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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf. For calendar year 2013 or tax year beginning , and ending Name of foundation A Employer identification number 23-7120743 CHARLES & ELIZABETH WETMORE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number 1101 DEALERS AVE 504-779-1888 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEW ORLEANS, LA 70123 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated J Section 4947(a)(1) nonexempt charitable trust
 C Other taxable private foundation

 Section 4947(a)(1) nonexempt charitable trust
 Section 4947(a)(1) under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) ___ Other (specify) under section 507(b)(1)(B), check here 190,729. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) Contributions, gifts, grants, etc., received 176,519 2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 121 121.STATEMENT 121 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of Gross sales price for all assets on line 6a Ϋ́ 88 0 7 Capital gain net income (from Pare) 0 8 Net short-term capital gain Income modifications OGDEN 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 121 121 176,640 Total Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 52,845. 52,845 0. 0. 14 Other employee salaries and wages 4,043. 4,043. 0. 0. 15 Pension plans, employee benefits 16a Legal fees STMT 2 6,480 0 0. 6,480. **b** Accounting fees 1,464 0. STMT 3 1,464. 0. c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 4,966. 4,966. 0. 0. 20 Occupancy 1,106. 0. 0. 1,106. 21 Travel, conferences, and meetings 1,571. 1,571 0 0. 22 Printing and publications STMT 4 16,628 0 0 <u> 16,628.</u> 23 Other expenses Operating 24 Total operating and administrative 0. expenses Add lines 13 through 23 89,103 464 87,639. 143,334 143,334. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 232,437 1,464 0 230,973 Add lines 24 and 25 27 Subtract line 26 from line 12:

LHA For Paperwork Reduction Act Notice, see instructions.

8 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2013)

 $\overline{121}$

<55,797.

0

| Form 990-PF (2013) CHARLES & ELIZABETH WETMO | | | MORE FOUNDATION | <u>N 23-'</u> | 7120743 Pag | ge 2 |
|--|--|---|--------------------|--------------------|---------------------------------------|----------------|
| | 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 | |
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash - non-interest-bearing | 64,195. | 31,556. | 31,556 | <u>5.</u> |
| | 2 | Savings and temporary cash investments | 182,390. | 159,173. | 159,173 | 3. |
| | 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 | | 1 | | |
| | | disqualified persons | | | | |
| | 7 | Other notes and loans receivable | | ļ | | |
| | | Less: allowance for doubtful accounts | | | · · · · · · · · · · · · · · · · · · · | |
| ţ | 8 | Inventories for sale or use | | | | |
| Assets | 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 | | į | | |
| | ĺ | Less accumulated depreciation | | | | |
| | 12 | Investments - mortgage loans | | | | |
| | 13 | Investments - other | | | | |
| | 14 | Land, buildings, and equipment; basis | | | | |
| | | Less accumulated depreciation | | | | |
| | 15 | Other assets (describe | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | |
| _ | | instructions. Also, see page 1, item 1) | 246,585. | 190,729. | <u>190,729</u> |) . |
| | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | | | | |
| es | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| ā | 21 | Mortgages and other notes payable | | | | |
| _ | 22 | Other liabilities (describe STATEMENT 5) | 1,773. | 1,714. | | |
| | ĺ | | 4 553 | 1 714 | | |
| | 23 | Total liabilities (add lines 17 through 22) | 1,773. | 1,714. | | |
| | | Foundations that follow SFAS 117, check here | | | | |
| Ş | | and complete lines 24 through 26 and lines 30 and 31 | | | | |
| ű | 24 | Unrestricted | <u> </u> | | | |
| ala | 25 | Temporarily restricted | | | | |
| Net Assets or Fund Balances | 26 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | | |
| F | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 | | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 0. | 0. | | |
| ets | 1 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | |
| ASS | 28 29 | Retained earnings, accumulated income, endowment, or other funds | 244,812. | 189,015. | | |
| et/ | 30 | Total net assets or fund balances | 244,812. | 189,015. | | |
| Z | 30 | i otal net assets of fund paranees | 233,012. | 105,015. | | |
| | 31 | Total liabilities and net assets/fund balances | 246,585. | 190,729. | | |
| | art | | | | · · · · · · · · · · · · · · · · · · · | |
| _ | | | | | | _ |
| | | net assets or fund balances at beginning of year - Part II, column (a), line | JU | | 244 012 |) |
| | - | t agree with end-of-year figure reported on prior year's return) | 1 | 244,812 <55,797 | | |
| | | amount from Part I, line 27a | 2 | | <u>' •</u> >) • | |
| | | rincreases not included in line 2 (itemize) | | 3 | 189,015 | _ |
| | | ines 1, 2, and 3 eases not included in line 2 (itemize) | | 5 | 189,015 | _ |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 189,015 | |
| <u>~</u> | , J.ul | The state of the second of the state of the | (2), | | Form 990-PF (201 | |

| (a) List and descrit 2-story brick ware | be the kind(s) of property sold (ehouse; or common stock, 200 | e.g., real estate, shs. MLC Co.) | | 1, b. | ow acquired Purchase Donation | (c) Date ad (mo., da | cquired y, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|--|-------------------------------------|------------------------------|----------------------------|--|
| 1a | | | | | | | | |
| b NON | E | | <u>_</u> _ | ļ | | | | |
| <u>C</u> | | · | | | | | | |
| <u>d</u> | | | | ┼ | | | | |
| <u>e</u> | (f) Degree solve a classed | (-) 0- | at as other basis | | | (h) Co. | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | expense of sale | | | | n or (loss) (f) minus (| |
| a b | | | | | | | | |
| C | , | | | $\neg \dagger$ | | <u> </u> | | |
| d | | | | | | | | |
| e | | | | | | | | |
| Complete only for assets showing | gain in column (h) and owned t | by the foundation | n on 12/31/69 | | | (I) Gains (Co | l. (h) gaın ı | minus |
| (i) F M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) E | xcess of col. (1) r col. (j), if any | | C | òl. (k), but no Losses (f | t less than rom col. (I | 1 -0-) or 1})) |
| 8 | | | | | | | | |
| b | | | | | | | | |
| <u>c</u> | | | | _ | | | | |
| d | | | | | · | | | |
| <u>e</u> | | | | | | | | |
| Papital gain net income or (net capi | tal loss) { If gain, also en | iter in Part I, line -0- in Part I, line | 7 e 7 | } | 2 | | · - <u>.</u> | |
| Net short-term capital gain or (loss) | • | | | | | | | |
| If gain, also enter in Part I, line 8, co | | | | } | | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Un | der Section 4940(e) fo | | | | 3 | | | |
| section 4940(d)(2) applies, leave this /as the foundation liable for the section "Yes," the foundation does not qualify | n 4942 tax on the distributable a under section 4940(e). Do not | complete this pa | art. | | · | | | Yes X No |
| Enter the appropriate amount in each | | e instructions be | fore making any e | | | | | (d) |
| Base period years Calendar year (or tax year beginning | | | Net value of no | (c) onchari | | | Distribi ol. (b) divi | (d) ution ratio ded by col. (c)) |
| 2012 | | 81,825. | | | 280,93 | | | 1.00316 |
| 2011 | | 03,057. | | | 311,98 | | | .65085 |
| 2010 | | 13,669. 41,539. | | | 370,40 386,73 | | | .84682 .36598 |
| 2009 2008 | | 95,819. | | | 292,57 | | | .66928 |
| 2000 | | <u> </u> | | | <u> </u> | - | | .00520 |
| Total of line 1, column (d) | | | | | | 2 | | 3.53612 |
| Average distribution ratio for the 5-y | ear base period - divide the tota | al on line 2 by 5, | or by the number | of yea | rs | | | |
| the foundation has been in existence | e if less than 5 years | | | | | 3 | | .70722 |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 | | | | | | 4 | | 215,377 |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 152,320 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | | | 6 | | 0 | |
| Enter 1% of net investment income | (170 01 Fait i, iiile 270) | | | | | | | |
| | (170 OI Falt I, IIIIe 270) | | | | | | | |
| Add lines 5 and 6 | | | | | | 7 | | 152,320 |
| | art XII, line 4 | ne 1b, and comp | olete that part using | g a 1% | tax rate. | | | 152,320 230,973 |

| | n 990-PF (2013) CHARLES & ELIZABETH WETMORE FOUNDATION 23-7120 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | | | Page 4 ns) |
|----|---|--------------|--------------|---------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here 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 here X and enter 1% | | | 0. |
| | 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-) | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 0. |
| 6 | Credits/Payments: | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 154. | | | |
| þ | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | |
| d | Backup withholding erroneously withheld | | _ | |
| | Total credits and payments. Add lines 6a through 6d | | 1 | <u>54.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 1 | 54. |
| | Enter the amount of line 10 to be: Credited to 2014 estimated tax 154. Refunded 11 Int VII-A Statements Regarding Activities | | | <u>0.</u> |
| | | Τ | Vac | No |
| ıa | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | 10 | 103 | X |
| | any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | 1a 1b | | X |
| U | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | 10 | | |
| | | | | |
| | distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? | 1c | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| u | (1) On the foundation. \$ | 1 | } | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| 6 | managers. > \$ 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | х |
| _ | 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, articles of incorporation, or | 1 | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3_ | <u></u> | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | <u> </u> | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | ļ | X |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 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? | 6 | 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 | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | 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 | 8b | 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 | 1 | | |
| | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | X | 77 |
| 10 | Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses | 10 | | X |
| | For | m 990 | -rr (| 2013) |

10-10-13

| | n 990-PF (2013) CHARLES & ELIZABETH WETMORE FOUNDATION 23-712 art VII-A Statements Regarding Activities (continued) | 0743 | | Page 5 |
|-----|--|----------------|-----------|------------|
| 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? | | 1 | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | | 13 | X | L |
| | Website address ► N/A | <u> </u> | <u> </u> | |
| 14 | The books are in care of ► SUNTRUST BANK Telephone no. ► 202-6 | | 605 | |
| 4.5 | Located at ► 1445 NEW YORK AVE. NW, WASHINGTON, DC ZIP+4 ►2 | 0005 | | |
| 10 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | N1 | ·/> | · L |
| 16 | and enter the amount of tax-exempt interest received or accrued during the year At any time during ealander year 2013, did the foundation base on interest in or a constitute or other outborby ever a bank | 1/ | /A Yes | No |
| 10 | At any time during calendar year 2013, 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? | 16 | 163 | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | 10 | l | |
| | country | | | |
| Pa | art 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 X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | Ì | | |
| | for the benefit or use of a disqualified person)? Yes X 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.) Yes X No | | | |
| _ | | | | |
| D | 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)? N/A | 1b | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here | 10 | | |
| r | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| ٠ | before the first day of the tax year beginning in 2013? | 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2013? | | | |
| | 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_ | | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| 0. | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| 38 | during the year? Light The foundation note than a 2% direct or indirect interest in any dusiness enterprise at any time Yes X No | | | |
| h | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| U | 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 2013) N/A | 3ь | ľ | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | 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 2013? | 4b_ | | <u>X</u> _ |
| | F | orm 990 | -PF | (2013) |

| Form 990-PF (2013) CHARLES & ELIZABETH WETM | | | 23-71207 | 43 Page 6 |
|--|------------------------------------|-----------------------------|--|---|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | ectly, | | |
| any voter registration drive? | | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ,? | | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational nurnoses, or t | | 100 | 1 1 |
| the prevention of cruelty to children or animals? | or caddational parposas, or i | | es X No | |
| • | dar tha avaantiana daaarihad i | | 55 _22 110 | 1 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit | | in negulations | NT / 70 | . |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | ib |
| Organizations relying on a current notice regarding disaster assistance check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | | | | |
| expenditure responsibility for the grant? | | Ī/A | es L No | 1 1 |
| If "Yes," attach the statement required by Regulations section 53 494 | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | 1 1 |
| a personal benefit contract? | | Ye | es 🗶 No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u>_ (</u> | b X |
| If "Yes" to 6b, file Form 8870. | | | | 1 1 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | es 🗶 No 📙 | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | N/A 7 | <u>b </u> |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | У | |
| Paid Employees, and Contractors | | | | <u></u> |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | - | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | and deferred compensation | allowances |
| HENRY JACKSON | PRESIDENT, AS | REQ'D | | |
| 4224 HOUMA BLVD, STE 410 | | ~ | | |
| METAIRIE, LA 70006 | 0.00 | 0. | 0. | 0. |
| | VICE PRESIDEN | | | |
| 900 FRENCHMEN ST | | | | |
| NEW ORLEANS, LA 70116 | 0.00 | 0. | 0. | 0. |
| SUNTRUST BANK | | REQ'D | | |
| 1445 NEW YORK AVE. NW | | | } | |
| WASHINGTON, DC 20005 | 0.00 | 0. | o . | 0. |
| | SECRETARY, AS | | | |
| 7241 CAMBERLEY DR | | TILO D | | |
| NEW ORLEANS, LA 701282207 | 0.00 | 0. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | | 0.1 | <u>.</u> |
| | (b) Title, and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | account, other allowances |
| WEMP MILODAIDING | EXECUTIVE DIR | ECHOR | compensation | allowalloes |
| | 30.00 | | 0. | ^ |
| 116 LONGWOOD DR, MANDEVILLE, LA 70471 | 30.00 | 52,845. | | <u> </u> |
| | | j | | |
| | _ | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| Total number of other ampleyage paid over \$50,000 | l | | | 0 |
| Total number of other employees paid over \$50,000 | | | | 990-PF (2013) |
| | | | roin s | /JU-1-1 (2013) |

| Form 990-PF (2013) CHARLES & ELIZABETH WETMORE FOUNDATION 23- Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | -7120743 | Page 7 |
|--|--------------------|-------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compe | ensation |
| NONE | (0) 00 11 11 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses | - |
| 1 SPONSORSHIP OF GRANTS TO VICTIMS OF TUBERCULAR DISEASE PER | | |
| DETAILS IN ATTACHED EMERGENCY FUND REPORT | | |
| | 43, | <u>334.</u> |
| 2 GRANT TO TULANE UNIVERSITY FOR PULMONARY RESEARCH | | |
| | _ | |
| | 100, | 000. |
| 3 | | |
| | - | |
| 4 | | |
| | 1 | |
| | <u>]</u> | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount | |
| 1 <u>N/A</u> | 4 | |
| | - | |
| 2 | | |
| | 7 | |
| | <u></u> | |
| All other program-related investments. See instructions. | | |
| 3 | _ | |
| | 4 | |
| Total Add lines 1 through 3 | + | 0. |
| Total. Add lines 1 through 3 | Form 990-PF | |

| | m 990-PF (2013) CHARLES & ELIZABETH WETMORE FOUNDATION | <u>23-7</u> | 120743 Page 8 |
|------------|--|---|------------------|
| <u> </u> P | Minimum Investment Return (All domestic foundations must complete this part. Foreign for | undations, se | e 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 | 170,781. |
| b | Average of monthly cash balances | 1b | 47,876. |
| C | Fair market value of all other assets | 10 | |
| đ | Total (add lines 1a, b, and c) | 1d | 218,657. |
| е | 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 | 218,657. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,280. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 215,377. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 10,769. |
| P | art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations a | and certain | |
| | foreign organizations check here 🕨 🗶 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2013 from Part VI, line 5 | | |
| b | Income tax for 2013. (This does not include the tax from Part VI.) | <u> </u> | |
| C | Add lines 2a and 2b | 2c | <u></u> |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |
| P | art 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 | 230,973. |
| 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 | 230,973. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 230,973. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies for th | e section |

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

| Part XIII Undistributed Income (s | ee instructions) | N/A | | |
|--|---------------------------------------|---------------------|---------------|---------------|
| | (a) | (b) | (c) | (d) |
| | Corpus | Years prior to 2012 | 2012 | 2013 |
| 1 Distributable amount for 2013 from Part XI, | | | | |
| line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | | |
| b Total for prior years: | | | | |
| ,, | | | | |
| 3 Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 | | | | |
| b From 2009 | | | | |
| c From 2010 | | | | |
| d From 2011 | | 1 | | |
| e From 2012 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2013 from | · · · · · · · · · · · · · · · · · · · | | | |
| Part XII, line 4: ► \$ | | | | |
| a Applied to 2012, but not more than line 2a | | | | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | | | | |
| d Applied to 2013 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2013 | | | | |
| (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: | | | | |
| 8 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | | | |
| 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 | | | · <u> </u> | |
| .d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | | - | <u> </u> |
| e Undistributed income for 2012. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | | <u> </u> |
| f Undistributed income for 2013. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | | | | |
| 8 Excess distributions carryover from 2008 | | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2014. | | | | |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2009 | | | | |
| b Excess from 2010 | | | | |
| c Excess from 2011 | | | | |
| d Excess from 2012 | | | | |
| e Excess from 2013 | | | | <u> </u> |

| | & ELIZABETI | | | 23-71 | 20743 Page 10 |
|--|-------------------------------|-----------------------------|-----------------------------|----------------------------|---------------------------|
| Part XIV Private Operating F | oundations (see ins | tructions and Part VII- | A, question 9) | | |
| 1 a If the foundation has received a ruling of | r determination letter that i | t is a private operating | | | |
| foundation, and the ruling is effective fo | r 2013, enter the date of th | e ruling | > | | |
| b Check box to indicate whether the found | dation is a private operating | foundation described in | section | 4942(j)(3) or | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | 121. | 134. | 401. | 637. | 1,293. |
| b 85% of line 2a | 103. | 114. | 341. | 541. | 1,293. 1,099. |
| c Qualifying distributions from Part XII, | | | ·- | | |
| line 4 for each year listed | 230,973. | 281,825. | 203,057. | 313,669. | 1,029,524. |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | 0.1 | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly | | | | <u>~</u> | <u>_</u> _ |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | 230,973. | 281,825. | 203,057. | 313,669. | 1,029,524. |
| 3 Complete 3a, b, or c for the | 230,313. | 201,023. | | 313,003. | 1,025,524. |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter:(1) Value of all assets | | | | | 0. |
| • • | | | | | |
| (2) Value of assets qualifying | | | | | 0. |
| under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter | • | | | | <u> </u> |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | 7 170 | 0 265 | 10 200 | 10 247 | 20 200 |
| listed | 7,179. | 9,365. | 10,399. | 12,347. | 39,290. |
| c "Support" alternative test - enter: | | j | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on | | | | | |
| securities loans (section | | | | | _ |
| 512(a)(5)), or royalties) | | | | | 0. |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | <u> </u> |
| (4) Gross investment income | | | | | <u> </u> |
| Part XV Supplementary Info | rmation (Complete | e this part only if | f the foundation | had \$5,000 or mo | ore in assets |
| at any time during t | he year-see instru | ictions.) | | | |
| 1 Information Regarding Foundatio | n Managers: | | | | |
| a List any managers of the foundation who | o have contributed more th | an 2% of the total contri | butions received by the f | oundation before the clos | se of any tax |
| year (but only if they have contributed m | ore than \$5,000). (See sec | ction 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation who | o own 10% or more of the | stock of a corporation (o | r an equally large portion | of the ownership of a pa | rtnership or |
| other entity) of which the foundation has | s a 10% or greater interest. | | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan, S | Scholarship, etc., Pro | grams: | | |
| Check here ▶ ☐ If the foundation o | | | | t accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc. (| see instructions) to individ | uals or organizations un | der other conditions, cor | nplete items 2a, b, c, and | d. |
| a The name, address, and telephone numb | per or e-mail address of the | person to whom applica | ations should be address | ed: | |
| | | | | | |
| SEE STATEMENT 6 | | | | | |
| b The form in which applications should b | e submitted and information | n and materials they sho | ould include: | | |
| ,, | | | | | |
| c Any submission deadlines: | | | | ··· | |
| | | | | | |
| d Any restrictions or limitations on awards | , such as by geographical | areas, charitable fields, k | inds of institutions, or ot | her factors: | |
| | | | | | |
| · | | | | | |
| 323601 10-10-13 | | | | | Form 990-PF (2013) |

323611 10-10-13

Total

| nter gross amounts unless otherwise indicated. | Unrelated b | usiness income | | by section 512, 513, or 514 | (e) |
|--|------------------------|---------------------------------------|---|-----------------------------|-------------------|
| | (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| Program service revenue: | Business code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 121. | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| Not debt-financed property | | | | | ·- <u>-</u> |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | 1 | | | | |
| than inventory | | | | <u> </u> | |
| Net income or (loss) from special events | <u> </u> | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: | | | | | |
| a | | | | | |
| b | _ | | | | |
| · | _ | | | | |
| d | _ | | | | |
| Cubatal Add columns (b) (d) and (c) | _ | | , | 121. | 0 |
| Subtotal. Add columns (b), (d), and (e) | <u> </u> | | | 13 | |
| Total Add line 12, columns (b), (d), and (e) | ` | | | 13 | 144 |
| ee worksheet in line 13 instructions to verify calculations. | | | | | |
| Part XVI-B Relationship of Activities | s to the Accom | plishment of I | Exempt Po | urposes | |
| ine No Explain below how each activity for which in | nooma is raported in a | Numn (a) of Part XV | I-A contributed | importantly to the accomp | lichment of |
| the foundation's exempt purposes (other th | | | | importantly to the accomp | nonnon or |
| (| | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | _ | |
| | | | | | |

| ▼ | the foundation's exempt purposes (other than by providing funds for such purposes). | |
|------------------|---|--------------------------|
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| 23621 0-10-13 | | Form 990-PF (2013 |

Form **990-PF** (2013)

P00525103

504-733-1766

Firm's EIN $\triangleright 72-1177965$

Preparer

Use Only

STEPHANIE MARGAVIO

Firm's name ► MARGAVIO & SCHMITT,

Firm's address ► 1101 DEALERS AVENUE

NEW ORLEANS, LA 70123

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

| Name of the organ | Employer identification number | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| | 23-7120743 | | | | | | | |
| Organization type | check 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 foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| Obselvá servensky | | <u> </u> | | | | | | |
| • • | ization is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | Rule See instructions | | | | | | |
| General Rule | | | | | | | | |
| - | anization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in a complete Parts I and II. | money or property) from any one | | | | | | |
| Special Rules | | | | | | | | |
| 509(a)(1) a | on 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rend 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the unit on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| total contri | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | | | |
| contributio If this box i purpose. D | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| but it must answer ' | zation that is not covered by the General Rule and/or the Special Rules does not file Schedule "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its ot meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

CHARLES & ELIZABETH WETMORE FOUNDATION

23-7120743

| Part I | Contributors (see instructions) Use duplicate copies of Part I if addition | nal space is needed. | |
|-------------------|--|-------------------------|--|
| (a) <u>No.</u> | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | WETMORE FOUNDATION CHARITABLE TRUST C/O SUNTRUST BANK, PO BOX 1908 ORLANDO, FL 32802 | \$ 176,519. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, address, and 2.1. 7.4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occupate Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

CHARLES & ELIZABETH WETMORE FOUNDATION

23-7120743

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. irom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

| Name of orga | nization | | Employer identificat | ion number | | |
|---------------------------|--|--|---|-------------------|--|--|
| CHARLE | S & ELIZABETH WETMORE | FOINT A TON | 23-71207 | ' / | | |
| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional and the complex copies of Part III if additional and the copies of Part III if additional and | ridual contributions to section 501(one following line entry. For organization, contributions of \$1,000 or less for |)(7), (8), or (10) organizations that total more that | n \$1,000 for the | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift | is held | | |
| | | (e) Transfer of gif | t | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transfere | ee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift | s held | | |
| - | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift i | s held | | |
|) | | (e) Transfer of gif | t | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transfere | e | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift i | s held | | |
| - | | (a) Transfer of sift | | | | |
| | Transferee's name, address, an | (e) Transfer of gift | Relationship of transferor to transfere | e | | |
| | | | · | | | |

| FORM 990-PF INTEREST ON SAVI | INGS AND TEM | PORARY CASH I | NVESTMENTS | STATEMENT 1 | |
|--|--|-----------------------------------|-------------------------------|--|--|
| SOURCE | (A REVE PER B | | | (C) ADJUSTED NET INCOME | |
| CASH RESERVE FUND INTEREST | | 121. | 121. | 121 | |
| TOTAL TO PART I, LINE 3 | | 121. | 121. | 121. | |
| FORM 990-PF | ACCOUNTI | NG FEES | - | STATEMENT 2 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| TAX PREPARATION | 6,480. | 0. | 0 | 6,480. | |
| TO FORM 990-PF, PG 1, LN 16B | 6,480. | 0. | 0 | 6,480. | |
| FORM 990-PF C | THER PROFES | SIONAL FEES | , | STATEMENT 3 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| MANAGEMENT FEES | 1,464. | 1,464. | 0 | . 0. | |
| TO FORM 990-PF, PG 1, LN 16C | 1,464. | 1,464. | 0 | . 0. | |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 4 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| POSTAGE & OFFICE EXPENSE LICENSES AUTO REPAIRS & MAINTENANCE EQUIPMENT MISCELLANEOUS | 2,395. 200. 2,377. 8,882. 2,584. 190. | 0. 0. 0. 0. | 0 0 0 0 | . 200. . 2,377. . 8,882. . 2,584. | |
| TO FORM 990-PF, PG 1, LN 23 | 16,628. | 0. | 0. | . 16,628. | |

| FORM 990-PF OTHER LIABILIT | IES | STATEMENT 5 |
|--|------------|-------------|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
| PAYROLL TAXES PAYABLE | 1,773. | 1,714. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 1,773. | 1,714. |

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 6 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KETA LOWE 116 LONGWOOD DR MANDEVILLE, LA 70471

TELEPHONE NUMBER

504-779-1888

FORM AND CONTENT OF APPLICATIONS

REFERRAL FROM PHYSICIAN OR TREATMENT CENTER OR ANY OTHER WRITTEN REQUEST WILL BE CONSIDERED. EMAIL: KETAWETMORE@GMAIL.COM

ANY SUBMISSION DEADLINES

NO

RESTRICTIONS AND LIMITATIONS ON AWARDS

REQUEST MUST RELATE TO THE PURPOSE OF THE FOUNDATION

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

| • II you | are filing for an Automatic 3-Month Extension, comple | ete only Pa | art I and check this box | | | لکا ◄ | |
|--------------------------|---|--------------|--|-----------------|---|--------------|--|
| • If you | are filing for an Additional (Not Automatic) 3-Month Ex | ctension, | complete only Part II (on page 2 of | this form) | | | |
| Do not c | omplete Part II unless you have already been granted | an automa | atic 3-month extension on a previous | sly filed Fo | orm 8868 | | |
| | ic filing (e-file). You can electronically file Form 8868 if | | | | | poration | |
| required | to file Form 990-T), or an additional (not automatic) 3-mo | nth exten | sion of time. You can electronically f | le Form 8 | 868 to request an | extension | |
| | o file any of the forms listed in Part I or Part II with the ex | | • | | • | | |
| | Benefit Contracts, which must be sent to the IRS in page | | | | | | |
| | v irs.gov/efile and click on e-file for Chanties & Nonprofits | | (| | gg | , | |
| Part I | | | submit original (no copies ne | eded). | | | |
| | ation required to file Form 990-T and requesting an auto | | | | | | |
| Part I onl | | | | | | | |
| | y corporations (including 1120-C filers), partnerships, REN | NCs and t | rusts must use Form 7004 to reques | t an evter | nsion of time | | |
| | ome tax returns. | ,, oo, and . | radis made add i dim i dd i to i dqadd | | er's identifying nu | mhor | |
| Type or | Name of exampt propagation or other files, one matri | otiono | | | r identification nun | | |
| Type or | Name of exempt organization or other filer, see instru | стірюуе | r identification num | IDEI (EIIA) OI | | | |
| print | CUADIEC C ELTEADEMI MEMMOD | n nor | ATD & MIT ON | | 02 71007 | 4.2 | |
| File by the | CHARLES & ELIZABETH WETMOR | | · · · · · · · · · · · · · · · · · · · | | 23-71207 | | |
| due date for filing your | Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions. | Social se | curity number (SS | N) | |
| return See | 1101 DEALERS AVE | | | | | | |
| instructions | City, town or post office, state, and ZIP code For a fo | oreign add | lress, see instructions | | | | |
| | NEW ORLEANS, LA 70123 | | | | | | |
| | | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | |
| | | 1 | | | | T | |
| Applicati | on | Return | Application | | | Return | |
| Is For | | Code | Is For | | | Code | |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | 07 | | |
| Form 990 |)·BL | 02 | Form 1041-A | | | 08 | |
| | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 990 |)-PF | 04 | Form 5227 | | | 10 | |
| Form 990 | -T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11_ | |
| Form 990 | O-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| | SUNTRUST BANK | | | | | | |
| | ooks are in the care of 1445 NEW YORK I | AVE.] | NW - WASHINGTON, D | <u>C_200</u> | <u>05 </u> | | |
| Teleph | none No 202-661-0605 | | Fax No 🕨 | | | | |
| | organization does not have an office or place of busines | | | | • | L | |
| | is for a Group Return, enter the organization's four digit | | | | | | |
| box 🕨 | If it is for part of the group, check this box | and atta | ch a list with the names and ElNs of | all memb | ers the extension i | s for. | |
| 1 l re | quest an automatic 3-month (6 months for a corporation | required | to file Form 990-T) extension of time | untıl | | | |
| | AUGUST 15, 2014 , to file the exemp | t organiza | tion return for the organization name | d above | The extension | | |
| is f | or the organization's return for | | | | | | |
| ▶[| X calendar year 2013 or | | | | | | |
| ▶[| tax year beginning | , an | d ending | | <u>.</u> . | | |
| | | | | | | | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c | heck reas | on: 🔲 Initial return 🔲 f | - inal retur | n | | |
| | Change in accounting period | | | | | | |
| 3a If th | nis application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, | enter the tentative tax, less any | | _ | | |
| | refundable credits. See instructions | | | 3a | \$ | 0. | |
| b If th | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | | |
| est | mated tax payments made. Include any prior year overp | ayment al | lowed as a credit. | 3b | \$ | 154. | |
| | ance due. Subtract line 3b from line 3a Include your pa | | | | | | |
| | using EFTPS (Electronic Federal Tax Payment System) | | | 3с | \$ | 0. | |
| | If you are going to make an electronic funds withdrawal | | | 453-EO ar | nd Form 8879-EO f | or payment | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice, | see instru | uctions. | | Form 8868 (F | Rev. 1-2014) | |

323841 12-31-13 2:31 PM 05/09/14 Accrual Basis

CHARLES & ELIZABETH WETMORE FOUNDATION Custom Transaction Detail Report

January through December 2013

| Туре | Date | Num | Name | Memo | Account | Debit | Credit | Balance |
|----------------|------------------------|--------------|--|---|----------------------------------|--------------------|--------|------------------------|
| Jan - Dec 13 | | | | | | | | |
| Check | 1/7/2013 | 1470 | Patio Drugs | Prescriptions | Emergency Help | 2,767 68 | | 2,767 68 |
| Check | 2/18/2013 | 1478 | Patro Drugs | Prescriptions | Emergency Help | 1,244 06 | | 4,011 74 |
| Check | 3/13/2013 | 1488 | Patro Drugs | Prescriptions | Emergency Help | 2,271 38 | | 6,283 12 |
| Check | 4/9/2013 | 1496 | Patro Drugs | Prescriptions | Emergency Help | 1,078 38 | | 7 361 50 |
| Check | 5/10/2013 | 1510 | Patro Drugs | Prescriptions | Emergency Help | 1,815 93 | | 9,177 43 |
| Check | 6/11/2013 | 1520 | Patro Drugs | Prescriptions | Emergency Help | 1,100 03 160 33 | | 10,277 46 10,437 79 |
| Check Check | 6/19/2013 6/19/2013 | 1523 1524 | N O Sewerage & Entergy | | Emergency Help Emergency Help | 315 22 | | 10,753 01 |
| Check | 6/19/2013 | 1525 | Entergy | | Emergency Help | 397 59 | | 11,150 60 |
| Check | 6/23/2013 | 1532 | Dammion Evans | Wetmore Pt | TIPS | 100 00 | | 11,250 60 |
| Check | 6/25/2013 | 1526 | Kevin Boyer | Referral Wetmore pt | TIPS | 200 00 | | 11,450 60 |
| Check | 6/25/2013 | 1527 | Francitta Clemons | Wetmore Pt | TIPS | 100 00 | | 11,550 60 |
| Check | 6/25/2013 | 1528 | Donnell Conway | Wetmore Pt | TIPS | 600 00 | | 12,150 60 |
| Check | 6/25/2013 | 1529 | Leslie Edwards | Referral Wetmore Pt | TIPS | 100 00 | | 12,250 60 |
| Check | 6/25/2013 | 1530 | Cynthia Elliott | Wetmore Pt | TIPS | 100 00 | | 12,350 60 |
| Check | 6/25/2013 | 1533 | Benjamin Gillespie | Wetmore Pt | TIPS | 600 00 | | 12,950 60 |
| Check | 6/25/2013 | 1534 | Arllie Jones III | Wetmore Pt | TIPS TIPS | 600 00 300 00 | | 13,550 60 13,850 60 |
| Check | 6/25/2013 | 1535 1536 | Tyrone Junior Anna Lewis | Wetmore Pt Wetmore Pt Lawrence Martin (minor child) | TIPS | 400 00 | | 14,250 60 |
| Check | 6/25/2013 6/25/2013 | 1537 | Malcolm Martin | Wetmore Pt Lawrence Martin (minor child) | TIPS | 400 00 | | 14,650 60 |
| Check Check | 6/25/2013 | 1538 | Ronchetta Robin | Wetmore Pt | TIPS | 500 00 | | 15,150 60 |
| Check | 6/25/2013 | 1539 | Dariana Terrebonne | Wetmore Pt | TIPS | 100 00 | | 15,250 60 |
| Check | 6/25/2013 | 1540 | Rosia Thomas | Wetmore Pt | TIPS | 600 00 | | 15,850 60 |
| Check | 6/25/2013 | 1541 | Allassam Wanda | Wetmore Pt | TIPS | 200 00 | | 16,050 60 |
| Check | 7/11/2013 | 1548 | Entergy | | Emergency Help | 115 68 | | 16,166 28 |
| Check | 7/11/2013 | 1550 | Patio Drugs | Prescriptions | Emergency Help | 1,350 94 | | 17,517 22 |
| Check | 7/22/2013 | 1556 | NO Sewerage & | | Emergency Help | 411 05 | | 17,928 27 |
| Check | 7/22/2013 | 1557 | Entergy | | Emergency Help | 311 68 | | 18,239 95 |
| Check | 7/22/2013 | 1558 | Entergy | | Emergency Help | 78 92 | | 18,318 87 |
| Check | 7/22/2013 | 1559 | Entergy | | Emergency Help | 187 59 | | 18,506 46 18,676 37 |
| Check | 8/1/2013 | 1562 | Entergy | 18/aimara at | Emergency Help TIPS | 169 91 600 00 | | 19,276 37 |
| Check Check | 8/10/2013 8/10/2013 | 1563 1564 | Ralph Appel Francitta Clemons | Wetmore pt Wetmore Pt | TIPS | 100 00 | | 19,376 37 |
| Check | 8/10/2013 | 1565 | Gary Copley | Wetmore pt | TIPS | 200 00 | | 19.576 37 |
| Check | 8/10/2013 | 1566 | Cynthia Elliott | Wetmore Pt | TIPS | 100 00 | | 19,676 37 |
| Check | B/10/2013 | 1567 | Anna Lewis | Wetmore Pt Lawrence Martin (minor child) | TIPS | 100 00 | | 19,776 37 |
| Check | 8/10/2013 | 1568 | Malcolm Martin | Wetmore Pt Malcolm Martin Jr (minor child) | TIPS | 100 00 | | 19,876 37 |
| Check | 8/10/2013 | 1569 | Harold Robinson | · | TIPS | 600 00 | | 20,476 37 |
| Check | 8/10/2013 | 1570 | Crystal Wuertz | | TIPS | 600 00 | | 21,076 37 |
| Check | 8/23/2013 | 1572 | Patro Drugs | Prescriptions | Emergency Help | 1,489 22 | | 22,565 59 |
| Check | 8/28/2013 | 1577 | Entergy | | Emergency Help | 357 47 | | 22,923 06 |
| Check | 8/28/2013 | 157B | N O Sewerage & | | Emergency Help | 61 97 | | 22,985 03 |
| Check | 8/30/2013 | 1579 | Entergy | | Emergency Help | 130 25 | | 23,115 28 |
| Check | 8/30/2013 | 1580 | Dariana Terrebonne | Wetmore Pt | TIPS | 300 00 101 84 | | 23,415 28 23,517 12 |
| Check Check | 8/30/2013 8/30/2013 | 1581 1582 | Entergy Entergy | | Emergency Help Emergency Help | 169 62 | | 23,686 74 |
| Check | 8/30/2013 | 1583 | Francitta Clemons | Wetmore Pt | TIPS | 100 00 | | 23,786 74 |
| Check | 8/30/2013 | 1584 | Shabily Clemons | ***Balloto 1 (| TIPS | 150 00 | | 23,936 74 |
| Check | 8/30/2013 | 1585 | Francitta Clemons | Wetmore Pt Justin Clemons | TIPS | 150 00 | | 24,086 74 |
| Check | 8/30/2013 | 1586 | Francitta Clemons | Wetmore Pt Taylor Clemons | TIPS | 150 00 | | 24,236 74 |
| Check | 8/30/2013 | 1587 | James Doyle | For Francitta Clemons | TIPS | 150 00 | | 24,386 74 |
| Check | 9/16/2013 | 1592 | Patio Drugs | Prescriptions | Emergency Help | 1,560 15 | | 25,946 89 |
| Check | 9/16/2013 | 1595 | Leslie Edwards | W | TIPS | 200 00 | | 26,146 89 26,246 89 |
| Check | 9/16/2013 | 1596 | Cynthia Elliott | Wetmore Pt | TIPS TIPS | 100 00 100 00 | | 26,246 89 26,346 89 |
| Check Check | 9/16/2013 9/16/2013 | 1597 1598 | Eddie Forsythe, Sr Venus Mulholland | Son, Eddie Forsythe, Jr | TIPS | 100 00 | | 26,446 89 |
| Check | 9/16/2013 | 1599 | Venus Mulholland | Juvenile Brionne Forsythe | TIPS | 100 00 | | 26,546 89 |
| Check | 9/16/2013 | 1600 | Anna Lewis | Wetmore Pt Lawrence Martin (minor child) | TIPS | 100 00 | | 26,646 89 |
| Check | 9/16/2013 | 1601 | Malcom Martin, Jr | To Malcm Martin Sr | TIPS | 100 00 | | 26,746 89 |
| Check | 9/16/2013 | 1602 | Venus Mulholland | | TIPS | 100 00 | | 26,846 89 |
| Check | 9/16/2013 | 1603 | Ronchetta Robin | Wetmore Pt | TIPS | 100 00 | | 26,946 89 |
| Check | 9/16/2013 | 1604 | Entergy | | Emergency Help | 185 21 | | 27,132 10 |
| Check | 9/16/2013 | 1605 | St Bernard Parish | | Emergency Help Emergency Help | 34 42 315 96 | | 27,166 52 27,482 48 |
| Check Check | 9/24/2013 9/24/2013 | 1607 1608 | Entergy Entergy | | Emergency Help | 464 42 | | 27,462 48 27,946 90 |
| Check | 10/9/2013 | 1610 | Patio Drugs | Prescriptions | Emergency Help | 1,893 04 | | 29,839 94 |
| Check | 10/9/2013 | 1612 | Entergy | | Emergency Help | 341 53 | | 30,181 47 |
| Check | 10/9/2013 | 1613 | Jefferson Parish D | | Emergency Help | 43 38 | | 30,224 85 |
| Check | 10/9/2013 | 1614 | Atmos Energy | | Emergency Help | 27 99 | | 30,252 84 |
| Check | 10/9/2013 | 1615 | Entergy | | Emergency Help | 370 88 | | 30,623 72 |
| Check | 11/6/2013 | 1623 | Francitta Clemens | | TIPS | 100 00 | | 30,723 72 |
| Check | 11/6/2013 | 1624 | Joyce Parker | | TIPS | 200 00 | | 30,923 72 |
| Check | 11/6/2013 | 1625 | Shirley Sims | (D | TIPS | 150 00 | | 31 073 72 |
| Check | 11/6/2013 11/6/2013 | 1626 1627 | Renee Hickson | for Roosevelt Singleton | TIPS | 150 00 301 51 | | 31,223 72 31,525 23 |
| Check Check | 11/14/2013 | 1628 | Entergy Entergy | | Emergency Help Emergency Help | 483 98 | | 32,009 21 |
| Check | 11/14/2013 | 1629 | Sewerage & Water | | Emergency Help | 132 97 | | 32,142 18 |
| Check | 11/14/2013 | 1630 | Entergy | | Emergency Help | 195 32 | | 32,337 50 |
| Check | 11/14/2013 | 1631 | Patro Drugs | Prescriptions & Flu shots | Emergency Help | 5,518 92 | | 37,856 42 |
| Check | 11/22/2013 | 1635 | Alberta Bickham | | TIPS | 100 00 | | 37,956 42 |
| Check | 11/22/2013 | 1636 | Leske Edwards | | TIPS | 200 00 | | 38,156 42 |
| Check | 11/22/2013 | 1637 | Dorian Terrebonne | | TIPS | 200 00 | | 38,356 42 |
| Check | 11/22/2013 | 1638 1639 | Rose Woods | | TIPS TIPS | 100 00 | | 38,456 42 |
| Check Check | 12/3/2013 12/3/2013 | 1640 | Robert Cook Venus Mulholland | for Brionne Forsythe | TIPS | 200 00 300 00 | | 38,656 42 38,956 42 |
| Check | 12/3/2013 | 1641 | Venus Mulholland | for Eddie Forsythe Jr | TIPS | 300 00 | | 39,256 42 |
| Check | 12/3/2013 | 1642 | Eddie Forsythe, Sr | and a single w | TIPS | 300 00 | | 39,556 42 |
| Check | 12/3/2013 | 1643 | Kalenthia Hunter | | TIPS | 100 00 | | 39 656 42 |
| Check | 12/3/2013 | 1644 | Joyce Parker | | TIPS | 100 00 | | 39,756 42 |
| Check | 12/3/2013 | 1645 | Venus Mulholland | for Eddie Forsythe Jr | TIPS | 300 00 | | 40,056 42 |
| | | | | | | | | Page 1 |

2:31 PM 05/09/14

Accrual Basis

CHARLES & ELIZABETH WETMORE FOUNDATION Custom Transaction Detail Report

January through December 2013

| Туро | Date | Num | Name | Memo | Account | Debit | Credit | Balance |
|-------------|------------|------|--------------------|-----------------------|----------------|-----------|--------|-----------|
| Check | 12/3/2013 | 1646 | Entergy | | Emergency Help | 54 93 | | 40,111 35 |
| Check | 12/3/2013 | 1647 | Jefferson Parish D | | Emergency Help | 43 38 | | 40,154 73 |
| Check | 12/12/2013 | 1653 | Entergy | | Emergency Help | 104 09 | | 40,258 82 |
| Check | 12/12/2013 | 1654 | Kalenthia Hunter | | TIPS | 50 00 | | 40,308 82 |
| Check | 12/12/2013 | 1655 | Barbara Martin | | TIPS | 150 00 | | 40,458 82 |
| Check | 12/12/2013 | 1656 | Entergy | for Dorian Terrebonne | Emergency Help | 209 68 | | 40,668 50 |
| Check | 12/12/2013 | 1657 | Kevin Boyer | | TIPS | 100 00 | | 40,768 50 |
| Check | 12/12/2013 | 1658 | Thulebony Mbili | | TIPS | 100 00 | | 40,868 50 |
| Check | 12/12/2013 | 1659 | Joyce Parker | | TIPS | 100 00 | | 40,968 50 |
| Check | 12/12/2013 | 1660 | Miriam Rodriguez | | TIPS | 100 00 | | 41,068 50 |
| Check | 12/12/2013 | 1661 | Dennis Valladares | | TIPS | 100 00 | | 41,168 50 |
| Check | 12/12/2013 | 1662 | Miriam Valladares | | TIPS | 100 00 | | 41,268 50 |
| Check | 12/12/2013 | 1663 | Miriam Rodriguez | | TIPS | 200 00 | | 41,468 50 |
| Check | 12/12/2013 | 1664 | Allassam Wanda | Wetmore Pt | TIPS | 200 00 | | 41,668 50 |
| Check | 12/22/2013 | 1669 | Patro Drugs | Prescriptions | Emergency Help | 1,545 03 | | 43,213 53 |
| Check | 12/22/2013 | 1671 | Entergy | · | Emergency Help | 120 54 | | 43,334 07 |
| an - Dec 13 | | | | | | 43,334.07 | 0.00 | 43,334.07 |