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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

OMB No 1545-0052

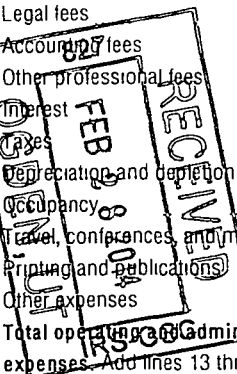
2012

Open to public inspection

For calendar year 2012 or tax year beginning MAY 1, 2012, and ending APR 30, 2013

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>		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"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 678,201.</b> (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

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)
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		6,603.	6,603.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		4,546.			
b Gross sales price for all assets on line 6a <b>94,518.</b>					
7 Capital gain net income (from Part IV line 2)			4,546.		
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					
12 Total Add lines 1 through 11		11,149.	11,149.		
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		25.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses		4,694.	4,194.		0.
24 Total operating and administrative expenses Add lines 13 through 23		4,719.	4,194.		0.
25 Contributions, gifts, grants paid		40,000.			40,000.
26 Total expenses and disbursements Add lines 24 and 25		44,719.	4,194.		40,000.
27 Subtract line 26 from line 12		<33,570.>			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative enter -0-)			6,955.		
c Adjusted net income (if negative enter -0-)				N/A	



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		299,747.	259,249.	259,249.
	2	Savings and temporary cash investments		1,335.	2,794.	2,794.
	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				
	11	Investments - land, buildings, and equipment basis ▶				
		Less: accumulated depreciation ▶				
	12	Investments - mortgage loans				
	13	Investments - other STMT 4	382,841.	416,158.	416,158.	
	14	Land, buildings, and equipment basis ▶				
		Less: accumulated depreciation ▶				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers)	683,923.	678,201.	678,201.	
	Liabilities	17	Accounts payable and accrued expenses			
		18	Grants payable			
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.		
Net Assets or Fund Balances	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	683,923.	678,201.		
30	Total net assets or fund balances	683,923.	678,201.			
31	Total liabilities and net assets/fund balances	683,923.	678,201.			

## 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	683,923.
2	Enter amount from Part I, line 27a	2	<33,570.>
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	27,848.
4	Add lines 1, 2, and 3	4	678,201.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	678,201.

**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.)
<b>1a SETTLEMENT FROM BANK OF AMERICA FAIR FUND</b>	P		
<b>b SETTLEMENT FROM MICRON TECH</b>	P		
<b>c PUBLICLY TRADED SECURITIES</b>	P		
<b>d PUBLICLY TRADED SECURITIES</b>	P		
<b>e PUBLICLY TRADED SECURITIES</b>	P		

(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)
<b>a 15.</b>			<b>15.</b>
<b>b 13.</b>			<b>13.</b>
<b>c 38,986.</b>		<b>37,720.</b>	<b>1,266.</b>
<b>d 53,715.</b>		<b>52,252.</b>	<b>1,463.</b>
<b>e 1,789.</b>			<b>1,789.</b>

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))
<b>a</b>			<b>15.</b>
<b>b</b>			<b>13.</b>
<b>c</b>			<b>1,266.</b>
<b>d</b>			<b>1,463.</b>
<b>e</b>			<b>1,789.</b>

<b>2 Capital gain net income or (net capital loss)</b>	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	<b>4,546.</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b>	<div> <div>If gain, also enter in Part I, line 8, column (c).</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	<b>3</b>	<b>N/A</b>

**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 the 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))
2011	25,975.	391,333.	.066376
2010	18,500.	381,659.	.048473
2009	20,480.	362,330.	.056523
2008	27,000.	350,443.	.077045
2007	26,000.	535,264.	.048574

<b>2 Total of line 1, column (d)</b>	<b>2</b>	<b>.296991</b>
<b>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</b>	<b>3</b>	<b>.059398</b>
<b>4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5</b>	<b>4</b>	<b>660,733.</b>
<b>5 Multiply line 4 by line 3</b>	<b>5</b>	<b>39,246.</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>	<b>6</b>	<b>70.</b>
<b>7 Add lines 5 and 6</b>	<b>7</b>	<b>39,316.</b>
<b>8 Enter qualifying distributions from Part XII, line 4</b>	<b>8</b>	<b>40,000.</b>

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.

**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	70.
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			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	70.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	70.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	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 <input type="checkbox"/> 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		70.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

**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 <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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 type="checkbox"/> LA		
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 2012 or the taxable year beginning in 2012 (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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► LISA REAVES Located at ► PO BOX 518, METAIRIE, LA Telephone no. ► 504-828-2950 ZIP+4 ► 70004			
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			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

**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
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? <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	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 instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A ► <input type="checkbox"/>	1b	
c	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 2012?	1c	X
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))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► , , ,		
b	Are there any years listed in 2a for which the foundation is not 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	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► , , ,		
3a	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	If "Yes," did it have excess business holdings in 2012 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 2012 ) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2012?	4b	X

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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)?

Organizations relying on a current notice regarding disaster assistance check here

☒

5b

X

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?

☐ 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?

If "Yes" to 6b, file Form 8870

6b

X

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 5		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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**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	387,857.
b	Average of monthly cash balances	1b	282,938.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	670,795.
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	670,795.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,062.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	660,733.
6	Minimum investment return. Enter 5% of line 5	6	33,037.

**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	33,037.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	70.
b	Income tax for 2012 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	70.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,967.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,967.
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	32,967.

**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	40,000.
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	40,000.
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	5	70.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,930.

**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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				32,967.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			7,879.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶ \$ 40,000.				
a Applied to 2011, but not more than line 2a			7,879.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				32,121.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	0.			
a 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) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				846.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013 Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				



**Part XV** Supplementary Information (continued)

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)				
<b>a Paid during the year</b>				
A CHILD'S WISH 608 CLEARVIEW PARKWAY METAIRIE, LA 70001		501 (C)(3)	CHARITABLE	400.
ACADIAN MEMORIAL FOUNDATION 121 S. NEW MARKET STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	200.
AMERICAN RED CROSS 1233 CANAL BOULEVARD THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	200.
ASSUMPTION ACTIVITY CENTER P. O. DRAWER 1040 NAPOLEONVILLE, LA 70390		501 (C)(3)	CHARITABLE	200.
BAYOU COUNCIL ON ALCOHOLISM AND DRUG ABUSE P. O. BOX 1425 THOBODAUX, LA 70302		501 (C)(3)	CHARITABLE	200.
<b>Total</b> SEE CONTINUATION SHEET(S) ▶ 3a				40,000.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> ▶ 3b				0.





**Part XV** Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
BAYOULAND FAMILIES HELPING FAMILIES P. O. BOX 1345 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	50.
BOY SCOUTS OF AMERICA 401 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 HOPE P. 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 BANK 105 HIGHLAND PARK ROAD COVINGTON, LA 70433-7128		501 (C)(3)	CHARITABLE	350.
E.D. WHITE CATHOLIC HIGH SCHOOL 555 CARDINAL DRIVE THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	600.
EVANGELINE VOL FIRE DEPT P.O. BOX 82 EVANGELINE, LA 70582		501 (C)(3)	CHARITABLE	400.
FAITH BIBLE CHURCH OF COVINGTON 1148 N. COLUMBIA STREET COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	300.
Total from continuation sheets				38,800.



**Part XV. Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
FAMILY SERVICE OF GNO 2515 CANAL STREET, SUITE 201 NEW ORLEANS, LA 70119		501 (C)(3)	CHARITABLE	650.
GREATER NEW ORLEANS FOUNDATION 1055 ST. CHARLES AVENUE, SUITE 100 NEW ORLEANS, LA 70130		501 (C)(3)	CHARITABLE	102.
GRENIER INDUSTRIES P. O. BOX 269 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
HOSPICE OF ST. TAMMANY 1202 S. TYLER COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	300.
JEFFERSON BEAUTIFICATION, INC. P.O. BOX 10658 JEFFERSON, LA 70181-0658		501 (C)(3)	CHARITABLE	500.
JEFFERSON PERFORMING ARTS SOCIETY 1118 CLEARVIEW PARKWAY METAIRIE, LA 70001		501 (C)(3)	CHARITABLE	500.
LAFOURCHE HERITAGE SOCIETY P. O. BOX 913 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
LAUREL VALLEY FOUNDATION P. O. BOX 1847 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	200.
LSU RURAL LIFE MUSEUM P. O. BOX 80498 BATON ROUGE, LA 70898		501 (C)(3)	CHARITABLE	1,000.
MAGNOLIA SCHOOL 100 CENTRAL AVENUE JEFFERSON, LA 70121		501 (C)(3)	CHARITABLE	300.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
NEW START CENTER P. O. BOX 504 ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300.
NICHOLLS COLLEGE FOUNDATION P. 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 FUND P. O. BOX 677 ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300.
NICHOLLS STATE UNIVERSITY 906 E 1ST STREET THIBODAUX, LA 70310		501 (C)(3)	CHARITABLE	15,000.
PARKS VOLUNTEER FIRE DEPT P. O. BOX 2729 PARKS, LA 70582		501 (C)(3)	CHARITABLE	400.
PENNINGTON BIOMEDICAL 6400 PERKINS ROAD BATON ROUGE, LA 70808-9980		501 (C)(3)	CHARITABLE	1,000.
PROJECT LAZARUS P. O. BOX 3906 NEW ORLEANS, LA 70177-3906		501 (C)(3)	CHARITABLE	649.
SAFE HARBOR P. O. BOX 1179 MANDEVILLE, LA 70470		501 (C)(3)	CHARITABLE	300.
ST. CHARLES 4-H P. O. BOX 1766 LULING, LA 70070		501 (C)(3)	CHARITABLE	100.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
ST. CHARLES HUMANE SOCIETY 13875 FRERE STREET LULING, LA 70070		501 (C)(3)	CHARITABLE	100.
ST. CHARLES MUSEUM AND HISTORICAL ASSOCIATION, INC. P.O. BOX 10 GOOD HOPE, LA 70079		501 (C)(3)	CHARITABLE	100.
ST. CHARLES PAR. SCHOOL BOARD 285 EDWARD DUFRESNE PARKWAY LULING, LA 70070		501 (C)(3)	CHARITABLE	200.
ST. CHARLES SOC. CONCERNS COMMITTEE P. O. BOX 988 BOUTTE, LA 70039		501 (C)(3)	CHARITABLE	700.
ST. ELIZABETH CHURCH 1006 ST. ELIZABETH STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300.
ST. GENEVIEVE ELEMENTARY SCHOOL 807 BARBIER AVENUE THIBODAU, LA 70301		501 (C)(3)	CHARITABLE	500.
ST. JOHN VOLUNTEER FIRE DEPT 2072 ST. MARY STREET THIBODAU, LA 70301		501 (C)(3)	CHARITABLE	300.
ST. JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE THIBODAU, LA 70301		501 (C)(3)	CHARITABLE	500.
ST. MARTIN DE TOURS JR. & SR. YOUTH GROUPS 133 S. MAIN STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300.
ST. MARTIN DE TOURS TRUST FUND P. O. BOX 10 ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
ST. MARTIN PARISH SHERIFF DEPT. DRUG FUND 400 ST. MARTIN STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
ST. MARTINVILLE ASSO. FOR RETARDED CHILDREN P. O. BOX 128 ST. MARTINVILLE, LA 70582-0128		501 (C)(3)	CHARITABLE	400.
ST. PAUL'S SCHOOL 917 S. JAHNCKE AVENUE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	250.
ST. RITA CATHOLIC CHURCH 1006 ST. RITA HWY ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
ST. TAMMANY ART ASSOCIATION 129 N. NEW HAMPSHIRE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	150.
ST. TAMMANY ASSO FOR RETARDED CITIZENS, INC. 1541 ST. ANN PLACE SLIDELL, LA 70460		501 (C)(3)	CHARITABLE	275.
ST. TAMMANY DEPUTIES ASSOCIATION P. O. BOX 1120 COVINGTON, LA 70434		501 (C)(3)	CHARITABLE	250.
STAIR 1545 STATE STREET NEW ORLEANS, LA 70118		501 (C)(3)	CHARITABLE	650.
THIBODAUX VOL FIRE DEPT P. O. BOX 1421 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
TRINITY CATHOLIC 201 GARY STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
Total from continuation sheets				

**Part XV. Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
UNITED WAY OF ST. CHARLES P. O. BOX 157 LULING, LA 70070		501 (C)(3)	CHARITABLE	1,000.
VETERAN'S MEMORIAL FUND P.O. BOX 78 ST. MARTINVILLE, LA 70583		501 (C)(3)	CHARITABLE	300.
VOLUNTEERS FOR JUVENILE JUSTICE P. O. BOX 586 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
WRBH FM RADIO 3606 MAGAZINE STREET NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	300.
YOUTH SERVICE BUREAU OF ST. TAMMANY 430 N. NEW HAMPSHIRE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	100.
NICOLE THERIOT SCHOLARSHIP FUND 762 N. MAIN STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	100.
PRIDE OF ST. TAMMANY PARISH, INC. P. O. BOX 336 COVINGTON, LA 70434		501 (C)(3)	CHARITABLE	225.
GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	650.
BOY SCOUTS OF AMERICA - TCH DISTRICT P.O. 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.
Total from continuation sheets				

**Part XV** Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
THE ARC OF ST. CHARLES P.O. BOX 455 BOUTTE, LA 70039		501 (C)(3)	CHARITABLE	100.
ST. MARTIN HUMANE SOCIETY P.O. BOX 64 BREAUX BRIDGE, LA 70517		501 (C)(3)	CHARITABLE	150.
BAYOU COUNTRY CHILDREN'S MUSEUM P.O. BOX 1093 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
CATHOLIC CHARITIES - THIBODAUX 1220 AYCOCK STREET HOUMA, LA 70360		501 (C)(3)	CHARITABLE	200.
CATHOLIC CHARITIES - NEW ORLEANS 100 HOWARD AVE., STE 700 NEW ORLEANS, LA 70113		501 (C)(3)	CHARITABLE	649.
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS, LA 70123		501 (C)(3)	CHARITABLE	650.
ST. JOHN CEMETARY ASSOCIATION 718 JACKSON STREET THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	500.
HOSPICE OF ACADIANA 2600 JOHNSON STREET, SUITE 200 LAFAYETTE, LA 70503		501 (C)(3)	CHARITABLE	200.
Total from continuation sheets				

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 [575-116082-007]	5,835.	0.	5,835.
MORGAN STANLEY [575-121360-007]	768.	0.	768.
TOTAL TO FM 990-PF, PART I, LN 4	6,603.	0.	6,603.

FORM 990-PF	TAXES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
U.S. TREASURY	25.	0.		0.
TO FORM 990-PF, PG 1, LN 18	25.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER EXPENSES	4,194.	4,194.		0.
NONQUALIFYING DISTRIBUTION TO ERIK ANDOLSEK CHARITABLE FUND	500.	0.		0.
TO FORM 990-PF, PG 1, LN 23	4,694.	4,194.		0.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	4
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY - MUTUAL FUNDS	COST	416,158.	416,158.
TOTAL TO FORM 990-PF, PART II, LINE 13		416,158.	416,158.

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT                      5  
                                          TRUSTEES AND FOUNDATION MANAGERS

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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 700040518	DIRECTOR 1.00	0.	0.	0.
GABRIELLE LAMAR BROWN P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
PAMELA S. TAPIE P.O. BOX 518 METAIRIE, LA 700040518	SECRETARY 1.00	0.	0.	0.
ELIZABETH R. SCHOTT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
ANNE LEE LEVERT P.O. BOX 518 METAIRIE, LA 700040518	PRESIDENT 1.00	0.	0.	0.
KATHERINE S. EMERY P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
ELIZABETH C DOBER P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
EDWARD C. LEVERT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
WINSTON LEVERT GOULAS P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
STEPHANIE MARIE LEVERT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.



*Sub/Acc 8-2-13*  
**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.*

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

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

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

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

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  <b>J. B. LEVERT FOUNDATION</b>	Employer identification number (EIN) or  <b>23-7450682</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P. O. BOX 518</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>METAIRIE, LA 70004</b>	

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

**0 4**

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

**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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2013**, 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, 2012**, and ending **APR 30, 2013**

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

<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>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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. 1-2013)

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

**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 due date for filing your return. See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions <b>J. B. LEVERT FOUNDATION</b>	Employer identification number (EIN) or <b>23-7450682</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P. O. BOX 518</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>METAIRIE, LA 70004</b>	

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

**09**

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

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

**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, 2014**

5 For calendar year \_\_\_\_\_, or other tax year beginning **MAY 1, 2012**, and ending **APR 30, 2013**

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

☐ Change in accounting period

7 State in detail why you need the extension

**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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature **Pamela D. Taper** Title **Secretary**

Date **2/18/2014**

Form 8868 (Rev. 1-2013)