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Department of the Treasury

Internal Revenue Service

DLN: 93491051005103

OMB No 1545-0052

Return of Private Foundation or 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

2011

For	cale	ndar year 2011, or	tax year b	peginning 05-	01-2011 , an	d end	ding 04-30-	2012	
G Cl	neck a	Il that apply Initia		_	of a former public c	-		curn	
Nam	e of for	J A mer undation	nded return	Address cha	nge Nam	e char		entification numbe	 er
		T FOUNDATION					23-7450682		
								mber (see page 10 c	of the instructions)
	ber and D BOX 5	l street (or P O box number if i 18	maıl ıs not deliv	ered to street addres	s) Room/suite		(504) 828-2950	, , ,	or the instructions)
		n, state, and ZIP code A 70004						application is pendin ganizations, check h	· _
							-		•
		ype of organization FS 14947(a)(1) nonexempt c						rganizations meeting e and attach comput	
		<pre><et 6<="" all="" assets="" at="" of="" pre="" value=""></et></pre>			Cash Acc		E If private for	undation status was t	erminated
		ret value of all assets at e from Part II, col. (c),		Other (specify)	r Casii r Acc	iuai		n 507(b)(1)(A), chec	
		\$ 683,923			t be on cash basıs.)			ation is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revel total of amounts in columns necessarily equal the amou the instructions))	s (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) l	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, et	c , received (att	tach schedule)	315,000				
	2	Check F if the foundation	ıs not required	to attach Sch B		Ī			
	3	Interest on savings and							
	4	Dividends and interest fr	rom securitie	s	6,466	,	6,466		
	5a	Gross rents							
Revenue	ь	Net rental income or (los	ss)						
	6a	Net gain or (loss) from s	ale of assets	not on line 10	-26,593	3			
	ь	Gross sales price for all assets	on line 6a	472,380					
	7	Capital gain net income	(from Part IV	, line 2)			0		
	8	Net short-term capital g	aın						
	9	Income modifications .							
	10a	Gross sales less returns and al	llowances						
	ь	Less Cost of goods sold							
	C	Gross profit or (loss) (at		•					
	11	Other income (attach sc			195		0		
	12	Total. Add lines 1 throug			294,879	1	6,466		
	13	Compensation of officers			(0		0
φ.	14	O ther employee salaries							
Expenses	15	Pension plans, employee							
\$	16a	Legal fees (attach sched	-						
	l	Accounting fees (attach Other professional fees							
Ě	17	Interest		•					
Admını strative	18	Taxes (attach schedule) (see			% 21	_	21		0
<u>=</u>	19	Depreciation (attach sch		•					<u> </u>
Ħ	20	Occupancy	•	•					
4	21	Travel, conferences, and							
and	22	Printing and publications							
	23	Other expenses (attach			3,913		3,913		0
atır	24	Total operating and adm	•			1	·		
Operating		Add lines 13 through 23		_	3,934		3,934		0
Õ	25	Contributions, gifts, grar							26,000
	26	Total expenses and disbur	sements. Add l	ines 24 and 25	29,934		3,934		26,000
	27	Subtract line 26 from lin							
	a	Excess of revenue over	expenses and	disbursements	264,945	<u> </u>			
	ь	Net investment income ((ıf negatıve, e	enter -0-)			2,532		
	c	Adjusted net income (if	negatıve, ent	er-0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	
	1	Cash—non-interest-bearing	(a) Book Value 3,798	(b) Book Value 299,747	(c) Fair Market Value 299,747
	2	Savings and temporary cash investments	9,150		
		Accounts receivable -	9,130	1,555	
	3	Less allowance for doubtful accounts			
	,	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_	Grants receivable			
	5				
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
	l _	Instructions)			
	7	Other notes and loans receivable (attach schedule)			
10		Less allowance for doubtful accounts 🟲			
<u> </u>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			_
_	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			_
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			_
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	413,392	382,841	382,841
	14	Land, buildings, and equipment basis -		_	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	426,340	683,923	683,923
-	17	Accounts payable and accrued expenses	,	,	, , , , , , , , , , , , , , , , , , ,
	18	Grants payable			
	19	Deferred revenue			
ttes	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabil	21	Mortgages and other notes payable (attach schedule)			
Γg	22	Other liabilities (describe			
		o diei nabilides (aesenber			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
ä	25	Temporarily restricted			
8	26	Permanently restricted			
<u> </u>		Foundations that do not follow SFAS 117, check here			
Fund		and complete lines 27 through 31.			
2	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	426,340	683,923	
	30	Total net assets or fund balances (see page 17 of the			
Ř		ınstructions)	426,340	683,923	
_	31	Total liabilities and net assets/fund balances (see page 17 of			
		the instructions)	426,340	683,923	
Pa	rt II	_			
_			(a) line 20 /mint =	araa	
1		Total net assets or fund balances at beginning of year—Part II, column		1 1	436 34 <u>0</u>
2		with end-of-year figure reported on prior year's return)			426,340
2		Enter amount from Part I, line 27a			264,945
3		Other increases not included in line 2 (itemize)			601 295
4		Add lines 1, 2, and 3			691,285
5		Decreases not included in line 2 (itemize)			7,362
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art 11, column (b), li	ne 30 6	683,923

		kınd(s) of property sold (e g , re e, or common stock, 200 shs M	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a	See Additional Data Tab	le				
b						
С						
d						
е						
(e	e) Gross sales price	(f) Depreciation allowe (or allowable)	1 10	t or other basis opense of sale		n or (loss) f) mınus (g)
а	See Additional Data Tab	le				
b						
С .						
d						
e		(1)		12/21/60		
		ving gain in column (h) and owne (j) Adjusted basis		n on 12/31/69 cess of col (1)		(h) gain minus less than -0-) or
(i)	FM V as of 12/31/69	as of 12/31/69		col (j), if any		rom col (h))
а	See Additional Data Tab	le				
b						
С						
d						
e						
2	Capital gain net income o	or (not capital loss)	If gain, also enter			
2	Capital gain het income t	(Het capital loss)	If (loss), enter -0	- In Part 1, line /	2	-26,59
3	Net short-term capital ga	ain or (loss) as defined in sectio	ns 1222(5) and (6)		
		I, line 8, column (c) (see pages	13 and 17 of the i	nstructions)]	
	If (loss), enter -0 - ın Par	t I, line 8			J з	
as the		e this part blank ection 4942 tax on the distributa ualify under section 4940(e) Do			erıod?	┌ Yes ┌ No
1 En	ter the appropriate amount	ın each column for each year, se	ee page 18 of the 11	nstructions before	makıng any entrıes	
	(a) : period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha		(d) Distributio (col (b) divideo	n ratio
7 (2010	18,500		381,659	((-)	0 048473
	2009	20,480		362,330		0 056523
	2008	27,000		350,443		0 077045
	2007	26,000		535,264		0 048574
	2006	24,000		533,140		0 045016
2	Total of line 1, column (d)			2	0 27563
3	A verage distribution ratio	o for the 5-year base period—div	vide the total on lin	e 2 by 5, or by	_	
	the number of years the f	oundation has been in existence	e if less than 5 yea	rs	3	0 05512
4	Enter the net value of no	ncharitable-use assets for 2011	L from Part X, line 5	5	4	391,33
5	Multiply line 4 by line 3.				5	21,57
6	Enter 1% of net investme	ent income (1% of Part I, line 2°	7b)		6	2
7	Add lines 5 and 6				7	21,59
8	Enter qualifyina distribut	ions from Part XII, line 4			8	26,00
		eater than line 7, check the box		<u> </u>		

rm	990-PF (2011)					age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of	the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				25
	here ► 🗸 and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				25
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5				25
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
c	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7				0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				2.5
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
1	Enter the amount of line 10 to be Credited to 2012 estimated tax	11				
	t VII-A Statements Regarding Activities					
a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did				Yes	No
	ıt participate or intervene in any political campaign?			1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page	je 19 (of			
	the instructions for definition)?			1b		No
	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.					
c	Did the foundation file Form 1120-POL for this year?			1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers \blacktriangleright \$0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed				
	on foundation managers 🕨 \$0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		No
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		No
a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		No
	If "Yes," attach the statement required by General Instruction T.					
5	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	S				
	that conflict with the state law remain in the governing instrument?			6	Yes	
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			7	Yes	
3a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	ınstructions) ► <u>LA</u>					
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 .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j					
	or $4942(j)(5)$ for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XI	V on				
	page 27)? If "Yes," complete Part XIV			9		No
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	ses		10	1	No

	990-PF (2011)		F	age 5
	t 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			١
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►LISA REAVES	828-	2950	
	Located at ►PO BOX 518 METAIRIE LA ZIP+4 ►70004			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			► F
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over		Yes	l No
	a bank, securities, or other financial account in a foreign country?	16		No
				<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Pai	t 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
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	1		
	(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	1		
	after termination of government service, if terminating within 90 days) Yes 🔽 No	1		
ь	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1		
	that were not corrected before the first day of the tax year beginning in 2011?	1c		No
2	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))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years 🕨 20	1		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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 page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			_
	► 20, 20, 20			
22	Did the foundation hold more than a 2% direct or indirect interest in any business			
За	enterprise at any time during the year?	1		
L	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
b				
	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	o⊾.		
4.	If the foundation had excess business holdings in 2011.).	3b	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	A1-		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	I	No

Pa	rt VII-B	Statements Rega	rding Act	ivities for	· Wh	ich Form 4720	May	Be Required (cont	inue	<u>d)</u>	<u> </u>	uge c
		e year did the foundation						•				
	(1) Carry	on propaganda, or other	wise attemp	t to influenc	e leg	ıslatıon (section 49	45(e	:))?	√ No			
	(2) Influe	nce the outcome of any	specific pub	lıc election ((see	section 4955), or to	car	ry				
		rectly or indirectly, any							- No			
	(3) Provid	de a grant to an individua	al for travel,	study, or otl	hers	ımılar purposes?		┌ Yes ┡	√ No			
	(4) Provid	de a grant to an organiza	tion other th	an a charita	ble,	etc , organization de	scrib	ped				
	ın sec	tion 509(a)(1), (2), or (3	3), or section	n 4940(d)(2)? (s	ee page 22 of the in	struc	ctions) 🗆 Yes 🖟	√ No			
		de for any purpose other										
	educa	tional purposes, or for t	ne preventio	n of cruelty	to ch	ıldren or anımals?.			- No			
ь								exceptions described in				
				urrent notice regarding disaster assistance (see page 22 of the instructions)?						5b		
								.				
c		wer is "Yes" to question										
								 Y es	- No			
		ttach the statement requi					-	, , , , , , , , , , , , , , , , , , , ,				
6a												
	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						√ No					
ь								benefit contract?		6b		No
_			i, pay piciiii	ams, ancec	, 0, ,	nuncetry, on a perso	Jilai	benefit contract.	•			
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes V No						Z No					
	-	=		-		•		, ,		7b		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empl									love			
Pa		and Contractors	. Officers,	Director.	3, 11	ustees, i ound		ii Managers, mgmy	raid	Link	ioye	cs,
1			, foundation	n managers a	and t	heir compensation (see p	page 22 of the instruction	ns).			
				nd average		c) Compensation		(d) Contributions to	(e) F	ynens	e acci	ount
	(a) Nar	me and address		er week o position	(1	If not paid, enter		mployee benefit plans I deferred compensation	(e) Expense account, other allowances			
	^ ddutional	 Data Table	devoted t	o position	\vdash	-0-)	anu	deletted compensation				
366	Additional	Data Fable										
					 		 					
					-		-					
2			employees	(other than	thos	e included on line 1-	-see	page 23 of the instruction	ons).			
	If none, e	nter "NONE."						(D C				
(a	Name and	address of each employ		le, and aver				(d) Contributions to employee benefit	(e) E	xpens	e acc	ount.
		nore than \$50,000	l noi	urs per week ted to positi		(c) Compensation	on	plans and deferred			owanc	
			uevo	ted to positi	011			compensation				
ИОИ	IE											
										_		
-												
Tota	I number of	fother employees paid o	<u> </u>)								0
					- •				1			J

and Contractors (continued)	(see page 22 of the instructions). If none	ent or "NONE"
3 Five highest-paid independent contractors for professional services (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
		_
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1	uuceu, etc	· ·
1		
2		
3		
4		
·		
Part IX-B Summary of Program-Related Investments	(see nage 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during		A mount
1		
All III		
All other program-related investments See page 24 of the instruction	IS	
3		
Total Add lines 1 through 3	<u>.</u>	0

Ра	see page 24 of the instructions.)	reign	roundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	378,843
b	Average of monthly cash balances	1b	18,449
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	397,292
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	397,292
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see page 25		
	of the instructions)	4	5,959
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	391,333
6	Minimum investment return. Enter 5% of line 5	6	19,567
Pai	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(
	foundations and certain foreign organizations check here 🕨 📗 and do not complete t		
1	Minimum investment return from Part X, line 6	1	19,567
2a	Tax on investment income for 2011 from Part VI, line 5	-	
Ь	Income tax for 2011 (This does not include the tax from Part VI) 2b	4	
С	Add lines 2a and 2b	2c	25
3	Distributable amount before adjustments Subtract line 2c from line 1	3	19,542
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	19,542
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	19,542
Par	Qualifying Distributions (see page 25 of the instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	26,000
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
ь	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	26,000
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 (see page 26 of the instructions)	5	25
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,975
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the section 4940(e) reduction of tax in those years	ner the	foundation qualifies for

	ondistributed income (see page		<u> </u>	(a)	(4)
		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7	Сограз	Tears prior to 2010	2010	19,542
	Undistributed income, if any, as of the end of 2011				,
				14,337	
	Enter amount for 2010 only		0	,	
	Total for prior years 20, 20, 20		0		
	Excess distributions carryover, if any, to 2011				
	From 2006				
	From 2007				
	From 2008				
	From 2009				
	From 2010				
f	Total of lines 3a through e		0		
4	Qualifying distributions for 2011 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2010, but not more than line 2a			14,337	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
C	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)		0		
d	Applied to 2011 distributable amount				11,663
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2011		0		0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
	tax has been previously assessed Subtract line 6c from line 6b Taxable				
a	amount—see page 27 of the instructions		0		
_	Undistributed income for 2010 Subtract line				
-	4a from line 2a Taxable amount—see page 27				
	of the instructions			0	
f	Undistributed income for 2011 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2011				7,879
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27		0		
_	of the instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see page 27 of the instructions)		0		
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a		0		
10	Analysis of line 9				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
-			İ		

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

c Any submission deadlines

factors

Form 990-PF (2011) Part XV Supplementary Inform	nation (continued)			Page 1
3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
			<u> </u> 	26,00
b Approved for future payment				,
T-4-1			line on	

Part XVI-A Analysis of Income-Produ	icina Activitie	<u> </u>			r age 2
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See page 28 of the instructions)
a					the matructions)
b					
c					
d					
e					
f					
g Fees and contracts from government agencie	S				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments4 Dividends and interest from securities			14	6,466	
5 Net rental income or (loss) from real estate	•			,	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-26,593	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory.11 Other revenue aMISCELLANEOUS	•		14	6	
b				-	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		(D	-20,121	(
13 Total. Add line 12, columns (b), (d), and (e).			1	L3	-20,121
(See worksheet in line 13 instructions on page			Free mant Drown a c		
Part XVI-B Relationship of Activities Explain below how each activity for w					ntly to
Line No. the accomplishment of the organizati					
page 28 of the instructions)					
11A TO ACHIEVE THE ORGANIZATION'S	S EXEMPT PURP	OSE			

Part	XVII	Information Re Noncharitable			sactions and	l Relationships Wit	th		5		
1 Did	the organ	ızatıon dırectly or ındırectly	engage in any of the	following with any other or	ganızatıon described	ın section		Yes	No		
501	(c) of the	Code (other than section	501(c)(3) organizatior	ns) or ın section 527, relatin	g to political organiza	ations?					
a Tra	nsfers f	rom the reporting four	idation to a nonch	arıtable exempt organı	zatıon of						
(1)	Cash.						1a(1)		No		
(2)	Other	assets					. 1a(2)		No		
b 0 tl	her trans	actions									
(1)	Sales	of assets to a noncha	rıtable exempt org	anızatıon			1b(1)		No		
(2)	Purcha	ises of assets from a	noncharıtable exe	mpt organization			1b(2)		No		
(3)	(3) Rental of facilities, equipment, or other assets						1b(3)		No		
(4)	Reimb	ursement arrangemen	ts				1b(4)		No		
(5)	Loans	or loan guarantees.					1b(5)		No		
(6)	Perform	nance of services or m	nembership or func	Iraising solicitations.			1b(6)		No		
c Sha	arıng of 1	acılıtıes, equipment, i	maılıng lısts, other	assets, or paid emplo	yees		1c		No		
of t ın a	he good any trans	s, other assets, or se saction or sharing arra	rvices given by the angement, show in	e reporting foundation column (d) the value	If the foundatior of the goods, oth	nould always show the far n received less than fair er assets, or services r	r market value received	!			
(a) Line	e NO	(b) Amount involved	(C) Name of noncha	ritable exempt organization	(d) Description	on of transfers, transactions,	and Sharing ana	ngemei	its		
des	scribed i	·	e Code (other tha	h, or related to, one or n section 501(c)(3)) o	-	=	厂 Ye	es F	√ _{No}		
		(a) Name of organization	1	(b) Type of organiz	zation	(c) Description	of relationship				
	the be based		nd belief, it is true,	, correct, and complete		ompanying schedules ar preparer (other than tax 2-13 *****	kpayer or fiduo				
	Sig	nature of officer or tr	ustee		Date	Title					
en.					Date	Р	TIN				
Sign Here	on .	Preparer's BONNIE M WYLLIE JD LLM Signature				Check If self- employed ▶	P00540	011			
Ω	Paid Preparer? Use Only	Fırm's name ►	LAPORTE AF	PAC	1	Firm's EIN ► 72-1	088864				
	Peg 9		111 VETERA	NS MEMORIAL BLVD	SUITE 60						
	_	Firm's address METAIRIE, LA 700054958				Phone no (504)8	(504) 835-5522				
May th	l e IRS dı	l scuss this return with	the preparer show	vn above? See instruct	ions		▶ Γ _{Yes} Γ	No			

Schedule B	Schedule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury		2011
Name of organization J B LEVERT FOUNDATION		Employer ide	entification number
Organization type (ch	eck one)	23-745068	2
Organization type (ch	eck one)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ition	
	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		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m iny one contributor Complete Parts I and II	ore (in thories) or	
under sections t	1(c)(3) organization filing Form 990 or 990-EZ, that met the 33 ¹ /3% support test of 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	year, a contributi	
during the year,	1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from an aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, chay, or educational purposes, or the prevention of cruelty to children or animals. Cor	arıtable,	
during the year, not aggregate to the year for an o applies to this or	1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from an contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these more than \$1,000. If this box is checked, enter here the total contributions that we exclusively religious, charitable, etc., purpose. Do not complete any of the parts use ganization because it received nonexclusively religious, charitable, etc., contributed the contribution of the parts used to the contribution of the contr	se contributions d ere received duri nless the Gener a	id ing al Rule
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does not file S it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the hea 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Scho	ading of its	

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As Filed Data -

DLN: 93491051005103

Name of organization

J B LEVERT FOUNDATION

Employer identification number

23-7450682

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) Aggregate contributions	(d) Type of contribution
1	NICHOLLS STATE UNIVERSITY 900 EAST 1ST STREET THIBODAUX, LA 70301	\$315,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Fayroll FNoncash FNoncash FNOncash FNOncash FNONCASH FNONCASH CONTRIBUTION)

Name of organization

Employer identification number

J B LEVERT FOUNDATION 23-7450682 Noncash Property (see Instructions) Use duplicate copies of Part II if Part II additional space is needed (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 RIENZI HOUSE215 EAST BAYOU ROADTHIBODAUX, LA 70301 315,000 2012-04-04 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization

J B LEVERT FOUNDATION

Part III

Employer identification number

23-7450682

	se duplicate copies of Part III if additional s	pace is needed	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relatio	onship of transferor to transferee
a) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relatio	onship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relatio	onship of transferor to transferee
a) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- <u>-</u>	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relatio	onship of transferor to transferee

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)

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TY 2011 Investments - Other Schedule

Name: J B LEVERT FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
SMITH BARNEY - MUTUAL FUNDS	AT COST	382,841	382,841	

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TY 2011 Other Decreases Schedule

Name: J B LEVERT FOUNDATION

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	7,362

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TY 2011 Other Expenses Schedule

Name: J B LEVERT FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSES	3,913	3,913		0

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TY 2011 Other Income Schedule

Name: J B LEVERT FOUNDATION

	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
М	ISCELLANEOUS	6		6

TY 2011 Taxes Schedule

Name: J B LEVERT FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
U S TREASURY	21	21		0

Additional Data

Software ID: Software Version:

EIN: 23-7450682

Name: J B LEVERT FOUNDATION

Form 990PF - Special Condition Description:

Special Condition Description

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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)
PUBLICLY TRADED SECURITIES	Р		
PUBLICLY TRADED SECURITIES	Р		
PUBLICLY TRADED SECURITIES	Р		
PUBLICLY TRADED SECURITIES	Р		
PUBLICLY TRADED SECURITIES	Р		
SALE OF RIENZI HOUSE	D	2012-04-04	2012-04-04

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gaın or (loss) (e) plus (f) mınus (g)
30,400		25,558	4,842
3,048		3,183	-135
94,450		87,821	6,629
3,482			3,482
26,000		48,376	-22,376
315,000		334,035	-19,035

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	Losses (from col (h))
			4,842
			-135
			6,629
			3,482
			-22,376
			-19,035

Form 990PF Part VIII Line 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
JANE C LEGIER	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
ELIZABETH SCHOTT	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
PAMELA TAPIE	SECRETARY	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
LOUIS M ANDOLSEK	CHAIRMAN	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
ANNE LEE LEVERT	PRESIDENT	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
KATHERINE S EMERY	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
ELIZABETH C DOBER	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
BARBARA LEVERT KAHLE	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
EDWARD C LEVERT	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
WINSTON LEVERT GOULAS	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			
STEPHANIE MARIE LEVERT	DIRECTOR	0	0	0
PO BOX 518 METAIRIE, LA 700040518	1 00			

Form 990PF Part XV Line 3 - Gr	ants and Contributions	s Paid During	g the Year or Approved 1	or Future Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
A CHILD'S WISH608 CLEARVIEW PARKWAY METAIRIE, LA 70001		501 (C)(3)	CHARITABLE	500
ACADIAN MEMORIAL FOUNDATION121 S NEW MARKET STREET		501 (C)(3)	CHARITABLE	200
ST MARTINVILLE, LA 70582 AMERICAN RED CROSSP O BOX 102 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	200
ASSUMPTION ACTIVITY CENTERP O DRAWER 1040 NAPOLEONVILLE, LA 70390		501 (C)(3)	CHARITABLE	200
BAYOU COUNCIL ON ALCOHOLISM AND DRUG ABUSEP O BOX 1425 THOBODAUX,LA 70302		501 (C)(3)	CHARITABLE	100
BAYOULAND FAMILIES HELPING FAMILIESP O BOX 1345 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	50
BOY SCOUTS OF AMERICA401 PLATER DRIVE THIBODAUX,LA 70301		501 (C)(3)	CHARITABLE	100
CATAHOULA VOL FIRE DEPT CATAHOULA LAKE LEVEE ROAD ST MARTINVILLE,LA 70582		501 (C)(3)	CHARITABLE	400
CHEZ HOPEP O BOX 5464 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
COMMUNITY FUND FOR THE ARTS 427 LAUREL STREET BATON ROUGE,LA 70801		501 (C)(3)	CHARITABLE	500
COTEAU HOLMES VOL FIRE DEPT 1860 COTEAU HOLMES HWY ST MARTINVILLE,LA 70582		501 (C)(3)	CHARITABLE	400
COVINGTON FOOD BANK105 HIGHLAND PARK ROAD COVINGTON,LA 704337128		501 (C)(3)	CHARITABLE	350
ED WHITE CATHOLIC HIGH SCHOOL555 CARDINAL DRIVE THIBODAUX,LA 70301		501 (C)(3)	CHARITABLE	500
EVANGELINE PLAYERS416 S MAIN STREET ST MARTINVILLE,LA 70582		501 (C)(3)	CHARITABLE	200
EVANGELINE VOL FIRE DEPTPO BOX 38 EVANGELINE, LA 70537		501 (C)(3)	CHARITABLE	400
FAITH BIBLE CHURCH OF COVINGTON1148 N COLULMBIA STREET COVINGTON,LA 70433		501 (C)(3)	CHARITABLE	300
FAMILY SERVICE OF GNO 2515 CANAL STREET SUITE 201 NEW ORLEANS,LA 70119		501 (C)(3)	CHARITABLE	600
GREATER NEW ORLEANS FOUNDATION1055 ST CHARLES AVENUE SUITE 100 NEW ORLEANS,LA 70130		501 (C)(3)	CHARITABLE	102
GRENIER INDUSTRIESP O BOX 269 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
HOSPICE OF ST TAMMANY1202 S TYLER COVINGTON,LA 70433		501 (C)(3)	CHARITABLE	300
JEFFERSON BEAUTIFICATION INC PO BOX 10658 JEFFERSON,LA 701810658		501 (C)(3)	CHARITABLE	500
JEFFERSON PERFORMING ARTS SOCIETY1118 CLEARVIEW PARKWAY METAIRIE,LA 70001		501 (C)(3)	CHARITABLE	500
LAFOURCHE HERITAGE SOCIETYP O BOX 913 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
LAUREL VALLEY FOUNDATIONP O BOX 1847 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
LSU RURAL LIFE MUSEUMP O BOX 80498 BATON ROUGE,LA 70898		501 (C)(3)	CHARITABLE	1,000
MAGNOLIA SCHOOL100 CENTRAL AVENUE JEFFERSON,LA 70121		501 (C)(3)	CHARITABLE	500
NEW START CENTERP O BOX 504 ST MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300
NICHOLLS COLLEGE FOUNDATIONP O BOX 2066 THIBODAUX,LA 70310		501 (C)(3)	CHARITABLE	200
NICHOLLS STATE ATHLETIC DEPT P O BOX 2032 THIBODAUX,LA 70310		501 (C)(3)	CHARITABLE	300
NOTRE DAME IMPROVEMENT FUNDP O BOX 677 ST MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300

Form 990PF Part XV Line 3 - Gr	ants and Contribution	s Paid During	the Year or Approved fo	r Future Payment
Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
ODYSSEY HOUSE LOUISIANA 1125 NORTH TONTI NEW ORLENAS,LA 70119		501 (C)(3)	CHARITABLE	600
PARKS VOLUNTEER FIRE DEPTP O BOX 2729 PARKS, LA 70582		501 (C)(3)	CHARITABLE	400
PENNINGTON BIOMEDICAL6400 PERKINS ROAD BATON ROUGE, LA 708089980		501 (C)(3)	CHARITABLE	1,000
PROJECT LAZARUSP O BOX 3906 NEW ORLEANS, LA 701773906		501 (C)(3)	CHARITABLE	600
SAFE HARBORP O BOX 1179 MANDEVILLE, LA 70470		501 (C)(3)	CHARITABLE	300
ST CHARLES 4-HP O BOX 1766 LULING,LA 70070		501 (C)(3)	CHARITABLE	100
ST CHARLES HUMANE SOCIETY 13875 FRERE STREET LULING, LA 70070		501 (C)(3)	CHARITABLE	100
ST CHARLES MUSEUM AND HISTORICAL ASSOCIATION INC PO BOC 10		501 (C)(3)	CHARITABLE	100
GOOD HOPE, LA 70079 ST CHARLES PAR SCHOOL BOARD 285 SUGAR LAND PARKWAY		501 (C)(3)	CHARITABLE	200
ST CHARLES SOC CONCERNS COMMITTEEP O BOX 988		501 (C)(3)	CHARITABLE	700
BOUTTE, LA 70039 ST ELIZABETH CHURCH1006 ST ELIZABETH STREET		501 (C)(3)	CHARITABLE	300
ST MARTINVILLE, LA 70582 ST GENEVIEVE ELEMENTARY SCHOOL807 BARBIER AVENUE		501 (C)(3)	CHARITABLE	400
THIBODAUX,LA 70301 ST JOHN VOLUNTEER FIRE DEPT 2072 ST MARY STREET		501 (C)(3)	CHARITABLE	200
THIBODAUX,LA 70301 ST JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE		501 (C)(3)	CHARITABLE	400
THIBODAUX, LA 70301 ST MARTIN DE TOURS JR& SR		501 (C)(3)	CHARITABLE	300
YOUTH GROUPS133 S MAIN STREET ST MARTINVILLE, LA 70582				
ST MARTIN DE TOURS TRUST FUNDP O BOX 10 ST MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400
ST MARTIN PARISH SHERIFF DEPT DRUG FUND400 ST MARTIN STREET ST MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400
ST MARTINVILLE ASSO FOR RETARDED CHILDRENP O BOX 128		501 (C)(3)	CHARITABLE	400
ST MARTINVILLE, LA 705820128 ST PAUL'S SCHOOL917 S JAHNCKE AVENUE		501 (C)(3)	CHARITABLE	250
COVINGTON, LA 70433 ST RITA CATHOLIC CHURCH1006		501 (C)(3)	CHARITABLE	400
ST RITA HWY ST MARTINVILLE, LA 70582 ST TAMMANY ART ASSOCIATION		501 (C)(3)	CHARITABLE	150
129 N NEW HAMPSHIRE COVINGTON, LA 70433 ST TAMMANY ASSO FOR		501 (C)(3)	CHARITABLE	275
RETARDED CITIZENS INC1541 ST ANN PLACE SLIDELL,LA 70460				
ST TAMMANY DEPUTIES ASSOCIATIONP O BOX 1120 COVINGTON,LA 70434		501 (C)(3)	CHARITABLE	250
STAIR1545 STATE STREET NEW ORLEANS, LA 70118		501 (C)(3)	CHARITABLE	600
THIBODAUX VOL FIRE DEPTP O BOX 1421 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
TRINITY CATHOLIC201 GARY STREET ST MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400
UNITED WAY OF ST CHARLESP O BOX 157 LULING,LA 70070		501 (C)(3)	CHARITABLE	1,000
VETERAN'S MEMORIAL FUNDPO BOX 78 ST MARTINVILLE, LA 70583		501 (C)(3)	CHARITABLE	300
VOLUNTEERS FOR JUVENILE JUSTICEP O BOX 586 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	200
WRBH FM RADIO3606 MAGAZINE STREET NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	500
NEW ORLEANS, LA 70115	<u> </u>	I	I	I

Form 990PF Part XV Line 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	A mount
Name and address (home or business)				
a Paid during the year				
YOUTH SERVICE BUREAU OF ST TAMMANY430 N NEW HAMPSHIRE COVINGTON,LA 70433		501 (C)(3)	CHARITABLE	100
NICOLE THERIOT SCHOLARSHIP FUND762 N MAIN STREET ST MARTINVILLE,LA 70582		501 (C)(3)	CHARITABLE	100
PRIDE OF ST TAMMANY PARISH INCP O BOX 336 COVINGTON,LA 70434		501 (C)(3)	CHARITABLE	225
GRACE HOUSE1401 DELACHAISE ST NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	600
USED DOGSPO BOX 741163 NEW ORLEANS, LA 70174		501 (C)(3)	CHARITABLE	298
BOY SCOUTS OF AMERICA - TCH DISTRICTPO BOX 1146 METAIRIE,LA 70004		501 (C)(3)	CHARITABLE	100
CHILD ADVOCACY SERVICE (CASA)816 PAUL MAILLARD ROAD LULING,LA 70070		501 (C)(3)	CHARITABLE	100
THE ARC OF ST CHARLESPO BOX 455 BOUTTE,LA 70039		501 (C)(3)	CHARITABLE	100
ST MARTIN HUMANE SOCIETYPO BOX 64 BREAUX BRIDGE,LA 70517		501 (C)(3)	CHARITABLE	150
BAYOU COUNTRY CHILDREN'S MUSEUMPO BOX 1093 THIBODAUX,LA 70302		501 (C)(3)	CHARITABLE	1,700
CATHOLIC CHARITIES - THIBODAUXPO BOX 3894 HOUMA,LA 70361		501 (C)(3)	CHARITABLE	200
FRIENDS IN NEEDPO BOX 506475 METAIRIE, LA 70055		501 (C)(3)	CHARITABLE	500
CATHOLIC CHARITIES - NEW ORLEANS100 HOWARD AVE STE 700 NEW ORLEANS, LA 70113		501 (C)(3)	CHARITABLE	600
Total				26,000