
S&P & TECH SELECT SPDR	AT COST	198,640	314,650
TECHNOLOGY SELECT SEC SPDR	AT COST	50,853	200,060
REIT FOUR CORNERS PROPERTY	AT COST	7,249	12,132

TY 2016 Other Assets Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BKE-THEALL, LLC	48,072	48,054	0
THE HIGHLAND CENTER CORPORATION	10,000	10,000	80,820
PREPAID TAXES	1,520	1,400	1,400
NOTE RECEIVABLE - 2901 DEE, INC	250,000	250,000	250,000
NOTE RECEIVABLE - THE HIGHLAND CENTER CORPORATION	5,000	3,000	3,000

TY 2016 Other Decreases Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Description	Amount
EXCISE TAX ADJUSTMENT	1,382

TY 2016 Other Expenses Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES	1,200	900		300
FEE CT CORP	380	285		95
BKE THEALL, LLC	18	14		4
TAXES WITHHELD	120	120		0

TY 2016 Other Increases Schedule

Name: POWERS FOUNDATION INC
HEARD MCELROY & VESTAL

EIN: 75-6080974

Description	Amount
PRIOR PERIOD ADJUSTMENT	27

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization POWERS FOUNDATION INC HEARD MCELROY & VESTAL	Employer identification number 75-6080974

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization POWERS FOUNDATION INC HEARD MCELROY & VESTAL	Employer identification number 75-6080974
--	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SARAH JANE RIGGS 300 PIERREMONT ROAD NO 25 SHREVEPORT, LA 71106	\$ 47,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

75-6080974

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization POWERS FOUNDATION INC HEARD MCELROY & VESTAL	Employer identification number 75-6080974
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	