

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2015**Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <u>OUR LADY OF THE LAKE FOUNDATION</u>		<b>D</b> Employer identification number (Employees trust, see instructions ) 72-1014324	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P O box, see instructions <u>5000 HENNESSY BOULEVARD</u>		<b>E</b> Unrelated business activity codes (See instructions ) 900099	
<b>C</b> Book value of all assets at end of year 36,437,932.		City or town, state or province, country, and ZIP or foreign postal code <u>BATON ROUGE, LA 70808</u>			
		<b>F</b> Group exemption number (See instructions ) ▶ 0928			
		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity ▶ UNRELATED INCOME THROUGH INVESTMENT PARTNERSHIPS
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☒ Yes ☐ No  
 If "Yes," enter the name and identifying number of the parent corporation ▶ ATTACHMENT 1

**J** The books are in care of ▶ JEFF LIMBOCKER Telephone number ▶ 225-765-6565

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7) . . . . .		2			
3	Gross profit Subtract line 2 from line 1c . . . . .		3			
4a	Capital gain net income (attach Schedule D) . . . . .		4a	3,448.		3,448.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .		4b			
c	Capital loss deduction for trusts . . . . .		4c			
5	Income (loss) from partnerships and S corporations (attach statement)		5	-673.	ATCH 2	-673.
6	Rent income (Schedule C) . . . . .		6			
7	Unrelated debt-financed income (Schedule E) . . . . .		7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I) . . . . .		10			
11	Advertising income (Schedule J) . . . . .		11			
12	Other income (See instructions, attach schedule) . . . . .		12			
13	Total. Combine lines 3 through 12 . . . . .		13	2,775.		2,775.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15	Salaries and wages . . . . .	15	
16	Repairs and maintenance . . . . .	16	
17	Bad debts . . . . .	17	
18	Interest (attach schedule) . . . . . ATTACHMENT 3	18	187.
19	Taxes and licenses . . . . .	19	796.
20	Charitable contributions (See instructions for limitation rules) . . . . .	20	
21	Depreciation (attach Form 4562) . . . . .	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion . . . . .	22b	282.
24	Contributions to deferred compensation plans . . . . .	23	
25	Employee benefit programs . . . . .	24	
26	Excess exempt expenses (Schedule I) . . . . .	25	
27	Excess readership costs (Schedule J) . . . . .	26	
28	Other deductions (attach schedule) . . . . . ATTACHMENT 4	27	
29	Total deductions Add lines 14 through 28 . . . . .	28	38,743.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	40,008.
31	Net operating loss deduction (limited to the amount on line 30) . . . . .	30	-37,233.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30 . . . . .	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	32	-37,233.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	33	
		34	-37,233.

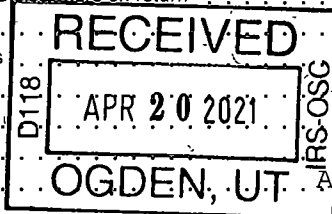
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## Part III Tax Computation

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1)\$ <input type="text"/> (2)\$ <input type="text"/> (3)\$ <input type="text"/>	
<b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750).	\$ <input type="text"/>	
(2) Additional 3% tax (not more than \$100,000)	\$ <input type="text"/>	
<b>c</b> Income tax on the amount on line 34.		<b>35c</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).		<b>36</b>
<b>37 Proxy tax</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Total</b> Add lines 37 and 38 to line 35c or 36, whichever applies.		<b>39</b>

## Part IV Tax and Payments

<b>40 a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	<b>40a</b>	
<b>b</b> Other credits (see instructions).	<b>40b</b>	
<b>c</b> General business credit Attach Form 3800 (see instructions)	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827).	<b>40d</b>	
<b>e</b> <b>Total credits.</b> Add lines 40a through 40d		<b>40e</b>
<b>41</b> Subtract line 40e from line 39.		<b>41</b>
<b>42</b> Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		<b>42</b>
<b>43</b> <b>Total tax.</b> Add lines 41 and 42		<b>43</b> 0.
<b>44 a</b> Payments A 2014 overpayment credited to 2015	<b>44a</b>	
<b>b</b> 2015 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868.	<b>44c</b>	
<b>d</b> Foreign organizations Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> Total	<b>44g</b>	
<b>45</b> <b>Total payments</b> Add lines 44a through 44g		<b>45</b>
<b>46</b> Estimated tax penalty (see instructions) Check if Form 2220 is attached.		<b>46</b>
<b>47</b> <b>Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed		<b>47</b>
<b>48</b> <b>Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		<b>48</b>
<b>49</b> Enter the amount of line 48 you want Credited to 2016 estimated tax Refunded		<b>49</b>

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114 Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>6</b> Inventory at end of year	<b>6</b>
<b>2</b> Purchases	<b>2</b>	<b>7</b> <b>Cost of goods sold</b> Subtract line 6 from line 5 Enter here and in Part I, line 2	<b>7</b>
<b>3</b> Cost of labor	<b>3</b>		
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
<b>b</b> Other costs (attach schedule)	<b>4b</b>		X
<b>5</b> <b>Total</b> Add lines 1 through 4b	<b>5</b>		

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	JEFF LIMBOCKER	3/30/21	CFO	<b>May the IRS discuss this return with the preparer shown below (see instructions)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Shannon Kirkpatrick	<i>Shannon Kirkpatrick</i>	3/29/21	PTIN P00566467
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Phone no 225-344-4000	
	Firm's address ▶ 301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801			

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## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

### 1. Description of property

(1)
(2)
(3)
(4)

### 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

## Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)
			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
			Enter here and on page 1, Part I, line 7, column (A)
			Enter here and on page 1, Part I, line 7, column (B)

**Totals** . . . . . ▶

**Total dividends-received deductions** included in column 8 . . . . . ▶

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

### Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

**Totals** . . . . . ▶

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## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27

## Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total		Enter here and on page 1, Part II, line 14	

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Form **990-T** (2015)

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## SCHEDULE D (Form 1120)

Department of the Treasury  
Internal Revenue Service

## Capital Gains and Losses

- ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T
- ▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120)

OMB No 1545-0123

# 2015

Name <b>OUR LADY OF THE LAKE FOUNDATION</b>	Employer identification number <b>72-1014324</b>
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### Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	-197.			-197.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			4	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			5	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			6	( )
<b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . . . .			7	-197.

### Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	256.			256.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			11	3,389.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			12	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			13	
<b>14</b> Capital gain distributions (see instructions) . . . . .			14	
<b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . .			15	3,645.

### Part III Summary of Parts I and II

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	16	
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	17	3,448.
<b>18</b> Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .	18	3,448.

**Note:** If losses exceed gains, see **Capital losses** in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2015)

**AMENDED RETURN**

Form **8949**

**Sales and Other Dispositions of Capital Assets**

OMB No 1545-0074

► Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949).

**2015**

Department of the Treasury  
Internal Revenue Service

► **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Attachment  
Sequence No **12A**

Name(s) shown on return

OUR LADY OF THE LAKE FOUNDATION

Social security number or taxpayer identification number

72-1014324

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <b>Column (e)</b> in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM INVESTMENT PARTNERSHIPS			-197				-197
<b>2 Totals</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) ►				-197			-197

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

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# AMENDED RETURN

Form 8949 (2015)

Attachment Sequence No **12A**

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Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

OUR LADY OF THE LAKE FOUNDATION

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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM INVESTMENT PARTNERSHIPS			256				256
<b>2 Totals</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►			256				256

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

JSA  
5X2616 2 000

Form **8949** (2015)

**AMENDED RETURN**

Form **4626**

**Alternative Minimum Tax - Corporations**

OMB No 1545-0123

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

▶ **Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).**

Name  
**OUR LADY OF THE LAKE FOUNDATION**

Employer identification number  
**72-1014324**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	<b>-37,233</b>
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	<b>5</b>
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	<b>2,021</b>
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	<b>3</b>	<b>-35,207</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	<b>-35,207</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% ( 75 ). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	ACE adjustment <ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT.	<b>5</b>	<b>-35,207</b>
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	<b>7</b>	
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-.	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% ( 25 ).	<b>8b</b>	
<b>c</b>	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-.	<b>8c</b>	
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-.	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% ( 20 ).	<b>10</b>	
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>	
<b>12</b>	Tentative minimum tax Subtract line 11 from line 10	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	<b>NONE</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2015)



# AMENDED RETURN

## Adjusted Current Earnings (ACE) Worksheet

*Keep for Your Records*

▶ See ACE Worksheet Instructions

<b>1</b>	Pre-adjustment AMTI Enter the amount from line 3 of Form 4626 . . . . .	<b>1</b>	-35,207
<b>2</b>	ACE depreciation adjustment		
<b>a</b>	AMT depreciation . . . . .	<b>2a</b>	
<b>b</b>	ACE depreciation		
	(1) Post-1993 property . . . . .	<b>2b(1)</b>	
	(2) Post-1989, pre-1994 property . . . . .	<b>2b(2)</b>	
	(3) Pre-1990 MACRS property . . . . .	<b>2b(3)</b>	
	(4) Pre-1990 original ACRS property . . . . .	<b>2b(4)</b>	
	(5) Property described in sections 168(f)(1) through (4) . . . . .	<b>2b(5)</b>	
	(6) Other property . . . . .	<b>2b(6)</b>	
	(7) Total ACE depreciation Add lines 2b(1) through 2b(6) . . . . .	<b>2b(7)</b>	
	<b>c</b> ACE depreciation adjustment Subtract line 2b(7) from line 2a . . . . .	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P)		
<b>a</b>	Tax-exempt interest income . . . . .	<b>3a</b>	
<b>b</b>	Death benefits from life insurance contracts . . . . .	<b>3b</b>	
<b>c</b>	All other distributions from life insurance contracts (including surrenders) . . . . .	<b>3c</b>	
<b>d</b>	Inside buildup of undistributed income in life insurance contracts . . . . .	<b>3d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) . . . . .	<b>3e</b>	
	<b>f</b> Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e . . . . .	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P		
<b>a</b>	Certain dividends received . . . . .	<b>4a</b>	
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 . . . . .	<b>4b</b>	
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k) . . . . .	<b>4c</b>	
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c) . . . . .	<b>4d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) . . . . .	<b>4e</b>	
	<b>f</b> Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e . . . . .	<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P		
<b>a</b>	Intangible drilling costs . . . . .	<b>5a</b>	
<b>b</b>	Circulation expenditures . . . . .	<b>5b</b>	
<b>c</b>	Organizational expenditures . . . . .	<b>5c</b>	
<b>d</b>	LIFO inventory adjustments . . . . .	<b>5d</b>	
<b>e</b>	Installment sales . . . . .	<b>5e</b>	
	<b>f</b> Total other E&P adjustments Combine lines 5a through 5e . . . . .	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools . . . . .	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts . . . . .	<b>7</b>	
<b>8</b>	Depletion . . . . .	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property . . . . .	<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626 . . . . .	<b>10</b>	-35,207

AMENDED RETURN

OUR LADY OF THE LAKE FOUNDATION

72-1014324

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME FROM INVESTMENT PARTNERSHIPS 72-1028323

-673.

INCOME (LOSS) FROM PARTNERSHIPS

-673.

AMENDED RETURN

OUR LADY OF THE LAKE FOUNDATION

72-1014324

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

INVESTMENT INTEREST EXPENSE\*

187.

PART II - LINE 18 - INTEREST

187.

\*From 72-1028323

AMENDED RETURN

OUR LADY OF THE LAKE FOUNDATION

72-1014324

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INTANGIBLE DRILLING COSTS*	3,218.
OTHER DEDUCTIONS*	486.
TAX PREPARATION FEES*	35,039.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>38,743.</u>

\*From 72-1028323

# AMENDED RETURN

Our Lady of the Lake Foundation  
 EIN: 72-1014324  
 For the Tax Year Ended 06/30/2016

ATTACHMENT 5

## Form 990T, Part I, Line 5

### Income From Pass-Through Entities

		Current Year	
	Partnership EIN	Income	Loss
1	EIN# 65-1265798	\$ -	\$ (338)
2	EIN# 26-0326609	\$ -	\$ (439)
3	EIN# 20-3362394	\$ 293	\$ -
4	EIN# 20-5033090	\$ -	\$ (985)
5	EIN# 25-1910076	\$ 2,174	\$ -
6	EIN# 16-1720044	\$ -	\$ (1)
7	EIN# 20-8395095	\$ -	\$ (234)
8	EIN# 51-0605779	\$ -	\$ (1,284)
10	EIN# 20-8306306	\$ -	\$ (352)
11	EIN# 16-1720029	\$ -	\$ (62)
12	EIN# 20-8255115	\$ 242	\$ -
13	EIN# 20-8306365	\$ 10	\$ -
14	EIN# 11-3814030	\$ -	\$ (6)
15	EIN# 20-3076856	\$ 320	\$ -
16	EIN # 26-2776097	\$ -	\$ (56)
17	EIN # 26-2239180	\$ 44	\$ -
Total		\$ 3,083	\$ (3,757)
Total Income from Pass-Through Entities		\$	3,083
Total Loss from Pass-Through Entities		\$	(3,757)
2016 Net Income/(Loss) from Pass-Through Entities		\$	<u>(674)</u>