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Return of Private Foundation

OMB No 1545-0052

2013

Department of the Treasury
Internal Revenue Service

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.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2013 or tax year beginning MAY 1, 2013, and ending APR 30, 2014

Name of foundation
J. B. LEVERT FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)
P. O. BOX 518

City or town, state or province, country, and ZIP or foreign postal code
METAIRIE, LA 70004

G Check all that apply. ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☐ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☒ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16)
\$ 731,146. (Part I, column (d) must be on cash basis)

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

A Employer identification number
23-7450682

B Telephone number
(504) 828-2950

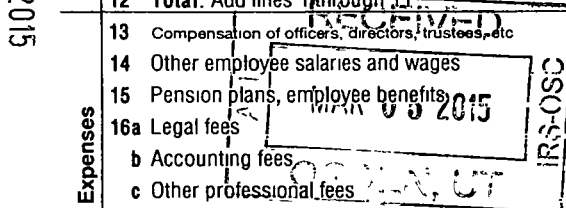
C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
 2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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		14,995.	14,995.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		25,239.			
b Gross sales price for all assets on line 6a		87,697.			
7 Capital gain net income (from Part IV, line 2)			25,239.		
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		40,234.	40,234.		
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		170.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses		4,985.	4,985.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		5,155.	4,985.		0.
25 Contributions, gifts, grants paid		35,356.			35,356.
26 Total expenses and disbursements. Add lines 24 and 25		40,511.	4,985.		35,356.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<277.>			
b Net investment income (if negative, enter -0-)			35,249.		
c Adjusted net income (if negative, enter -0-)				N/A	



614

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	259,249.	4,548.	4,548.
	2 Savings and temporary cash investments	2,794.	7,265.	7,265.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 4		416,158.	719,333.	719,333.
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)		678,201.	731,146.	731,146.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	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	678,201.	731,146.	
	30 Total net assets or fund balances	678,201.	731,146.	
31 Total liabilities and net assets/fund balances	678,201.	731,146.		

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	678,201.
2 Enter amount from Part I, line 27a	2	<277.>
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	53,222.
4 Add lines 1, 2, and 3	4	731,146.
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	731,146.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		P		
b PUBLICLY TRADED SECURITIES		P		
c PUBLICLY TRADED SECURITIES		P		
d PUBLICLY TRADED SECURITIES		P		
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 8,552.			8,552.
b 2,477.			2,477.
c 4,031.		3,825.	206.
d 72,637.		58,633.	14,004.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			8,552.
b			2,477.
c			206.
d			14,004.
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	25,239.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 }		3	N/A

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

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

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

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

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year; see 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))
2012	39,930.	660,733.	.060433
2011	25,975.	391,333.	.066376
2010	18,500.	381,659.	.048473
2009	20,480.	362,330.	.056523
2008	27,000.	350,443.	.077045

2 Total of line 1, column (d)	2	.308850
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.061770
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	701,823.
5 Multiply line 4 by line 3	5	43,352.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	352.
7 Add lines 5 and 6	7	43,704.
8 Enter qualifying distributions from Part XII, line 4	8	35,356.

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 ☐ 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 ☐ and enter 1% of Part I, line 27b**c** All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).**2** Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)**3** Add lines 1 and 2**4** Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)**5** Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-**6** Credits/Payments:**a** 2013 estimated tax payments and 2012 overpayment credited to 2013**b** 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**7** Total credits and payments. Add lines 6a through 6d**8** Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached**9** Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed**10** Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid**11** Enter the amount of line 10 to be: Credited to 2014 estimated tax ☐Refunded ☐**Part VII-A Statements Regarding Activities****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?**b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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.

c Did the foundation file Form 1120-POL for this year?**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:(1) On the foundation. ☐ \$ 0. (2) On foundation managers. ☐ \$ 0.**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ☐ \$ 0.**2** Has the foundation engaged in any activities that have not previously been reported to the IRS?

If "Yes," attach a detailed description of the activities.

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**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year?**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.

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?

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**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**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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV**10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Yes No

1a X

1b X

1c X

2 X

3 X

4a X

4b

5 X

6 X

7 X

8b X

9 X

10 X

N/A

Form 990-PF (2013)

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 ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>LISA REAVES</u> Telephone no. ► <u>504-828-2950</u> Located at ► <u>PO BOX 518, METAIRIE, LA</u> ZIP+4 ► <u>70004</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 <u>N/A</u>			
16	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? 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	<u>N/A</u>	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 2013?		1c
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 ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.)	<u>N/A</u>	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 2013 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 2013)	<u>N/A</u>	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
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 2013?		4b

Form 990-PF (2013)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

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

N/A

☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No

6b

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

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

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

Form 990-PF (2013)

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	660,799.
b	Average of monthly cash balances	1b	51,712.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	712,511.
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	712,511.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,688.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	701,823.
6	Minimum investment return. Enter 5% of line 5	6	35,091.

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	35,091.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	705.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	705.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	34,386.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	34,386.
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	34,386.

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	35,356.
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	35,356.
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	35,356.

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.

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				34,386.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			846.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 35,356.				
a Applied to 2012, but not more than line 2a			846.	
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 2013 distributable amount				34,386.
e Remaining amount distributed out of corpus	124.			
5 Excess distributions carryover applied to 2013 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	124.			
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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
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 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	124.			
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	124.			

N/A

- ☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income**

[illegible]

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

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

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
a Paid during the year				
A CHILD'S WISH 608 CLEARVIEW PARKWAY METAIRIE, LA 70001		501 (C)(3)	CHARITABLE	450.
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	500.
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.
Total	SEE CONTINUATION SHEET(S)			3a 35,356.
b Approved for future payment				
NONE				
Total			3b	0.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
MORGAN STANLEY [575-116082-007]	6,335.	0.	6,335.	6,335.		
MORGAN STANLEY [575-121360-007]	8,660.	0.	8,660.	8,660.		
TO PART I, LINE 4	14,995.	0.	14,995.	14,995.		

FORM 990-PF	TAXES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TAXES	170.	0.			0.	
TO FORM 990-PF, PG 1, LN 18	170.	0.			0.	

FORM 990-PF	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OTHER EXPENSES	4,985.	4,985.			0.	
TO FORM 990-PF, PG 1, LN 23	4,985.	4,985.			0.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
SMITH BARNEY - MUTUAL FUNDS	COST	719,333.	719,333.	
TOTAL TO FORM 990-PF, PART II, LINE 13		719,333.	719,333.	

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN CONTRIB	PLAN	EXPENSE ACCOUNT
JANE C. LEGIER P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
GABRIELLE LAMAR BROWN P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
PAMELA S. TAPIE P.O. BOX 518 METAIRIE, LA 700040518	SECRETARY 1.00	0.	0.	0.	0.
ELIZABETH R. SCHOTT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
ANNE LEE LEVERT P.O. BOX 518 METAIRIE, LA 700040518	PRESIDENT 1.00	0.	0.	0.	0.
KATHERINE S. EMERY P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
ELIZABETH C DOBER P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
EDWARD C. LEVERT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
WINSTON LEVERT GOULAS P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
STEPHANIE MARIE LEVERT P.O. BOX 518 METAIRIE, LA 700040518	DIRECTOR 1.00	0.	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.	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
BAYOU COUNTRY CHILDREN'S MUSEUM P.O. BOX 1093 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	500.
BAYOULAND FAMILIES HELPING FAMILIES P. O. BOX 1345 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	200.
BOY SCOUTS OF AMERICA 401 PLATER DRIVE THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	300.
BOY SCOUTS OF AMERICA - PELICAN WEST P.O. BOX 1146 METAIRIE, LA 70004		501 (C)(3)	CHARITABLE	100.
CATAHOULA VOL FIRE DEPT CATAHOULA LAKE LEVEE ROAD ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	500.
CATHOLIC CHARITIES - NEW ORLEANS 100 HOWARD AVE., STE 700 NEW ORLEANS, LA 70113		501 (C)(3)	CHARITABLE	899.
CATHOLIC CHARITIES - THIBODAUX 1220 AYCOCK STREET HOUMA, LA 70360		501 (C)(3)	CHARITABLE	200.
CHEZ HOPE P. O. BOX 5464 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
CHILD ADVOCACY SERVICE (CASA) 816 PAUL MAILLARD ROAD LULING, LA 70070		501 (C)(3)	CHARITABLE	100.
COMMUNITY FUND FOR THE ARTS 427 LAUREL STREET BATON ROUGE, LA 70801		501 (C)(3)	CHARITABLE	1,000.
Total from continuation sheets				33,806.

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
COTEAU HOLMES VOL. FIRE DEPT 1860 COTEAU HOLMES HWY ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	500.
COVINGTON FOOD BANK 105 HIGHLAND PARK ROAD COVINGTON, LA 70433-7128		501 (C)(3)	CHARITABLE	500.
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	500.
FAITH BIBLE CHURCH OF COVINGTON 1148 N. COLUMBIA STREET COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	500.
FAMILY SERVICE OF GNO 2515 CANAL STREET, SUITE 201 NEW ORLEANS, LA 70119		501 (C)(3)	CHARITABLE	899.
GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	900.
GREATER NEW ORLEANS FOUNDATION 1055 ST. CHARLES AVENUE, SUITE 100 NEW ORLEANS, LA 70130		501 (C)(3)	CHARITABLE	102.
HOSPICE OF ACADIANA 2600 JOHNSON STREET, SUITE 200 LAFAYETTE, LA 70503		501 (C)(3)	CHARITABLE	400.
HOSPICE OF ST. TAMMANY 1202 S. TYLER COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	450.
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
JEFFERSON BEAUTIFICATION, INC. P.O. BOX 10658 JEFFERSON, LA 70181-0658		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	300.
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	450.
NEW START CENTER P. O. BOX 504 ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
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.
NICOLE THERIOT SCHOLARSHIP FUND 762 N. MAIN STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	100.
NOTRE DAME IMPROVEMENT FUND P. O. BOX 677 ST. MARTINVILLE, LA 70582		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
PARKS VOLUNTEER FIRE DEPT P. O. BOX 2729 PARKS, LA 70582		501 (C)(3)	CHARITABLE	500.
PENNINGTON BIOMEDICAL 6400 PERKINS ROAD BATON ROUGE, LA 70808-9980		501 (C)(3)	CHARITABLE	1,000.
SAFE HARBOR P. O. BOX 1179 MANDEVILLE, LA 70470		501 (C)(3)	CHARITABLE	436.
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS, LA 70123		501 (C)(3)	CHARITABLE	900.
ST. CHARLES 4-H P. O. BOX 1766 LULING, LA 70070		501 (C)(3)	CHARITABLE	100.
ST. CHARLES HUMANE SOCIETY 13875 FRERE STREET LULING, LA 70070		501 (C)(3)	CHARITABLE	100.
ST. CHARLES MUSEUM AND HISTORICAL ASSOCIATION, INC. P.O. BOX 10 GOOD HOPE, LA 70079		501 (C)(3)	CHARITABLE	100.
ST. CHARLES SOC. CONCERNS COMMITTEE P. O. BOX 988 BOULTE, LA 70039		501 (C)(3)	CHARITABLE	800.
ST. ELIZABETH CHURCH 1006 ST. ELIZABETH STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	300.
ST. GENEVIEVE ELEMENTARY SCHOOL 807 BARBIER AVENUE THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	500.
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. JOHN CEMETARY ASSOCIATION 718 JACKSON STREET THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	1,000.
ST. JOHN VOLUNTEER FIRE DEPT 2072 ST. MARY STREET THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	300.
ST. JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE THIBODAUX, 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	500.
ST. MARTIN HUMANE SOCIETY P.O. BOX 64 BREAUX BRIDGE, LA 70517		501 (C)(3)	CHARITABLE	200.
ST. MARTIN PARISH SHERIFF DEPT. DRUG FUND 400 ST. MARTIN STREET ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	500.
ST. MARTINVILLE ASSO. FOR RETARDED CHILDREN P. O. BOX 128 ST. MARTINVILLE, LA 70582-0128		501 (C)(3)	CHARITABLE	500.
ST. PAUL'S SCHOOL 917 S. JAHNCKE AVENUE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	400.
ST. RITA CATHOLIC CHURCH 1006 ST. RITA HWY ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	500.
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. TAMMANY ART ASSOCIATION 129 N. NEW HAMPSHIRE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	250.
ST. TAMMANY ASSO FOR RETARDED CITIZENS, INC. 1541 ST. ANN PLACE SLIDELL, LA 70460		501 (C)(3)	CHARITABLE	400.
ST. TAMMANY DEPUTIES ASSOCIATION P. O. BOX 1120 COVINGTON, LA 70434		501 (C)(3)	CHARITABLE	300.
STAIR 1545 STATE STREET NEW ORLEANS, LA 70118		501 (C)(3)	CHARITABLE	900.
THE ARC OF ST. CHARLES P.O. BOX 455 BOUTTE, LA 70039		501 (C)(3)	CHARITABLE	100.
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	200.
UNITED WAY OF ST. CHARLES P. O. BOX 157 LULING, LA 70070		501 (C)(3)	CHARITABLE	1,735.
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	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
WRBH FM RADIO 3606 MAGAZINE STREET NEW ORLEANS, LA 70115		501 (C)(3)	CHARITABLE	400.
YOUTH SERVICE BUREAU OF ST. TAMMANY 430 N. NEW HAMPSHIRE COVINGTON, LA 70433		501 (C)(3)	CHARITABLE	200.
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809		501 (C)(3)	CHARITABLE	435.
RIVER REGION HOSPICE 507 UPSTREAM STREET RIVER RIDGE, LA 70123		501 (C)(3)	CHARITABLE	450.
PLEASE FOUNDATION P. O. BOX 9223 METAIRIE, LA 70055		501 (C)(3)	CHARITABLE	500.
ANIMAL RESCUE NEW ORLEANS 1219 COLISEUM NEW ORLEANS, LA 70130		501 (C)(3)	CHARITABLE	900.
SATELLITE CENTER 285 EDWARD DUFRESNE PARKWAY LULING, LA 70070		501 (C)(3)	CHARITABLE	200.
ST. CHARLES WOMEN'S CLUB P. O. BOX 960 BOUTTE, LA 70039		501 (C)(3)	CHARITABLE	100.
ST. MARTINVILLE YOUTH FOOTBALL LEAGUE 1009A COURVILLE ROAD ST. MARTINVILLE, LA 70582		501 (C)(3)	CHARITABLE	400.
BERCHMANS ACADEMY PHASE 1 CAPITAL FUND P. O. BOX 310 GRAND COTEAU, LA 70541		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
ACADEMY OF THE SACRED HEART ARENA FUND P. O. BOX 310 GRAND COTEAU, LA 70541		501 (C)(3)	CHARITABLE	400.
ST. GENEVIEVE CATHOLIC CHURCH 815 BARBIER AVE THIBODAUX, LA 70301		501 (C)(3)	CHARITABLE	500.
FOR PETS SAKE 1100 BONDSHIRE DRIVE RENO, NY 89511		501 (C)(3)	CHARITABLE	500.
SACRED HEART CATHOLIC CHURCH 910 MAIN STREET SOUTH SOUTHBURY, CT 06488		501 (C)(3)	CHARITABLE	500.
GRENIER INDUSTRIES P. O. BOX 269 THIBODAUX, LA 70302		501 (C)(3)	CHARITABLE	300.
Total from continuation sheets				

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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 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.

Enter filer's identifying number

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

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

04

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 (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-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, 2014**, 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, 2013**, and ending **APR 30, 2014**

- 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c 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.	3c	\$	0.

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

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

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

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-BL	02	Form 1041-A	08
Form 4720 (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-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, 2015**

5 For calendar year , or other tax year beginning **MAY 1, 2013**, and ending **APR 30, 2014**

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
8b If this application is for Forms 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.
8c Balance due. 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 *Lisa Reaves* Title **DIRECTOR**

Date **12-15-14**

Form 8868 (Rev. 1-2014)