2939333411802 EXTENDED TO NOVEMBER 15, 2019 Form 990-T **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service D Employer identification number (Employees' trust, see instructions) Name of organization (Check box if name changed and see instructions.) Check box if address channed ROBERT L. PIERCE FOUNDATION 80-0324450 B Exempt under section Print C/O CHAV PIERCE Unrelated business activity code 7501()(**** ')。 Number, street, and room or suite no. If a P O. box, see instructions (See instructions) Type 7220(e) |408(e) L 81 HUMMINGBIRD ROAD 1408A F 7530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) 900099 70433 COVINGTON, LA Book value of all assets at end of year F Group exemption number (See instructions.) 401(a) trust Other trust G Check organization type ► X 501(c) corporation 501(c) trust 358,525. Describe the only (or first) unrelated H Enter the number of the organization's unrelated trades or businesses. trade or business here > SEE STATEMENT 9 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No Yes I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► (985 The books are in care of ► CHAV PIERCE 892-5850 (B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 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 12 Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 13 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) RECEIVED 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 NOV 1 9 2019 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 OGDEN, UT 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 28 29 Total deductions Add lines 14 through 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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		ROBERT L. PIERCE F	FOUNDATION							
Form 990-		C/O CHAV_PIERCE			8	<u>0-03</u>	2445	0		Page 2
Part I		Total Unrelated Business Taxa						,		
33		of unrelated business taxable income compu	ted from all unrelated trades or businesse	es (see instrui	ctions)		33	<u> </u>		0.
34		unts paid for disallowed fringes			~~~	1.0	34	ļ		
35		ction for net operating loss arising in tax year			STMT	ΤO	35	<u> </u>		0.
36		of unrelated business taxable income before	specific deduction. Subtract line 35 from	the sum of						
		33 and 34					36		1,0	0.0
37		fic deduction (Generally \$1,000, but see line 3					_37		1,0	00.
38		ated business taxable income Subtract line	: 37 from line 36. It line 37 is greater than	line 36,						^
D- 41		the smaller of zero or line 36	<u> </u>				38		-	0.
Part I		Tax Computation	h 00 h- 04% (0.04)				200	·		0.
39	-	nizations Taxable as Corporations. Multiply I		ount on hos ?	O fram:	>	39	 	-	<u> </u>
40		s Taxable at Trust Rates See instructions fo Tax rate schedule or Schedule D (Fo	·	ount on line 3	o ii Uiii,		40	1		
44		,	1111 1041)				41	-		
41		tax See instructions					42			
42 43		native minimum tax (trusts only) In Noncompliant Facility Income. See instruc	ctions				43	 		
43 44		. Add lines 41, 42, and 43 to line 39 or 40, wh					44	 		0.
Part \		Tax and Payments	monore applies					<u> </u>		
45a		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a						
b		credits (see instructions)	and	45b						
c		ral business credit. Attach Form 3800		45c	-v					
d		t for prior year minimum tax (attach Form 880	01 or 8827)	45d			_			
e		credits. Add lines 45a through 45d	,				45e			
46	Subtr	act line 45e from line 44					46			0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 🔙	Other (attach	schedule)	47			
48	Total	tax Add lines 46 and 47 (see instructions)					48			0.
49	2018	net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2				49			0.
50 a	Paym	ents: A 2017 overpayment credited to 2018		50a			_			
b	2018	estimated tax payments		50b			_			
C	Tax d	eposited with Form 8868		50c						
đ	Foreig	on organizations. Tax paid or withheld at sour	ce (see instructions)	50d						
е	Backı	ip withholding (see instructions)		50e			_			
f	Credi	t for small employer health insurance premiur	ns (attach Form 8941)	50f			_			
g		credits, adjustments, and payments: Fo								
	Ш	Form 4136 0	ther Total	▶ 50g			4			
51		payments. Add lines 50a through 50g					51			
52		ated tax penalty (see instructions). Check if Fe					52			
53		ue. If line 51 is less than the total of lines 48,					53	-		
54		payment. If line 51 is larger than the total of lin		ıd	ì		54			
55 Don't \		the amount of line 54 you want: Credited to 2	-	otion (Refunde		55			
Part \		Statements Regarding Certain				3)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI.
56		y time during the 2018 calendar year, did the	•		-				Yes	No
		a financial account (bank, securities, or other)								
		N Form 114, Report of Foreign Bank and Fina	inclai Accounts. If Yes, enter the name o	ii tiie loreigii t	Country					v
E 7	here	g the tax year, did the organization receive a c	histribution from or was it the greater of	or transferor	to a foreign t				-	X
57		g the tax year, old the organization receive a c s," see instructions for other forms the organi	· · · · · · · · · · · · · · · · · · ·	or transferor	to, a foreign t	rustr				
58		the amount of tax-exempt inter est r eceived o	-							
				and statements	s, and to the bes	at of my kr	owledge a	and belief, it is	true.	
Sign	CO	der penalties of pertiny, I declare that thave examined rect, and despite Declaration of breparer (other that	n taxpayer) is based on all information of which p	oreparer has any	y knowledge					-
Here		(48 , 199)	1994 11/12/19 DIREC	אטייי			-	tS discuss this er shown belo		with
		Signature of Otiper	Date Title					is)? X Ye	·	No
-		Print/Type preparer's name	Preparer's signature	Date	Check		ıf PT			
Daid		CHERISH VAN MULLEM,			self- e	employed	.			
Paid	ror	JD, LLM	Who re	11-12-1	19 "" `			01633	210	
Prepa Use C		Firm's name ► LAPORTE, APA	C		 	's EIN 🕨		2-108		4
OSE C	, i ii y		GE WALK, SUITE 300)	1		<u> </u>			

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Firm's address ➤ COVINGTON, LA 70433

Phone no 985-892-5850

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Form 990-T (2018) C/O CHAV PIERCE

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation > N/A						
1 Inventory at beginning of year	1 Inventory at beginning of year 1 6 Inventory at end of y					ar 6				
2 Purchases	2		7	Cost of goods sold Su	btract I	ine 6				_
3 Cost of labor	3			from line 5. Enter here						
4 a Additional section 263A costs				line 2			7		_	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	-	Ye	s N	-
b Other costs (attach schedule)	4b			property produced or a						_
5 Total Add lines 1 through 4b	5			the organization?	·					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 		
1. Description of property										
(1)										
(2)										_
(3)	-									_
(4)				•						_
	2 Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	conal property (if the percental property exceeds 50% or if led on profit or income)	ige	3(a) Deductions directl columns 2(a) a	y conne nd 2(b)	cted with the incor (attach schedule)	ne in	
(1)										_
(2)										
(3)										_
(4)										
Total	0.	Total			0.					_
(c) Total income Add totals of columns	2(a) and 2(b) En	ter				(b) Total deductions.				
here and on page 1, Part I, line 6, column	(A)				0.	Enter here and on page 1, Part I, line 6, column (B)	▶		C	<u>) .</u>
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)						
			2	. Gross income from		Deductions directly cor to debt-finan				
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedu		
(1)		- ·	+				+			—
(2)			+				1			_
(3)			+				1			—
(4)			+				+-			—
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis flocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		8 Allocable ded (column 6 x total o 3(a) and 3(t	column	
(1)				%						_
(2)				%		·				
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colur		
Totals				▶		0			C	<u>) .</u>
Total dividends-received deductions in	cluded in column	8				<u> </u>	-			<u>).</u>
								Form 990		

Schedule F - Interest,	Amunes, noye	111103, 411		Controlled O				(366 1113	Struction	
1. Name of controlled organiza	identi	nployer fication mber	3 Net uni	related income e instructions)	4 Tot	otal of specified yments made 5 Part of column 4 that i included in the controlling organization's gross incom		rolling	6. Deductions directly connected with income in column 5	
(1)										-
(2)				 						
(3)			•							
(4)										
Nonexempt Controlled Organ	izations							_		
7. Taxable Income	8 Net unrelated inco (see instruction		9 Total	of specified pays made	nents	10 Part of colur in the controlli gross		nization's		eductions directly connected h income in column 10
(1)										
(2)	 									·
(3)	 				†					
(4)						-				
						Add colum Enter here and line 8, c	on pag	a 1, Parti,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals					>			0.		0
Schedule G - Investme		Section	501(c)(7), (9), or	(17) Or	ganization	1			
(see inst	tructions)									- ,
1. Desc	cription of income			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4 Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)					_					
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals	·		<u> </u>		0.					0
Schedule I - Exploited (see instru	-	y Income	e, Othe	r Than Ad	vertisi	ng Income)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expedirectly consults and such as the su	nnected duction lated	4 Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, fine 10, c	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals >	0.	L	0.							0
Schedule J - Advertisi				1:-! '	De-'-					
Part I Income From	Periodicals Rep	ortea on	a Con	solidated	Basis			_		
Name of periodical	2 Gross advertising income		Direct tising costs	4. Adverts or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati income	on	6 Reade 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))	•	0.	0							
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Part | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in column's 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	•	0.	0.				0.
		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
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

INVESTMENT IN STATUP, LLC INVESTMENT IN SOCCER APP, LLC

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 10
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	8,023.	0.	8,023.	8,023.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	8,023.	8,023.