Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2006

Open to Public Inspection

A Fo	or the	2006 calendar yea	ar, or tax year beginning	, 2006, and e	nding			, 20		
-		ess change use IRS label or label or MOTHERSHIP FOUNDATION 20			D Employer					
						3461817				
=	ame cha itial retu	change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep					hone number			
-	nal retur	rn See	1403 ANNUNCIATION STREET			())			
=		ended return Specific City or town, state or country, and ZIP + 4					up Exemption			
_	-	ion 501(c)(3) organi.	izations and 4947(a)(1) nonexempt charit completed Schedule A (Form 990 or 990-E	able trusts must attach		ounting methor (specify)	d: 🔽 Ca	ash Accrual		
_	_	a co	Simpleted Schedule A (Form 990 of 990-L	۷).			es success	ation.		
. 14	labait	te: ►		or had a few or hard a few from	ALK DELVISOR	t required to	The second second	ation		
			anly and D satisfy A disease and	4947(a)(1) or 527	Sche	edule B (Form	990, 990-	EZ, or 990-PF).		
no	ot requ	uired, but if the organ	tion is not a section 509(a)(3) supporting organization chooses to file a return, be sure to	file a complete return.				5,000. A return is		
L A	dd line	s 5b, 6b, and 7b, to	line 9 to determine gross receipts; if \$100,000	or more, file Form 990 inste	ead of Form		\$			
Pai	rt I	Revenue, Expe	enses, and Changes in Net Asse	ets or Fund Balances	(See pag	ge 47 of the	e instruc	tions.)		
	1		fts, grants, and similar amounts received.							
	2		e revenue including government fees a			2		70840		
	3		es and assessments			3	3			
	4	Investment incor				4	1			
	5a	Gross amount fr	rom sale of assets other than inventor	,		1000 1000 1000				
41	b			5b	ni onli int					
	c	b cost of other basis and sales expenses					С			
Revenue	6		nd activities (attach schedule). If any amo				400			
Ve	а		not including \$ o							
Re		reported on line		6a						
	b		enses other than fundraising expenses	6b		100				
	С	F1 11 W 1 C 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V				6	С	A THE SHARE SHEET		
	7a	Gross sales of inventory, less returns and allowances					NI-			
	b	76								
	С					7		RET TOWN DE R		
	8) [
-	9	Total revenue (a	add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)					70840		
	10	Grants and simil	lar amounts paid (attach schedule)			1				
	11	Benefits paid to	or for members ,			1		4000		
ses	12	Salaries, other c	compensation, and employee benefits			1		1000		
ens	13	Professional fees and other payments to independent contractors				green a 1		28114		
Expenses	14	Occupancy, rent, utilities, and maintenance			1		7931			
w	15	Printing, publications, postage, and shipping			1		7926 13688			
	16	Other expenses) 1		58659		
	17		(add lines 10 through 16)					12181		
ets	18		it) for the year (line 9 less line 17)			1100	0	12101		
Net Assets	19	The state of the s				4	9	0		
7	20	end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation)					0			
ž	20		and balances at end of year (combine I	*/				12181		
Par	-		ets—If Total assets on line 25, column							
	- Illiania		(See page 51 of the instructions.)	Tay and the allow of the		eginning of year	1000000	End of year		
22	Casi		vestments				22	11181		
23			ivestinents			0	23			
24	Othe	er assets (describe	e FIXED ASSET				24	1000		
25						0	_	12181		
			ribe ►			0	26			

Par	Other Information (Note the statement requirement in General Instruction V.) (Continued)				
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		Yes		
b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation				
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	d Enter amount of tax on line 40c reimbursed by the organization ▶				
е	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?				
41	List the states with which a copy of this return is filed. ▶ ODGEN, UTAH				
42a	The books are in care of ► JARED M ZELLER Located at ► 1403 ANNUNCIATION STREET, NEW ORLEANS, LA ZIP + 4 ►			*****	
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	42b 42c	Yes	✓ ✓ ► □	
Pleas Sign Here	Under penalties experjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer is Signature of officer. Date Type or print name and title.	st of my nas any	knowl	ledge edge.	
Paid Prepa		PTIN (See	Gen. I	nst. X)	
Use 0	nly if self-employed.	1164	955		
	address, and ZIP + 4	282-	1481		

Part III Statement of Program Service Acc		ra era e a	- 1		-		Page A
What is the organization's primary exempt purpose	complishments (See page	51 of the instruct	ions.)	(Re	quired	enses for 50	
Describe what was achieved in carrying out the org describe the services provided, the number of person	anization's exempt nurposes	In a clear and cor	ncise manner,	and	(4) o 4947 ional fo	rganiz (a)(1)	trusts;
28	o boncined, or other relevant in	normation for each	program me.	Opti	I I	Othe	13.)
***************************************			*********		134		
		***************************************		1			
	includes foreign grants, chec	ck here	. > □	28a			58659
29							
***************************************					-		
(Grants \$) If this amount	includes foreign grants, chec	k horo		29a	-		
30		Killere , , , ,		294		100	-
		Taranta da					
	***************************************				1 4		
(Grants \$) If this amount	includes foreign grants, chec	k here	, > 🗆	30a	(miles)	LAST-	Sept.
31 Other program services (attach schedule) (Grants \$) If this amount	entre en en en en en en en en		4 14 14		400		4 5
/ II this alliquit	includes foreign grants, chec	k here	, > 🗆	31a			
32 Total program service expenses (add lines 28 Part IV List of Officers, Directors, Trustees, and It	a through 31a)			32			58659
Part IV List of Officers, Directors, Trustees, and h	(B) Title and average	(C) Compensation	(D) Contribution			Expen	
(A) Name and address	hours per week devoted to position	(If not paid, enter -0-,)	employee benefit deferred compe	plans &	acc	count a	ind
JARRED M ZELLER	TRUSTEE 20HRS	Gitter -o,j	deserved compe	isauon	otner	allowa	nces
219 S. CLARK STREET NEW ORLEANS, LA	TROSTEE ZOTRS	\$1000					
	of Assets or Entil Soluti	of distance of the	and the second	3 30		1 8	11.75
		Annual Property Laws		-			
		and the same of the same	Thursday day			9 1	
				-0.0		a r	
	***			-			
Part V Other Information (Note the statem	ent requirement in Gener	al Instruction VA	والروب فالمد	C W		V	l N.
33 Did the organization engage in any activity not	previously reported to the IE	S2 If "Voc " attack	n a detailed	and the		res	No
description of each activity		4 4 4 5 34 5	2 0 0 1		33	0 1	1
Were any changes made to the organizing or gattach a conformed copy of the changes					24	0, 30	, =
If the organization had income from business activities	c cuch an those recented on the				34	200	Y
reported on Form 990-T, attach a statement explaining	s, such as those reported on line to your reason for not reporting t	es 2, 6, and 7 (amon)	g otners), but i aan_T	not	1000		
a Did the organization have unrelated business or	oss income of \$1,000 or mor	re or 6033(e) notice	roporting of	nnd	CONSISC	- NACORE	DESTRUCTION.
promy tax requirerites:				inu	35a	1 30	1
b if "Yes," has it filed a tax return on Form 990-1	for this year?				35b	0.0	
was there a liquidation, dissolution, termination	. or substantial contraction of	during the year? (If	"Yes," attac	h a	1 5-1		
					36		
7a Enter amount of political expenditures, direct or i	ndirect, as described in the in	structions. ► 37a		N/A	魔器	ME.	
b Did the organization file Form 1120-POL for thi	s year?	F-3 4 4 4 14 15			37b	-	COLUMN TO SERVICE STATE OF THE PARTY OF THE
8a Did the organization borrow from, or make any l	oans to, any officer, director,	trustee, or key em	ployee or we	ere	100	DIS	AND THE REAL PROPERTY.
any such loans made in a prior year and still ur b If "Yes," attach the schedule specified in the	paid at the start of the perio	d covered by this	return?	*	38a	0.02530	√
b If "Yes," attach the schedule specified in the I involved	ine 38 instructions and enter	r the amount 38b		N/A			
501(c)(/) organizations. Enter:		District Control of the Control of t		H/A	The second	10	
a Initiation fees and capital contributions included	on line 9	20-		0	1300		
b Gross receipts, included on line 9, for public us	e of club facilities	39b		0		27	