

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHSHORE COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 610 HOLLYCREST BOULEVARD City or town, state or province, country, and ZIP or foreign postal code COVINGTON, LA 70433				D Employer identification number 61-1517784	
	F Name and address of principal officer: SUSAN BONNETT 610 HOLLYCREST BOULEVARD COVINGTON, LA 70433				E Telephone number (985) 893-8757	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 4,155,198.	
	J Website: ▶ WWW.NORTHSHOREFOUNDATION.ORG				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 2007 M State of legal domicile: LA		
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITES RESOURCES TO ENHANCE THE QUALITY OF LIFE IN SOUTH LA'S NORTHSHORE REGION THROUGH CHARITABLE GRANTS, PROJECTS, & PROGRAMS BENEFITTING THE NEEDY AND COMMUNITY AS A WHOLE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3.
	6	Total number of volunteers (estimate if necessary)	6	15.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-19.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,154,392.	3,303,761.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	678,179.	804,574.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,073.	-146,184.
	12		2,828,498.	3,962,151.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,388,404.	1,073,292.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,651.	220,495.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 160,422.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	359,166.	503,542.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,930,221.	1,797,329.
19	Revenue less expenses. Subtract line 18 from line 12	898,277.	2,164,822.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	16,393,442.	17,602,379.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,886.	54,264.
			16,372,556.	17,548,115.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Ryan Hooks		11/14/2016		P00746825
	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				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTSHORE COMMUNITY FOUNDATION	Employer identification number (EIN) or 61-1517784
	Number, street, and room or suite no. If a P.O. box, see instructions. 610 HOLLYCREST BOULEVARD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COVINGTON, LA 70433	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► BATON ROUGE AREA FOUNDATION, 402 NORTH 4TH STREET BATON ROUGE, LA 7080

Telephone No. ► 225 387-6126 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2015 or

► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NORTHSHORE COMMUNITY FOUNDATION	61-1517784
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	610 HOLLYCREST BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COVINGTON, LA 70433	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of BATON ROUGE AREA FOUNDATION
 Telephone No. 225 387-6126 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2016.

5 For calendar year 2015, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension Information necessary to prepare a complete and accurate return is not yet available.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Brittany Elliser Title LA CPA Date 7/27/16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,432,422. including grants of \$ 1,073,292.) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,432,422.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: B

BATON ROUGE AREA FOUNDATION 402 NORTH 4TH STREET BATON ROUGE, LA 70802 225-387-6126

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN BONNETT BOURGEOIS PRESIDENT & CEO	40.00 0.	X		X			113,000.	0.	14,906.	
(2) WILL BOUDREAU TREASURER	1.00 0.	X		X			0.	0.	0.	
(3) RICHARD F. "DICK" KNIGHT DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) MAURA DONAHUE DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) FAY BRIGHT DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) MIMI GOODYEAR DOSSETT VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(7) M. TODD RICHARD CHAIR	1.00 0.	X		X			0.	0.	0.	
(8) SCOTT GUTTERMAN DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) SHARRON NEWTON SECRETARY	1.00 0.	X		X			0.	0.	0.	
(10) JOSEPH A. JAEGER, JR. DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) W.A. "BILL" BAKER, JR. DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) JOHANNA AVERILL DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) SUZANNE K. LAVIN DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) JAMES E. MAURIN DIRECTOR	1.00 0.	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	605,658.				
	d	Related organizations	1d	125,000.				
	e	Government grants (contributions)	1e	588,242.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,984,861.				
	g	Noncash contributions included in lines 1a-1f: \$		579,675.				
	h	Total. Add lines 1a-1f		3,303,761.				
	Program Service Revenue	2a	_____	Business Code				
		b	_____					
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f		0.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		276,587.		-19.	276,606.
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0.				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	527,987.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)	527,987.			
	d	Net gain or (loss)		527,987.			527,987.	
	8a	Gross income from fundraising events (not including \$ 605,658. of contributions reported on line 1c). See Part IV, line 18	a	46,863.				
			b	Less: direct expenses	193,047.			
c			Net income or (loss) from fundraising events		-146,184.		-146,184.	
9a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory		0.			
Miscellaneous Revenue			Business Code					
11a	_____							
		b	_____					
		c	_____					
		d	All other revenue					
		e	Total. Add lines 11a-11d		0.			
12	Total revenue. See instructions		3,962,151.		-19.	658,409.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,035,292.	1,035,292.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,000.	38,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	113,000.	28,250.	33,900.	50,850.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	71,839.	30,892.	29,021.	11,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,875.	6,039.	6,425.	6,411.
9 Other employee benefits	2,642.	845.	900.	897.
10 Payroll taxes	14,139.	4,524.	4,813.	4,802.
11 Fees for services (non-employees):				
a Management	58,927.		58,927.	
b Legal	0.			
c Accounting	14,850.	4,752.	5,055.	5,043.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	49,824.		49,824.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	56,892.	20.	6,077.	50,795.
12 Advertising and promotion	500.			500.
13 Office expenses	18,772.	9,762.	2,723.	6,287.
14 Information technology	8,509.	41.	44.	8,424.
15 Royalties	0.			
16 Occupancy	10,017.	3,640.	3,192.	3,185.
17 Travel	1,846.	641.	603.	602.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,371.	1,704.	1,130.	1,537.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,647.		1,647.	
23 Insurance	599.	192.	204.	203.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSE -----	267,570.	267,570.		
b DUES AND SUBSCRIPTIONS -----	258.	258.		
c FUNDRAISING EXPENSES -----	8,960.			8,960.
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	1,797,329.	1,432,422.	204,485.	160,422.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,630.	1	66,736.
	2 Savings and temporary cash investments	2,655,262.	2	3,743,697.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	0.	4	75,169.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	110,000.	7	95,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,624.	9	1,708.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 520,537.		
	b Less: accumulated depreciation	10b 19,642.	10c	500,895.
	11 Investments - publicly traded securities	40,682.	11	52,432.
	12 Investments - other securities. See Part IV, line 11	13,561,270.	12	13,066,742.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,393,442.	16	17,602,379.	
Liabilities	17 Accounts payable and accrued expenses	20,886.	17	54,264.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	20,886.	26	54,264.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,520,218.	27	2,870,860.
	28 Temporarily restricted net assets	13,588,356.	28	14,406,228.
	29 Permanently restricted net assets	263,982.	29	271,027.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,372,556.	33	17,548,115.
	34 Total liabilities and net assets/fund balances	16,393,442.	34	17,602,379.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,962,151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,797,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,164,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,372,556.
5	Net unrealized gains (losses) on investments	5	-989,263.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,548,115.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					1,432,422.	

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		X

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
		ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
BATON ROUGE AREA FOUNDATION	72-6060391	7	X	1,432,422.	0.
TOTAL AMOUNT OF SUPPORT				<u>1,432,422.</u>	<u>0.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(03) (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 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 33 1/3 % 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 990-PF, 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 NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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	WILLIAM A. BAKER, JR. 246 HIGHLAND BLUFF DRIVE SLIDELL, LA 70461	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FAY BRIGHT 907 SOUTH CHESTNUT STREET HAMMOND, LA 70403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CENTER FOR WOMEN'S HEALTH 104 INNWOOD DRIVE COVINGTON, LA 70433	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHEVRON PRODUCTS COMPANY 100 NORTH PARK BLVD. COVINGTON, LA 70433	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHRISTWOOD 100 CHRISTWOOD BOULEVARD COVINGTON, LA 70433	\$ 157,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DOYLE COATNEY 16309 EAST BREWSTER ROAD COVINGTON, LA 70433	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

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
7	CRESCENT RIVER PILOTS FOUNDATION 8712 HIGHWAY 23 BELLE CHASSE, LA 70037-2228	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EWE, LLC 109 NORTH PARK BLVD., SUITE 3000 COVINGTON, LA 70433	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAVID H. FENNELLY 18379 HIGHWAY 40 COVINGTON, LA 70435	\$ 250,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LARRY P GALLOWAY 2895 HWY 190, SUITE 227 MANDEVILLE, LA 70471	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JAEGER FOUNDATION 3001 17TH STREET METAIRIE, LA 70002	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	LAKEVIEW REGIONAL MEDICAL CENTER 95 JUDGE TANNER BLVD COVINGTON, LA 70433	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
13	THOMAS LAVIN 117 RIVERDALE DRIVE COVINGTON, LA 70433	\$ 50,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CHARLES E. MARSALA 3302 MONTEIGNE PLACE MONROE, LA 71201	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	KEN MATHERNE 26389 HIGHWAY 40 FOLSOM, LA 70437	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY JEFFERSON, LA 70121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	LAWRENCE C. PADDOCK 14179 AUDUBON TRACE ST. FRANCISVILLE, LA 70775-7139	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	TODD RICHARD 145 FONTAINBLEAU DRIVE MANDEVILLE, LA 70471	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
19	S & W PAYROLL SERVICES (NETCHEX) 1100 NORTH CAUSEWAY BLVD., SUITE 1 MANDEVILLE, LA 70471	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	SLIDELL NORTHSHORE ROTARY CLUB POST OFFICE BOX 4158 SLIDELL, LA 70459	\$ 11,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	GERALD E. SONGY 3147 EAST LAKESHORE DRIVE BATON ROUGE, LA 70808	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ST. TAMMANY PARISH GOVERNMENT POST OFFICE BOX 628 COVINGTON, LA 70434	\$ 612,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	STIRLING PROPERTIES 109 NORTH PARK BLVD., SUITE 300 COVINGTON, LA 70433	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	STONE CREEK CLUB & SPA 1201 OSCHSNER BOULEVARD COVINGTON, LA 70433	\$ 52,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NORTHSHORE COMMUNITY FOUNDATION**Employer identification number
61-1517784**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
25	JACQUELINE VIDRINE PH.D. POST OFFICE BOX 1401 MANDEVILLE, LA 70470	\$ 52,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	CLECO POWER, LLC POST OFFICE BOX 5000 PINEVILLE, LA 71361	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ASSOCIATED BRANCH PILOTS 3813 NORTH CAUSEWAY BLVD. #100 METAIRIE, LA 70002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ACCESS LOUISIANA 1201 OCHSNER BLVD. COVINGTON, LA 70433	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	EDWARD AMAR 12019 HWY 1064 TICKFAW, LA 70466	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
31	AT&T 301 MAIN STREET, SUITE 1030 BATON ROUGE, LA 70801	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	BAPTIST COMMUNITY MINISTRIES FOUNDATION 400 POYDRAS STREET NEW ORLEANS, LA 70130	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	BLUE CROSS AND BLUE SHIELD OF LOUISIANA 5525 REITZ AVENUE BATON ROUGE, LA 70809	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	BRASFIELD & GORRIE, LLC 3021 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	BWB ADVISORS, LLC 1115 NORTH CAUSEWAY BLVD., SUITE 1A MANDEVILLE, LA 70470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	SAMUEL CAMP POST OFFICE BOX 8950 MANDEVILLE, LA 70470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
37	CAPITAL ONE SERVICES, INC. POST OFFICE BOX 85508 RICHMOND, VA 23285	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CAPITAL Z SERVICES LLC 142 WEST 57TH STREET, 3RD FLOOR NEW YORK, NY 10019	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KRISTA CARPENTER 82411 FUSSELL CEMETERY ROAD COVINGTON, LA 70435	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CENTER FOR RESTORATIVE BREAST SURGERY POST OFFICE BOX 8664 METAIRIE, LA 70011	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	CGB ENTERPRISES, INC. POST OFFICE BOX 3249 MANDEVILLE, LA 70470	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	CHRIST EPISCOPAL CHURCH 120 SOUTH NEW HAMPSHIRE STREET COVINGTON, LA 70433	\$ 11,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
43	CITY OF MANDEVILLE 3101 EAST CAUSEWAY APPROACH MANDEVILLE, LA 70448	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	ST. TAMMANY ECONOMIC DEVELOPMENT FDN 21489 KOOP DRIVE, SUITE 7 MANDEVILLE, LA 70471	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	FIRST NBC BANK 210 BARONNE STREET NEW ORLEANS, LA 70112	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SAMUEL GIBERGA 10 CHEROKEE LANE COVINGTON, LA 70433	\$ 15,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	GRAY & COMPANY, INC. POST OFFICE BOX 6202 METAIRIE, LA 70009	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	HENRY HOOD POST OFFICE BOX 125 COVINGTON, LA 70434	\$ 8,198.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
49	HUMANA FOUNDATION, INC. POST OFFICE BOX 740083 LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JONES FUSSELL, LLP POST OFFICE BOX 1810 COVINGTON, LA 70434	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	DENNIS KIEFFER 1321 AVENUE LECROIX COVINGTON, LA 70433	\$ 8,060.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	LAKESIDE WOMEN'S SPECIALTY CENTER, APMC 4315 HOUMA BLVD., SUITE 500 METAIRIE, LA 70006	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	LAND ROVER NEW ORLEANS 4032 VETERANS BLVD. METAIRIE, LA 70002	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	LARRY LOYD CONSTRUCTION COMPANY, INC. POST OFFICE BOX 362 COVINGTON, LA 70434	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
55	LEGION OAKS POST NO. 333 POST OFFICE BOX 5427 SLIDELL, LA 70460	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	LLOG EXPLORATION COMPANY LLC 1001 OCHSNER BLVD., SUITE 200 COVINGTON, LA 70433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	KEVIN MCLAUGHLIN 13 RIVERDALE DRIVE COVINGTON, LA 70433	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MELISSA H. PELLEGRINI DDS LLC 198 HIGHWAY 21 MADISONVILLE, LA 70447	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	ROBIN R MINGO POST OFFICE BOX 314 COVINGTON, LA 70434	\$ 191,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MICHAEL J. FOX FDN FOR PARKINSON'S POST OFFICE BOX 4777 NEW YORK, NY 10163	\$ 9,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
61	NEWSON INS AND FIN SVCS 2990 GAUSE BLVD., SUITE C SLIDELL, LA 704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	NORTHLAKE MANDEVILLE ROTARY CHARITY POST OFFICE BOX 246 MANDEVILLE, LA 70470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	NORTHSHORE BUSINESS COUNCIL POST OFFICE BOX 781 MANDEVILLE, LA 70470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	OCHSNER HEALTH SYSTEM 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	RESOURCE BANK 70533 HIGHWAY 21 COVINGTON, LA 70433	\$ 6,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	MICHAEL G. SANDERSON 517 NORTH NEW HAMPSHIRE COVINGTON, LA 70433	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

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
67	SHUART AND ASSOCIATES, INC. 650 POYDRAS STREET, SUITE 1400 NEW ORLEANS, LA 70130	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	SOUTHEASTERN DEVELOPMENT FDN, INC. SLU 10293 HAMMOND, LA 70402	\$ 7,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	ST. TAMMANY PARISH DEVELOPMENT DISTRICT 21489 KOOP DRIVE, SUITE 7 MANDEVILLE, LA 70471	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	ST. TAMMANY PARISH TOURIST CENTER 68099 HIGHWAY 59 MANDEVILLE, LA 70471	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	PATRICK F. TAYLOR FOUNDATION ONE LEE CIRCLE NEW ORLEANS, LA 70130	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	THRIVENT INVESTMENT MANAGEMENT POST OFFICE BOX 219348 KANSAS CITY, MO 64121	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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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
73	TYVA PROPERTIES C/O PROPERTY ONE, INC. 4141 VETERANS BLVD., SUITE 300 METAIRIE, LA 70002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	VOELKEL MCWILLIAMS CONSTRUCTION, LLC 4 ST. ANN DRIVE MANDEVILLE, LA 70471	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	WLAE-TV NEW ORLEANS 3330 NORTH CAUSEWAY BLVD., SUITE 345 METAIRIE, LA 70002	\$ 17,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	ZEN-NOH GRAIN CORPORATION POST OFFICE BOX 39 MANDEVILLE, LA 70470	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	734 SHARES HORNBECK OFFSHORE SERVICES, INC.	\$ 15,363.	03/03/2015
48	42 SHARES AUTOLIV, INC.	\$ 5,073.	06/22/2015
48	25 SHARES AUTOLIV, INC.	\$ 3,125.	12/22/2015
51	3 FRAMED PRINTS (ARTWORK)	\$ 8,060.	12/30/2015
25	2079 SHARES HANCOCK HOLDING CO.	\$ 52,432.	12/28/2015
22	WEST 30'S LAND LEASE	\$ 487,818.	05/15/2015

Name of organization **NORTHSHORE COMMUNITY FOUNDATION**

Employer identification number

61-1517784

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	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NORTHSHORE COMMUNITY FOUNDATION

61-1517784

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and various monitoring questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	470,092.	469,093.	468,956.	449,624.	443,084.
b Contributions	7,360.	7,659.	4,085.	14,618.	8,459.
c Net investment earnings, gains, and losses	-1,060.	4,221.	7,119.	6,489.	-161.
d Grants or scholarships	1,682.	10,548.	10,758.	1,466.	1,475.
e Other expenditures for facilities and programs					
f Administrative expenses	306.	333.	309.	309.	283.
g End of year balance	474,404.	470,092.	469,093.	468,956.	449,624.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 16.2500 %
 - b Permanent endowment 57.1300 %
 - c Temporarily restricted endowment 26.6200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		520,537.	19,642.	500,895.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				500,895.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BRAF INVESTMENT POOL	13,066,742.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,066,742.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,211,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-989,263.		
b	Donated services and use of facilities	2b	39,299.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	193,047.		
e	Add lines 2a through 2d			2e	-756,917.
3	Subtract line 2e from line 1			3	3,968,045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,824.		
b	Other (Describe in Part XIII.)	4b	-55,718.		
c	Add lines 4a and 4b			4c	-5,894.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	3,962,151.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,942,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	39,299.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	193,047.		
e	Add lines 2a through 2d			2e	232,346.
3	Subtract line 2e from line 1			3	1,710,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,824.		
b	Other (Describe in Part XIII.)	4b	36,896.		
c	Add lines 4a and 4b			4c	86,720.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	1,797,329.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BE USED TO MAKE DISTRIBUTIONS UP TO THE APPROVED DISTRIBUTION PERCENTAGE AT SUCH TIMES, IN SUCH AMOUNTS, IN SUCH WAYS AND FOR SUCH CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY OR RELIGIOUS PURPOSES (OR ANY COMBINATION OF SUCH PURPOSES) AND FOR ADMINISTRATIVE PURPOSES. ALL DISTRIBUTIONS ARE MADE IN FURTHERANCE OF THE PURPOSE OF THE FOUNDATION. DISTRIBUTIONS MAY BE MADE DIRECTLY TO THE FOUNDATION FOR THESE PURPOSES OR BY CONTRIBUTION TO OTHER TAX EXEMPT ORGANIZATIONS FOR SUCH PURPOSES.

FIN 48 FOOTNOTE

PART X, LINE 2

NCF FILES INCOME TAXES IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, NCF IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012. ANY INTEREST AND PENALTIES ASSESSED BY INCOME TAX AUTHORITIES ARE NOT SIGNIFICANT AND WOULD BE INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES IN THESE FINANCIAL STATEMENTS, AS APPLICABLE.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, NCF MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THERE WERE NO UNRECOGNIZED TAX

Part XIII Supplemental Information (continued)

BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED
DECEMBER 31, 2015.

PART XI, LINE 2D

DIRECT FUNDRAISING EXPENSES REPORTED ON 990, PART VIII, LINE 8B: \$193,047

PART XI, LINE 4B

ORGANIZATION FUND GIFTS:	\$ 206,886
ORGANIZATION FUND EARNINGS:	-\$ 270,408
NON-CASH ITEMS DONATED	\$ 7,804

TOTAL	-\$ 55,718

PART XII, LINE 2D

DIRECT FUNDRAISING EXPENSES REPORTED ON 990, PART VIII, LINE 8B: \$193,047

PART XII, LINE 4B

ORGANIZATION FUND GIFTS:	\$ 3,850
ORGANIZATION FUND EXPENSES:	\$ 25,242
NON-CASH ITEMS DONATED:	\$ 7,804

TOTAL	\$ 36,896

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		2,879,259.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,879,259.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,879,259.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		KICKIN PARKINSO (event type)	WLYU-NORTHSHOR (event type)	9. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	302,260.	66,776.	283,485.	652,521.
	2	Less: Contributions	281,895.	63,552.	260,211.	605,658.
	3	Gross income (line 1 minus line 2)	20,365.	3,224.	23,274.	46,863.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,202.		6,602.	7,804.
	6	Rent/facility costs	5,904.	33,398.	31,943.	71,245.
	7	Food and beverages	7,941.	11,885.	13,464.	33,290.
	8	Entertainment	5,162.		8,050.	13,212.
	9	Other direct expenses	14,080.	18,154.	35,262.	67,496.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				193,047.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-146,184.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALDERSGATE UNITED METHODIST CHURCH (AUMC) 360 ROBERT BLVD. SLIDELL, LA 70468	72-0795439	501(C)(3)	6,786.				SEE PART IV
(2) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEA 1000 HOWARD AVENUE SUITE 200	72-0408911	501(C)(3)	50,000.				SEE PART IV
(3) FIRST BAPTIST CHURCH COVINGTON 16333 HWY 1085 COVINGTON, LA 70433	72-0636568	501(C)(3)	36,948.				SEE PART IV
(4) HABITAT FOR HUMANITY, ST. TAMMANY WEST 1400 NORTH LANE MANDEVILLE, LA 70471	72-0921695	501(C)(3)	6,000.				GENERAL SUPPORT
(5) JUNIOR ACHIEVEMENT OF GREATER NEW ORLEANS 5100 NEW ORLEANS AVENUE	13-1692595	501(C)(3)	10,000.				GENERAL SUPPORT
(6) MANDEVILLE SOCCER CLUB 790 FLORIDA STREET #2A MANDEVILLE, LA 70448	72-1270410	501(C)(3)	20,000.				GENERAL SUPPORT
(7) MOUNT VERNON PRESBYTERIAN SCHOOL 471 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-2054415	501(C)(3)	6,000.				GENERAL SUPPORT
(8) NATIONAL WORLD WAR II MUSEUM, INC. 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	23,350.				GENERAL SUPPORT
(9) ST. TAMMANY HOSPITAL FOUNDATION 1202 S. TYLER COVINGTON, LA 70433	37-1458857	501(C)(3)	12,420.				GENERAL SUPPORT
(10) THE FOOD BANK OF COVINGTON LOUISIANA, INC. 840 NORTH COLUMBIA STREET	72-1028539	501(C)(3)	15,400.				GENERAL SUPPORT
(11) UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	72-0471369	501(C)(3)	20,000.				GENERAL SUPPORT
(12) UPWARD COMMUNITY SERVICES 1148 NORTH COLUMBIA STREET	72-1337783	501(C)(3)	20,000.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS OF AMERICA OF GREATER NEW ORLEAN 4152 CANAL STREET NEW ORLEANS, LA 70119	13-1692595	501(C)(3)	10,000.				GENERAL SUPPORT
(2) YOUNG MENS CHRISTIAN ASSOCIATION OF NEW ORL 71526 FRANCES ROAD COVINGTON, LA 70433	72-0423890	501(C)(3)	51,050.				GENERAL SUPPORT
(3) CRISIS PREGNANCY HELP CENTER OF SLIDELL, IN 550 GAUSE BLVD., SUITE 2 SLIDELL, LA 70458	72-1186249	501(C)(3)	16,093.				GENERAL SUPPORT
(4) MICHAEL J. FOX FOUNDATION FOR PARKINSON'S R POST OFFICE BOX 4777 NEW YORK, NY 10163	13-4141945	501(C)(3)	267,000.				SEE PART IV
(5) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY JEFFERSON, LA 70121	72-0502505	501(C)(3)	20,000.				GENERAL SUPPORT
(6) SAVANNAH SMILES, INC. 385 INDIAN VILLAGE ROAD SLIDELL, LA 70461	65-1314241	501(C)(3)	80,000.				GENERAL SUPPORT
(7) ST. SCHOLASTICA ACADEMY POST OFFICE BOX 1210 COVINGTON, LA 70434	72-0408966	501(C)(3)	23,500.				GENERAL SUPPORT
(8) ALS ASSOCIATION LOUISIANA-MISSISSIPPI CHAPT POST OFFICE BOX 66825 BATON ROUGE, LA 70896	20-1742120	501(C)(3)	21,348.				SEE PART IV
(9) ALZHEIMER'S ASSOCIATION OF LOUISIANA 3445 N. CAUSEWAY BOULEVARD	13-3039601	501(C)(3)	21,348.				SEE PART IV
(10) DESIRE STREET MINISTRIES AND ACADEMY POST OFFICE BOX 18057 ATLANTA, GA 30316	72-1218825	501(C)(3)	10,000.				GENERAL SUPPORT
(11) FAMILY PROMISE OF ST. TAMMANY PARISH 513 MICHIGAN AVENUE SLIDELL, LA 70458	35-2489888	501(C)(3)	17,363.				GENERAL SUPPORT
(12) GREATER BATON ROGUE FOOD BANK INC. POST OFFICE BOX 45830 BATON ROUGE, LA 70895	72-1065318	501(C)(3)	10,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LAMB OF GOD LUTHERAN CHURCH 57210 ALLEN ROAD SLIDELL, LA 70461	83-1394293	501(C)(3)	11,000.				GENERAL SUPPORT
(2) LSU FOUNDATION 3838 WEST LAKESHORE DRIVE	72-6020969	501(C)(3)	52,500.				SEE PART IV
(3) MISSISSIPPI STATE UNIVERSITY FOUNDATION POST OFFICE BOX 6149	64-0410581	501(C)(3)	10,000.				SEE PART IV
(4) PARTICULAR COUNCIL OF ST. VINCENT DE PAUL O POST OFFICE BOX 127 BATON ROUGE, LA 70821	72-0646911	501(C)(3)	10,000.				GENERAL SUPPORT
(5) ST. JOSEPH CATHOLIC CHURCH 178 NORTH 8TH STREET PONCHATOULA, LA 70454	72-0544878	501(C)(3)	8,100.				GENERAL SUPPORT
(6) ST. TIMOTHY'S ON THE NORTHSHORE UNITED METH 335 ASBURY DRIVE MANDEVILLE, LA 70471	72-0851138	501(C)(3)	11,300.				GENERAL SUPPORT
(7) STAR AND CRESCENT FOUNDATION OF LOUISIANA, 530 LAKELAND DRIVE BATON ROUGE, LA 70802	46-1787867	501(C)(3)	10,000.				GENERAL SUPPORT
(8) TRINITY EPISCOPAL CHURCH 1329 JACKSON AVENUE NEW ORLEANS, LA 70130	72-0467513	501(C)(3)	10,000.				GENERAL SUPPORT
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 32.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP	22.	38,000.			
2					
3					
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7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING GRANTS IN THE U.S.

PART I, LINE 2

CERTAIN GRANTS ARE MONITORED BY THE FOUNDATION. FOR GRANTS THAT ARE MONITORED, THE RECIPIENT ORGANIZATION MUST SUBMIT FISCAL ACCOUNTING AND NARRATIVE REPORTS ON THE USE OF THE GRANT AND THE IMPACT THAT THE GRANT MAY HAVE HAD ON THE COMMUNITY IT SERVES. REPORTING GUIDELINES WILL BE ESTABLISHED IN THE LETTER OF AWARD. A FINAL REPORT IS DUE WITHIN 60 DAYS OF THE COMPLETION OF THE PROJECT. IF THE PROJECT IS NOT COMPLETED WITHIN ONE YEAR, AN INTERIM REPORT IS DUE. GRANTS FROM DONOR-ADVISED FUNDS AS WELL AS ORGANIZATION FUNDS ARE NOT MONITORED.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(1)-ALDERSGATE UNITED METHODIST CHURCH (AUMC)

TO SUPPORT THE EDUCATION WELL-BEING OF ST. TAMMANY PARISH KIT STUDENTS
AND/OR THEIR PARENTS AND GUARDIANS

PART II, LINE 1(2)-CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS

GENERAL SUPPORT AND TO SUPPORT AHCA CAMPAIGN

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(3)-FIRST BAPTIST CHURCH COVINGTON

TO SUPPORT EFFORTS TO PROVIDE FULL ACCESS TO DRUG AND ALCOHOL TREATMENT AND SERVICES TO THE POPULATION IN NEED. TO PROVIDE ASSISTANCE TO FAMILIES WITH A CHILD OR CHILDREN UNDER THE AGE OF 21 WHO HAVE A DISABILITY.

PART II, LINE 1(12)-UPWARD COMMUNITY SERVICES INC.

TO EDUCATE COMMUNITY CHILDREN IN CRITICAL NEED THROUGH SUPPORT OF THE FIRST LOVE EARLY LEARNING PROGRAM AND TO SUPPORT SUMMER CAMP PROGRAM

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(16)-MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH
TO RESEARCH AND DEFEAT PARKINSON'S DISEASE

PART II, LINE 1(20)-ALS ASSOCIATION LOUISIANA-MISSISSIPPI CHAPTER
TO ENABLE AND EMPOWER STIRLING PROPERTY EMPLOYEES TO ENGAGE IN
PHILANTHROPIC WORK IN THEIR COMMUNITIES.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(21)-ALZHEIMER'S ASSOCIATION OF LOUISIANA
 TO ENABLE AND EMPOWER STIRLING PROPERTY EMPLOYEES TO ENGAGE IN
 PHILANTHROPIC WORK IN THEIR COMMUNITIES

PART II, LINE 1(26)-LSU FOUNDATION
 TO SUPPORT STUDENT ADMISSIONS AND RECRUITING CENTER PROJECT AND GENERAL
 SUPPORT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(27)-MISSISSIPPI STATE UNIVERSITY FOUNDATION

TO SUPPORT THE SCHOLARSHIP FUND

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3 .	8,060 .	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4 .	75,993 .	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1 .	487,818 .	LEASE VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	24 .	7,804 .	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

FORM 990, PART VI, SECTION A, LINE 2

RICHARD KNIGHT AND MAURA DONAHUE - BUSINESS RELATIONSHIP

JIMMY MAURIN AND JOSEPH JAEGER - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 7A

THE BATON ROUGE AREA FOUNDATION, AS THE SUPPORTED ORGANIZATION, APPOINTS
THE DIRECTORS OF THE NORTHSHORE COMMUNITY FOUNDATION BOARD.

FORM 990, PART VI, SECTION B, LINE 11

AFTER COMPLETION OF IRS FORM 990, DRAFT COPIES ARE PROVIDED TO THE ENTIRE
BOARD OF DIRECTORS AND THE TREASURER OF THE FOUNDATION. THE TREASURER
REVIEWS THE DRAFT FORM 990 AND NECESSARY CHANGES ARE MADE ON THE FORM.
ONCE ALL NECESSARY CHANGES ARE MADE AND THE TREASURER AGREES TO THE
VERACITY OF THE INFORMATION PRESENTED IN THE FORM, IT WILL BE RECOMMENDED
FOR APPROVAL BY THE BOARD OF DIRECTORS. THE FORM WILL BE SIGNED BY THE
PRESIDENT AND CEO (OR OTHER APPROPRIATE REPRESENTATIVE OF THE
FOUNDATION), DATED AND SUBMITTED TO THE IRS BY THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN
INTERESTED PERSON SHALL DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL OR
CONFLICTING INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL
MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD
DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

Name of the organization NORTSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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AFTER DISCLOSURE OF THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, ARRANGEMENT, OR RELATIONSHIP. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION, ARRANGEMENT, OR RELATIONSHIP WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION, ARRANGEMENT, OR RELATIONSHIP IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE FOUNDATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A

AN INDEPENDENT BOARD APPROVES THE CEO COMPENSATION. OUTSIDE SOURCES OF INFORMATION INCLUDING FORM 990 OF OTHER ORGANIZATIONS ARE USED TO DETERMINE THE LEVEL AS WELL AS EXPECTATIONS. THE BOARD MAINTAINS CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO DELIBERATIONS AND DECISIONS

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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REGARDING THE COMPENSATION ARRANGEMENT. THE CEO THEN SETS COMPENSATION FOR ALL OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION
NORTHSHORE COMMUNITY FOUNDATION IS MAKING THE ELECTION UNDER TREAS. REG. § 1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED DECEMBER 31, 2015.

SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION
NORTHSHORE COMMUNITY FOUNDATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE ONLY FOR THE TAX YEAR ENDING DECEMBER 31, 2015. TAXPAYER HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(I).

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NORTHSHORE COMMUNITY FOUNDATION UNITES HUMAN AND FINANCIAL RESOURCES TO ENHANCE THE QUALITY OF LIFE IN THE NORTHSHORE REGION. TO ACHIEVE OUR MISSION, WE: SERVE DONORS TO BUILD ASSETS THAT DRIVE INITIATIVES AND SOLUTIONS, ENGAGE COMMUNITY LEADERS TO DEVELOP APPROPRIATE RESPONSES TO EMERGING OPPORTUNITIES AND CHALLENGES, AND ELEVATE OUR WORK AND SHARE THE RESULTS WITH OUR STAKEHOLDERS. WE PROUDLY SERVE ST. TAMMANY, WASHINGTON, TANGIPAOHA AND ST. HELENA PARISHES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SERVING THE NORTHSHORE COMMUNITY, CONSISTING OF ST. HELENA, ST. TAMMANY, TANGIPAOHA, AND WASHINGTON PARISHES, BY FUNDING VARIOUS AGENCIES, PROJECTS AND PROGRAMS BENEFITING THE NEEDY AND THE COMMUNITY AS A WHOLE BY PARTICIPATING IN THE SUPER REGION VISION PROCESS WITH THE VERY CLEAR GOAL OF THE NORTHSHORE BECOMING AN EQUAL POINT IN THE SUPER REGION TRIANGLE; BY EXPANDING OUT SCHOLARSHIP PROGRAMS TO CANCER SURVIVORS, SWIMMERS IN SLIDELL, AND STANDOUTS FROM BOGALUSA; BY SERVING AS THE "BOOTS ON THE GROUND" FOR THE YEA! NORTHSHORE PROGRAM THAT TRANSFORMS SELECT SIXTH THROUGH TWELFTH GRADE STUDENTS INTO HIGHLY TRAINED, CONFIDENT ENTREPRENEURS USING THE YOUNG ENTREPRENEURS ACADEMY MODEL; BY LAUNCHING A LOCAL "FAMILY PROMISE" MODEL IN CONJUNCTION WITH ST. TAMMANY PARISH GOVERNMENT TO CREATE A COST EFFICIENT AND EFFECTIVE NETWORK OF SITUATIONAL SHELTERS AND SUPPORT FOR FAMILIES WHO HAVE

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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ATTACHMENT 2 (CONT'D)

NO PLACE TO LAY THEIR HEADS; AND TO CONTINUE EFFORTS TO SUPPORT THE DIVERSE PASSIONS OF OUR DONORS AND TO STRENGTHEN OUR COMMUNITIES. ENSURE OUR QUALITY OF LIFE AND ECONOMIC PROSPERITY; RAISING MORE THAN \$300,000 FOR PARKINSON'S DISEASE RESEARCH THROUGH THE DONOR-ADVISED KICKIN' PARKINSON'S FUND; PARTNERING WITH THE SAVANNAH SMILES SLIDELL-BASED NONPROFIT WHICH PROVIDES FINANCIAL AND EMOTIONAL SUPPORT TO PARENTS WHO HAVE EXPERIENCED THE UNTIMELY DEATH OF A CHILD; ESTABLISHING THE WORLD OF WONDER FUND TO CARRY ON JINX VIDRINE'S LEGACY OF THE LOVE FOR CHILDREN AND EDUCATION FOR YEARS AND YEARS TO COME; AND CONTINUING THE SOUTH SLIDELL SWIMMING SCHOLARSHIP WHICH WAS ESTABLISHED AFTER A HOMEOWNER'S ASSOCIATION SOLD THEIR POOL AND USED THE PROCEEDS TO AWARD AN ANNUAL SCHOLARSHIP TO STUDENT SWIMMERS IN THE SLIDELL AREA.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
UNRELATED BUSINESS REVENUE	276,587.		-19.	276,606.
TOTALS	<u>276,587.</u>		<u>-19.</u>	<u>276,606.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	GRANT MAKING	LA	501(C)(3)	7	N/A		X
(2) WILBUR MARVIN FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(3) HELEN S. BARNES TRUST PO BOX 3038 MILWAUKEE, WI 53201	SUPPORT ORG	LA	501(C)(3)	PF	BRAF		X
(4) E.J. & MARJORY OURSO FAMILY FOUNDATION PO BOX 690 DONALDSONVILLE, LA 70346	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(5) MILFORD WAMPOLD SUPPORT FOUNDATION 4171 ESSEN LANE BATON ROUGE, LA 70809	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(6) REILLY FAMILY FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(7) NEWTON B. THOMAS SUPPORT FOUNDATION 8183 W. EL CAJON BATON ROUGE, LA 70815	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GULF COAST RESTORATION & PROTECTION 20-4146236 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(2) THE CREDIT BUREAU OF BR FOUNDATION 20-0665987 PO BOX 82724 BATON ROUGE, LA 70884	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(3) COMMUNITY FOUNDATION REALTY 20-4265927 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(4) THE JOHN W. BARTON FAMILY FOUNDATION 72-1494869 PO BOX 1806 BATON ROUGE, LA 70821	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(5) COMMUNITY FOUNDATION OF SOUTHWEST LA 72-1508036 POST OFFICE BOX 3125 LAKE CHARLES, LA 70602	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(6)							
(7)							

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CPDC PROPERTIES, LP 72-1553510 100 NORTH STREET, SUITE 900 BA	REAL ESTATE	LA	CP REALTY TRUST	N/A				X		X		
(2) 5401 NORTH, LLC 20-8307307 100 NORTH STREET, SUITE 900 BA	REAL ESTATE	LA	WMF	N/A				X		X		
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COMMERCIAL PROPERTIES REALTY TRUST 86-1086905 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	MD	WMF	C CORP					X
(2) CAPITAL HOUSE HOTEL, LLC 32-0105872 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	LA	WMF	C CORP					X
(3) BON CARRE MANAGEMENT CORP 82-0583961 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	LA	WMF	C CORP					X
(4) COMMERCIAL PROPERTIES MGMT CORP 72-0594389 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE M	LA	WMF	C CORP					X
(5) COMMERCIAL PROPERTIES DEVELOPMENT CORP 72-0594391 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	LA	COM PROP MGT CO	C CORP					X
(6) HATO REY CPDC PR CORPORATION 66-0659744 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	PR	WMF	C CORP					X
(7) LADERAS CPDC PR CORPORATION 66-0659745 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	REAL ESTATE	PR	WMF	C CORP					X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BON CARRE CPDC II, INC 20-8661741 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	HOLDING CORP	LA	CP REALTY TRUST	C CORP					X
(2) CHARITABLE REMAINDER TRUSTS (10) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					X
(3) CHARITABLE REMAINDER TRUSTS (1) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	NC	BRAF	TRUST					X
(4) CHARITABLE REMAINDER TRUSTS (2) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT		BRAF	TRUST					X
(5) CHARITABLE LEAD ANNUITY TRUST (1) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					X
(6) GRAY FOX MINERAL CORPORATION 72-0779122 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	S CORP					X
(7) FRONT STREET CONDOMINIUM ASSOCIATION, INC 47-4003649 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	CONDO ASSN	LA	CP REALTY TRUST	C CORP					X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
