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## Return of Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Serviceor Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

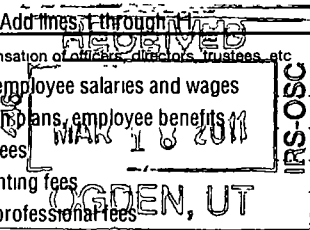
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning, **MAY 1, 2009** and ending **APR 30, 2010**G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label Otherwise, print or type. See Specific Instructions	Name of foundation <b>J. B. LEVERT FOUNDATION</b>		A Employer identification number <b>23-7450682</b>
	Number and street (or P O box number if mail is not delivered to street address) <b>P. O. BOX 518</b>	Room/suite	B Telephone number <b>(504) 828-2950</b>
	City or town, state, and ZIP code <b>METAIRIE, LA 70004</b>		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 444,491.</b> (Part I, column (d) must be on cash basis.)		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,935.	5,935.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<7,293.>			
	b Gross sales price for all assets on line 6a	15,895.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	93.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11	<1,265.>	5,935.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes	481.	481.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses	3,430.	3,430.		0.	
24 Total operating and administrative expenses. Add lines 13 through 23	3,911.	3,911.		0.	
25 Contributions, gifts, grants paid	20,500.			20,500.	
26 Total expenses and disbursements. Add lines 24 and 25	24,411.	3,911.		20,500.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<25,676.>				
b Net investment income (if negative, enter -0-)		2,024.			
c Adjusted net income (if negative, enter -0-)			N/A		

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Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	3,833.	2,872.	2,872.
	2 Savings and temporary cash investments	3,351.	4,666.	4,666.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other <b>\$TMT 6</b>	462,985.	436,953.	436,953.
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)	772.	0.	0.
	16 Total assets (to be completed by all filers)	470,941.	444,491.	444,491.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	470,941.	444,491.	
	30 Total net assets or fund balances	470,941.	444,491.	
31 Total liabilities and net assets/fund balances		470,941.	444,491.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	470,941.
2 Enter amount from Part I, line 27a	2	<25,676.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	445,265.
5 Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 5</b>	5	774.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	444,491.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>THIRD AVENUE REAL ESTATE VALUE FUND</b>	P	07/14/06	10/15/09
b <b>VAN KAMPEN GROWTH &amp; INCOME FD</b>	P	04/28/04	10/15/09
c <b>LEGG MASON VALUE TRUST FD CL A</b>	P	02/25/00	10/15/09
d <b>CAPITAL GAIN DISTRIBUTION</b>	P		
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 996.		1,510.	<514.>
b 3,002.		3,138.	<136.>
c 10,000.		18,540.	<8,540.>
d 1,897.			1,897.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			<514.>
b			<136.>
c			<8,540.>
d			1,897.
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	<7,293.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	27,000.	350,443.	.077045
2007	26,000.	535,264.	.048574
2006	24,000.	533,140.	.045016
2005	24,000.	522,947.	.045894
2004	24,000.	495,018.	.048483

2 Total of line 1, column (d)	2	.265012
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.053002
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	362,330.
5 Multiply line 4 by line 3	5	19,204.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	20.
7 Add lines 5 and 6	7	19,224.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	20,500.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	20.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	20.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	20.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		7	0.
6 Credits/Payments:		8	
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	9	20.
b Exempt foreign organizations - tax withheld at source	6b	10	
c Tax paid with application for extension of time to file (Form 8868)	6c	11	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d			
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>			

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NONE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>LISA REAVES</u> Telephone no. ► <u>504-828-2950</u> Located at ► <u>PO BOX 518, METAIRIE, LA</u> ZIP+4 ► <u>70004</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A

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

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

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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

**(a) Name and address of each person paid more than \$50,000**

**(b) Type of service**

**(c) Compensation**

**NONE**

**Total** number of others receiving over \$50,000 for professional services

0

## Summary of Direct Charitable Activities

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

## Expenses

1	N/A
---	-----

2

**3**

4

## Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A
---	-----

2

All other program-related investments. See instructions.

3

**Total.** Add lines 1 through 3

0.

Form **990-PF** (2009)



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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	362,599.
b	Average of monthly cash balances	1b	5,249.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	367,848.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	367,848.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,518.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	362,330.
6	Minimum investment return. Enter 5% of line 5	6	18,117.

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

1	Minimum investment return from Part X, line 6	1	18,117.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	20.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	20.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,097.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,097.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,097.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	20,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	20.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,480.

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

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				18,097.
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only			16,177.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
<b>e</b> From 2008				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4: ► \$ 20,500.				
<b>a</b> Applied to 2008, but not more than line 2a			16,177.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount				4,323.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				13,774.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005				
<b>b</b> Excess from 2006				
<b>c</b> Excess from 2007				
<b>d</b> Excess from 2008				
<b>e</b> Excess from 2009				

N/A

- 

☐ 4942(j)(3) or ☐ 4942(j)(5)

- [illegible]

## 1 Information Regarding Foundation Managers:

- NONE

- NONE**

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

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE STATEMENT 8				
Total			▶ 3a	20,500.
b Approved for future payment				
NONE				
Total			▶ 3b	0.



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |          |  | Yes   | No |
|----------|--|-------|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |    |
|          | (1) Cash   | 1a(1) | X  |
|          | (2) Other assets   | 1a(2) | X  |
| <b>b</b> | Other transactions:  |       |    |
|          | (1) Sales of assets to a noncharitable exempt organization   | 1b(1) | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization   | 1b(2) | X  |
|          | (3) Rental of facilities, equipment, or other assets   | 1b(3) | X  |
|          | (4) Reimbursement arrangements   | 1b(4) | X  |
|          | (5) Loans or loan guarantees   | 1b(5) | X  |
|          | (6) Performance of services or membership or fundraising solicitations   | 1b(6) | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Sign Here	Signature of officer or trustee <u>Pamela S. Tappe</u>		Date <u>3/14/11</u>	Title <u>Secretary</u>	
	Preparer's signature <u>Delia Brockley</u>	Date <u>3/9/2011</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code <b>LAPORTE, SEHRT, ROMIG &amp; HAND 111 VETERANS MEMORIAL BLVD., SUITE 600 METAIRIE, LA 70005-4958</b>			EIN <b>▶</b>	
				Phone no. <b>(504) 835-5522</b>	

Form **990-PF** (2009)

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MORGAN STANLEY 15523	5,114.	0.	5,114.
MORGAN STANLEY 96565	821.	0.	821.
TOTAL TO FM 990-PF, PART I, LN 4	5,935.	0.	5,935.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS	93.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	93.	0.	

FORM 990-PF	TAXES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES - FYE 2010 EXCISE	481.	481.		0.
TO FORM 990-PF, PG 1, LN 18	481.	481.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER EXPENSES	3,430.	3,430.		0.
TO FORM 990-PF, PG 1, LN 23	3,430.	3,430.		0.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
OTHER TAXES		40.	
PRIOR PERIOD ADJUSTMENT		734.	
TOTAL TO FORM 990-PF, PART III, LINE 5		774.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY - MUTUAL FUNDS	COST	436,953.	436,953.
LEGG MASON VALUE TRUST	COST	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		436,953.	436,953.



FORM 990-PF      PART VIII - LIST OF OFFICERS, DIRECTORS      STATEMENT      7  
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANE C. LEGIER P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
ELIZABETH PERINO P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
PAMELA TAPIE P.O. BOX 518 METAIRIE, LA 70004-0518	SECRETARY 1.00	0.	0.	0.
LOUIS M. ANDOLSEK P.O. BOX 518 METAIRIE, LA 70004-0518	CHAIRMAN 1.00	0.	0.	0.
ANNE LEE LEVERT P.O. BOX 518 METAIRIE, LA 70004-0518	PRESIDENT 1.00	0.	0.	0.
KATHERINE S. EMERY P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
ELIZABETH C DOBER P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
BARBARA LEVERT KAHLE P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
EDWARD C. LEVERT P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
WINSTON LEVERT GOULAS P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
STEPHANIE MARIE LEVERT P.O. BOX 518 METAIRIE, LA 70004-0518	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT	8
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RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
COMMUNITY FUND FOR THE ARTS 427 LAUREL STREET BATON ROUGE, LA 70801	CHARITABLE	501 (C)(3)	500.
LSU RURAL LIFE MUSEUM P. O. BOX 80498 BATON ROUGE, LA 70898	CHARITABLE	501 (C)(3)	800.
PENNINGTON BIOMEDICAL RESEARCH FOUNDATION 6400 PERKINS ROAD BATON ROUGE, LA 70808-9980	CHARITABLE	501 (C)(3)	700.
JEFFERSON BATTERED WOMEN'S SHELTER P. O. BOX 10775 JEFFERSON, LA 70181	CHARITABLE	501 (C)(3)	200.
JEFFERSON DOLLARS FOR SCHOLARS 3330 N. CAUSEWAY BLVD. METAIRIE, LA 70002	CHARITABLE	501 (C)(3)	300.
JEFFERSON PERFORMING ARTS SOCIETY 1118 CLEARVIEW PARKWAY METAIRIE, LA 70001	CHARITABLE	501 (C)(3)	500.
MAGNOLIA SPECIAL SCHOOL 100 CENTRAL AVENUE JEFFERSON, LA 70121	CHARITABLE	501 (C)(3)	300.
WRBH FM RADIO 3606 MAGAZINE STREET NEW ORLEANS, LA 70115	CHARITABLE	501 (C)(3)	300.

GREATER NEW ORLEANS FOUNDATION 1055 ST. CHARLES AVENUE, SUITE 100 NEW ORLEANS, LA 70130	CHARITABLE	501 (C)(3)	100.
COVENANT HOUSE 611 N. RAMPART STREET NEW ORLEANS, LA 70112	CHARITABLE	501 (C)(3)	480.
CATHOLIC CHARITIES - OPERATION HELPING HANDS 100 HOWARD AVENUE, STE 700 NEW ORLEANS, LA 70113	CHARITABLE	501 (C)(3)	470.
FAMILY SERVICE OF GREATER NEW ORLEANS 2515 CANAL STREET, SUITE 201 NEW ORLEANS, LA 70119	CHARITABLE	501 (C)(3)	470.
ODYSSEY HOUSE 1125 NORTH TONTI NEW ORLENAS, LA 70119	CHARITABLE	501 (C)(3)	470.
PRESERVATION RESOURCE CENTER 923 TCHOUPITOUHAS STREET NEW ORLEANS, LA 70130	CHARITABLE	501 (C)(3)	470.
PROJECT LAZARUS P. O. BOX 3906 NEW ORLEANS, LA 70177-3906	CHARITABLE	501 (C)(3)	470.
STAIR 1545 STATE STREET NEW ORLEANS, LA 70118	CHARITABLE	501 (C)(3)	470.
BOY SCOUTS OF AMERICA-TCH DISTRICT 4200 S. I-10 SERVICE RD. W., STE 101 METAIRIE, LA 70001	CHARITABLE	501 (C)(3)	100.
ST. CHARLES 4-H P. O. BOX 1766 LULING, LA 70070	CHARITABLE	501 (C)(3)	100.

ST. CHARLES HISTORICAL FOUNDATION P. O. BOX 204 DESTREHAN, LA 70047	CHARITABLE	501 (C)(3)	200.
ST. CHARLES HUMANE SOCIETY 13875 FRERE STREET LULING, LA 70070	CHARITABLE	501 (C)(3)	100.
ST. CHARLES SOCIAL CONCERNS COMMITTEE P. O. BOX 988 BOUTTE, LA 70039	CHARITABLE	501 (C)(3)	300.
SATELLITE CENTER 285 SUGAR LAND PARKWAY LULING, LA 70070	CHARITABLE	501 (C)(3)	200.
UNITED WAY OF ST. CHARLES P. O. BOX 157 LULING, LA 70070	CHARITABLE	501 (C)(3)	1,000.
CATAHOULA VOLUNTEER FIRE DEPARTMENT CATAHOULA LAKE LEVEE ROAD ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
COTEAU HOLMES VOLUNTEER FIRE DEPARTMENT 1860 COTEAU HOLMES HWY ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
NEW START CENTER P. O. BOX 504 ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
NICOLE THERIOT SCHOLARSHIP FUND 762 N. MAIN STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	100.
NOTRE DAME IMPROVEMENT P. O. BOX 677 ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.

PARKS VOLUNTEER FIRE DEPARTMENT P. O. BOX 2729 PARKS, LA 70582	CHARITABLE	501 (C)(3)	300.
ST. ELIZABETH CHURCH 1006 ST. ELIZABETH STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
ST. MARTIN DE TOURS JR.& SR. YOUTH GROUPS 133 S. MAIN STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
ST. MARTIN DE TOURS TRUST FUND P. O. BOX 10 ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
TRINITY CATHOLIC 201 GARY STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
ACADIAN MEMORIAL FOUNDATION 121 S. NEW MARKET STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	200.
ST. MARTIN PARISH SHERIFF DEPT. DRUG FUND 400 ST. MARTIN STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	400.
ST. MARTIN PARISH VOLUNTEER FIRE DEPT. P. O. BOX 82 ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.
ST. MARTINVILLE ASSO. FOR RETARDED CHILDREN P. O. BOX 128 ST. MARTINVILLE, LA 70582-0128	CHARITABLE	501 (C)(3)	300.
ST. RITA CATHOLIC CHURCH 1006 ST. RITA HWY ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	300.

EVANGELINE PLAYERS 416 S. MAIN STREET ST. MARTINVILLE, LA 70582	CHARITABLE	501 (C)(3)	200.
COVINGTON FOOD BANK 105 HIGHLAND PARK ROAD COVINGTON, LA 70433-7128	CHARITABLE	501 (C)(3)	160.
FAITH BIBLE CHURCH OF COVINGTON 1148 N. COLUMBIA STREET COVINGTON, LA 70433	CHARITABLE	501 (C)(3)	240.
HOSPICE OF ST. TAMMANY 1202 S. TYLER COVINGTON, LA 70433	CHARITABLE	501 (C)(3)	240.
PRIDE OF ST. TAMMANY PARISH, INC. P. O. BOX 336 COVINGTON, LA 70434	CHARITABLE	501 (C)(3)	240.
ST. PAUL'S SCHOOL 917 S. JAHNCKE AVENUE COVINGTON, LA 70433	CHARITABLE	501 (C)(3)	240.
ST. TAMMANY ASSO FOR RETARDED CITIZENS, INC. 1541 ST. ANN PLACE SLIDELL, LA 70460	CHARITABLE	501 (C)(3)	240.
ST. TAMMANY ART ASSOCIATION 129 N. NEW HAMPSHIRE COVINGTON, LA 70433	CHARITABLE	501 (C)(3)	120.
SAFE HARBOR P. O. BOX 1179 MANDEVILLE, LA 70470	CHARITABLE	501 (C)(3)	240.
ST. TAMMANY DEPUTIES ASSOCIATION P. O. BOX 1120 COVINGTON, LA 70434	CHARITABLE	501 (C)(3)	160.

YOUTH SERVICE BUREAU OF ST. TAMMANY 430 N. NEW HAMPSHIRE COVINGTON, LA 70433	CHARITABLE	501 (C)(3)	120.
AMERICAN RED CROSS P. O. BOX 102 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
ASSUMPTION ACTIVITY CENTER P. O. DRAWER 1040 NAPOLEONVILLE, LA 70390	CHARITABLE	501 (C)(3)	200.
BAYOU COUNCIL ON ALCOHOLISM AND DRUG ABUSE P. O. BOX 1425 THOBODAUX, LA 70302	CHARITABLE	501 (C)(3)	100.
BAYOULAND FAMILIES HELPING FAMILIES P. O. BOX 1345 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	100.
BOY SCOUTS OF AMERICA 401 PLATER DRIVE THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	100.
CATHOLIC CHARITIES - THIBODAUX CHAPTER P. O. BOX 3894 HOUMA, LA 70361	CHARITABLE	501 (C)(3)	200.
CHEZ HOPE P. O. BOX 5464 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
E. D. WHITE CATHOLIC HIGH SCHOOL 555 CARDINAL DRIVE THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	700.
GIRL SCOUTS OF AMERICA 1205 PARK DRIVE THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	100.

GRENIER INDUSTRIES P. O. BOX 269 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
LAFOURCHE HERITAGE SOCIETY P. O. BOX 913 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
LAUREL VALLEY FOUNDATION P. O. BOX 1847 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
NICHOLLS COLLEGE FOUNDATION P. O. BOX 2066 THIBODAUX, LA 70310	CHARITABLE	501 (C)(3)	200.
NICHOLLS STATE ATHLETIC DEPARTMENT P. O. BOX 2032 THIBODAUX, LA 70310	CHARITABLE	501 (C)(3)	400.
ST. GENEVIEVE ELEMENTARY SCHOOL 807 BARBIER AVENUE THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	400.
ST. JOHN VOLUNTEER FIRE DEPARTMENT 2072 ST. MARY STREET THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	200.
ST. JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE THIBODAUX, LA 70301	CHARITABLE	501 (C)(3)	400.
THIBODAUX VOLUNTEER FIRE DEPARTMENT P. O. BOX 1421 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.
VOLUNTEERS FOR JUVENILE JUSTICE P. O. BOX 586 THIBODAUX, LA 70302	CHARITABLE	501 (C)(3)	200.



J. B. LEVERT FOUNDATION

23-7450682

BEST FRIENDS·ANIMAL SOCIETY  
5001 ANGEL CANYON ROAD KANAB, CHARITABLE  
UT 84741

501 (C)(3) 500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

20,500.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- 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**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.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	<b>J. B. LEVERT FOUNDATION</b>	<b>23-7450682</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>P. O. BOX 518</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>METAIRIE, LA 70004</b>	

Check type of return to be filed (file a separate application for each return)

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**LISA REAVES**

- The books are in the care of ► **PO BOX 518 - METAIRIE, LA 70004**

Telephone No. ► **504-828-2950**

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 will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **MAY 1, 2009**, and ending **APR 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	<b>0.</b>

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- 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).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	J. B. LEVERT FOUNDATION	23-7450682
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P. O. BOX 518	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	METAIRIE, LA 70004	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☒ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

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

LISA REAVES

- The books are in the care of **PO BOX 518 - METAIRIE, LA 70004**  
 Telephone No. **504-828-2950** 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 **MARCH 15, 2011**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **MAY 1, 2009**, and ending **APR 30, 2010**
- 6 If this tax year 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

**ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN HAS NOT YET BEEN RECEIVED.**

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

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 Lianne M. Wyllie Title V. Pres.

Date 12-13-10

Form 8868 (Rev. 4-2009)

LaPORTE, SEHRT, ROHLIG & F  
 111 Veterans Blvd., Suite 600, Metairie, LA 70006