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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.

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

OMB No 1545-0052

	Depa	rtmen	t of the Treasury		▶ Informa	o not enter 5 ا tion about For	sociaiSe n 99∩₋¤	ecurity numbers F and its separa	on this form a ite instructions	ısπ may be ma sisat www <i>ii</i>	ade public. rs. <i>gov/form990nf.</i>	Open to Public Inspection
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Controllations of the formation and install return of a former public charity   D 1. Foreign organizations, check here   Implication   Address change   Implication   Address change   Implication   Address change   Implication   Address change   Implication   Implica			•		THE HIAIT IS NOT	Jenvered to street	auuressj	_		Noonvadite		4343
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Address change    Name change   Section 501(c)(3) exempt private foundation     Section 4947(a)(1)) nonexempt chantable trust   Other (specific)     Fart market value of all assets at end of year   J. Accounting method   J. Cash   X. Accounting from Part II, oci (c), him et 50     Fart II Analysis of Revenue and Expenses   The biose of arrowable in column 60, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	G	heck	all that apply		Initial retu	rn		Initial return of	a former public	charity	D 1. Foreign organizat	ions, check here
Force   The Check   The Programmator   Market					=				ı		2. Foreign organization	is meeting the 85% test,
Fart market value of all assets at end of year (from Part III, or 1 (c), fine 16)	H	heck	type of organiz	ation			empt pr				1	
The part		☐ Se	ction 4947(a)(1	) nonexe	mpt charitab	le trust	Other ta:	xable private fou			under section 507(b	))(1)(A), check here  ►∟_
Name	I Fa	ur ma	irket value of all	assets at	t end of year	J Accounti	ng meth	od Cas	h X Ac	crual	F If the foundation is i	ın a 60-month termination
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2 Chees	Pa	art I	(The total of am	ounts in co	lumns (b), (c), a	and (d) may not		enses per books	` í ın			for chantable purposes
Interest on assurage and temporary   9,984   9,984   9,984   577.   TO,577   TO,57		1						20,000	•	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
4 Dividends and interest from securities 5 Gross rents 1		2				<u> </u>			0 004	0.00	A COLD OF TAXABLE T	
5a Gross rents b Not rental income or floss) 5a Nat game or foosity from sale of assets not on line 10 closes asked price for all 345,959. 7 Capital gam net income from Pathy Limit 2 C V C D 8 Net Short-term capital gam V C 2 2014 9 Income modifications 10a and allowances. 10a and allowances. 10b corrections of the sale of the s		3	cash investment	3								
B Net rental income or (loss)  B Net gain or (loss) from sale of assets not on line 10		1		ınterest f	rom securiti	es		70,577	•	10,311.	10,31	7. STATEMENT Z
Sample   S								<del></del>		***************************************		
Day   Contract   Con		l	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		<u> </u>	116 786				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
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10a Gross sales less returns   2		l _			alli		18		<del></del>	****	1	
t Gross profit or (loss 1) Other income 12 Total. Add lines 1 through 11 217, 347. 197, 347. 80, 561.   13 Compensation of officers, directore, trustees, etc		-	Grand delegation material CVIII			<b></b>						
c Gross profit or (loss 1) Other income 12 Total. Add lines 1 through 11 217, 347. 197, 347. 80, 561.  13 Compensation of officers, directors, trustees, etc		Ι.		į (~		D & COTT	183	<del>.,,,,</del>		11,47		
11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 25 Other professional fees 24 Total expenses and disbursements. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) 21 Taxel, income 12 and 19 Professional files 13 through 23 26 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) 28 Professional fees 3,600. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			_	- 11		-/ L⇒ V U U U U		1				
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   STMT   3   20,157.   0.   0.   20,157   16a   Legal fees   STMT   4   2,500.   0.   0.   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500   2,500		1	•	(111	wel.	iciv, <u>U</u>						
14 Other employee salaries and wages   3,600		12	Total. Add line	s 1 throu	ıgh 11			217,347	1	97,347.	80,56	1.
15   Pension plans, employee benefits   16a Legal fees   STMT   3   20,157.   0.   0.   20,157   0.   0.   20,157   0.   0.   20,157   0.   0.   0.   20,157   0.   0.   0.   20,157   0.   0.   0.   20,157   0.   0.   0.   0.   2,500   0.   0.   0.   2,500   0.   0.   0.   2,500   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   0.   23,843   23,843   0.   23,843   23,843   0.   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843   23,843		13	Compensation o	f officers, d	lirectors, truste	es, etc		(				
16a Legal fees   STMT   3   20,157.   0.   0.   20,157     b Accounting fees   STMT   4   2,500.   0.   0.   2,500     c Other professional fees   23,843.   0.   0.   23,843     17 Interest   23,843.   316.   0.   -31,079     18 Taxes   STMT   5   -30,763.   316.   0.   -31,079     19 Depreciation and depletion   20 Occupancy   21 Travel, conferences, and meetings   23 Other expenses   STMT   6   65,053.   0.   814.   64,239     20 Total operating and administrative   expenses. Add lines 13 through 23   112,856.   316.   29,280.   83,260     21 Total expenses and disbursements.   Add lines 24 and 25   248,845.   316.   29,280.   219,249     22 Subtract line 26 from line 12   a Excess of revenue over expenses and disbursements   b Net investment income (if receative, enter -0.)   197,031.		14	Other employe	e salaries	and wages			3,600		0.		0. 3,600
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21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses STMT 6 20 Other expenses STMT 6 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	š š	17	Interest									0. 23,843
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses STMT 6 20 Other expenses STMT 6 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	ş E	18				TMT 5						$\frac{0.}{6}$ $-31,079$
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses STMT 6 20 Other expenses STMT 6 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Printing and publications 20 Other expenses 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	inis in	19	Depreciation a	nd deplet	tion			28,466	) • <u> </u>	0.	28,46	<b>b</b> •
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.			_							<del> </del>		
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.	D ¥				_		ļ	· · · · · · · · · · · · · · · · · · ·			<del> </del>	
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.	آ a		•			mnam C		<u> </u>	,		01	4 64 220
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  112,856. 112,856. 1316. 29,280. 135,989  248,845. 316. 29,280. 219,249	يّا ⊜	23						65,05	5 •	0,	01	4. 04,239
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.	ું atat	24	•	_				112 054	;	216	20 20	0 83 260
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.	Pa o	1	-		-	i	-			310	23,20	135 989
Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  197,031.	5					_	<u></u>	133,303	<u>′ • :</u>			133,709
27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.		26			suursement	5.		248 84	; ]	316	29.28	219.249
a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  197,031.		27			no 10		<del>                                     </del>	270104	*	310	25,20	217/247
b Net investment income (if negative, enter -0-)							ŀ	_31.498	3 -			
51.281							-	J1,470	1	97.031	<u> </u>	·
I C DRINGER BUI INFORMS (it possible enter-()-)							-		<del>-</del>	,	51.28	1.

Page 2

2,791,533.

Form **990-PF** (2013)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-war amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
<u> </u>	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	11,848.	8,618.	8,618.		
	2	Savings and temporary cash investments	22,673.	25,038.	25,038.		
	3	Accounts receivable ► 2,000.					
		Less allowance for doubtful accounts ▶		2,000.	2,000.		
	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 178,761.					
		Less allowance for doubtful accounts ▶	199,671.	178,761.	178,761.		
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges			· <del>_</del> · <del>_</del> ·		
Ä	10a	Investments - U S and state government obligations					
	b	Investments - corporate stock STMT 7	1,771,890.	1,715,939.	3,260,706.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis  Less accumulated depreciation STMT 8   161,953.  3,590.					
		Less accumulated depreciation STMT 8 ► 3,590.	160,158.	158,363.	158,363.		
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis ► 1,338,169.		, , , , , , , , , , , , , , , , , , , ,			
		Less accumulated depreciation STMT 9 > 145,397.	1,171,246.	1,192,772.	1,192,772.		
	15	Other assets (describe STATEMENT 10)	0.	82.	82.		
	1	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item 1)	3,337,486.	3,281,573.	4,826,340.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
S	19	Deferred revenue					
≝	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable	514,000.	490,040.			
Ξ	22	Other liabilities (describe <b>EXCISE TAX PAYABLE</b> )	455.	0.			
	23	Total liabilities (add lines 17 through 22)	514,455.	490,040.			
		Foundations that follow SFAS 117, check here					
<b>,</b>		and complete lines 24 through 26 and lines 30 and 31					
ces	24	Unrestricted	<u> </u>				
lan	25	Temporarily restricted					
Ba	26	Permanently restricted					
Ę		Foundations that do not follow SFAS 117, check here					
Ę		and complete lines 27 through 31.					
Š	27	Capital stock, trust principal, or current funds	0.	0.			
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
As	29	Retained earnings, accumulated income, endowment, or other funds	2,823,031.	2,791,533.			
Š	30	Total net assets or fund balances	2,823,031.	2,791,533.			
_	31	Total liabilities and net assets/fund balances	3,337,486.	3,281,573.			
F	art	Analysis of Changes in Net Assets or Fund B	alances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	2,823,031.		
2	Ente	r amount from Part I, line 27a		2	-31,498.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

F	Part IV Capital Gains	and Losses for Tax or	<u>n Investment</u>	Income				
		ribe the kind(s) of property sold arehouse, or common stock, 200			(b) How acc P - Purch D - Dona	iase   ''	e) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a	RAYMOND JAMES-	A 78737-LT			]	P V	ARIOUS	VARIOUS
_b	RAYMOND JAMES-	A 78737-ST		-		P V	ARIOUS	VARIOUS
C	RAYMOND JAMES-	B 00639-LT			]	P V	ARIOUS	VARIOUS
d	RAYMOND JAMES-	B 00639-LT	<u> </u>		]	P V	ARIOUS	VARIOUS
е	CAPITAL GAINS	DIVIDENDS						
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale							(h) Gain or (los (e) plus (f) minus	
а	66,998.			36,30	0.	_		30,698.
b	2,114.			1,80	7.			307.
C	263,623.			180,00	3.			83,620.
d	11,575.			11,06	3.			´512 <b>.</b>
е	1,649.				_			1,649.
	Complete only for assets shown	ng gain in column (h) and owned	by the foundation	on 12/31/69			Gains (Col (h) ga	
	(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), if any			k), but not less th Losses (from col	
a	l							30,698.
ь	]							307.
-	}							83,620.
d								512.
-6	3							1,649.
2	Capital gain net income or (net ca	apital loss) {   If gain, also	enter in Part I, line er -0- in Part I, line	7 7	} 2			116,786.
3	Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (c)	5) and (6)					819.
E	If (loss), enter -0- in Part I, line 8  Part V Qualification U	Inder Section 4940(e)	for Reduced	Tay on Not	Investm	ent Inco	me	017.
_								
(F	or optional use by domestic privat	e toundations subject to the seci	tion 4940(a) tax on	net investment in	come )			
If:	section 4940(d)(2) applies, leave t	his part blank						
	as the foundation liable for the sec "Yes," the foundation does not qua			-	10d?			Yes X No
	Enter the appropriate amount in				ntries			
÷	(a)	(b)		, , , , , , , , , , , , , , , , , , ,	(c)			(d)
	Base periód years Calendar year (or tax year beginn	Advisted avalities	g distributions	Net value of nor		use assets		ribútión ratio divided by col. (c))
_	2012	g/	231,597.		4,11	6,626.	<del></del>	.056259
_	2011		269,467.			4,684.		.067967
	2010		179,198.	•		0,751.		.052233
_	2009		184,340.			8,976.		.062299
_	2008		220,706.			9,761.		.063244
_	2000							-
2	Total of line 1, column (d)						2	.302002
	Average distribution ratio for the	5-year hase period - divide the t	total on line 2 by 5	or by the number	of vears			
J	the foundation has been in existe		total on line 2 by 5,	or by the namber	or yours		3	.060400
	the loundation has been in existe	ence in less than 5 years					- <b>-</b> -	
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5							4	4,498,289.
5	Multiply line 4 by line 3						5	271,697.
6 Enter 1% of net investment income (1% of Part I, line 27b)						6	1,970.	
-		, , , , , , , , , , , , , , , , , , , ,						
7	Add lines 5 and 6						7	273,667.
8	Enter qualifying distributions fro	m Part XII, line 4					8	219,249.
	If line 8 is equal to or greater tha	n line 7, check the box in Part VI	I, line 1b, and comp	plete that part using	g a 1% tax r	rate		

orm 990-PF (2013)	HEYMANN	FOUNDATION

	11 41 Excise tax based of filestifient income (Section 434		10-10-1	300 111011 4		,
1a	Exempt operating foundations described in section 4940(d)(2), check here   and element operating foundations described in section 4940(d)(2), check here					
	Date of ruling or determination letter (attach copy of letter if nec					A 1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► L and enter 1%	1		3,9	<u>41.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O	thers enter -0-)	2		2 0	41
	Add lines 1 and 2		3		3,9	41.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only C	Others enter -0-)	4		2 0	41
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		3,9	41.
	Credits/Payments	1 1 4 040				
	2013 estimated tax payments and 2012 overpayment credited to 2013	6a 4,040.	4 1			
	Exempt foreign organizations - tax withheld at source	6b	- 1			
C	Tax paid with application for extension of time to file (Form 8868)	6c	-			
d	Backup withholding erroneously withheld	6d	- 1		<i>1</i> 0	40
	Total credits and payments Add lines 6a through 6d		7		4,0	$\frac{40.}{16.}$
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ched	8			10.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			83.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	02	10			0.
	Enter the amount of line 10 to be Credited to 2014 estimated tax	83. Refunded ►	11			<u> </u>
	rt VII-A Statements Regarding Activities			<del>-  </del>	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or interven	e in	10	163	X
	any political campaign?	(	-\0	1a 1b		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo			1 1 11		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials publisf	ea or			
	distributed by the foundation in connection with the activities.			10		Х
	Did the foundation file Form 1120-POL for this year?					<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation > \$ 0 \( \) (2) On foundation managers	· · · · · · · · · · · · · · · · · · ·	_			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expend managers. > \$ 0.	nture tax imposed on foundation				
_		nea		2		X
Z	Has the foundation engaged in any activities that have not previously been reported to the l	ino,		<u>-</u>	ļ	
_	If "Yes," attach a detailed description of the activities.	instrument articles of incorporation	O.F.	ľ	<b>[</b>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		01	3		х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change Did the foundation have unrelated business gross income of \$1,000 or more during the year.			4a		X
		ai ·	N/			
	<ul> <li>If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>Was there a liquidation, termination, dissolution, or substantial contraction during the year</li> </ul>	?		5	<u> </u>	X
J	If "Yes," attach the statement required by General Instruction T.			· <del>···</del>	ļ	1
£	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	either				
U	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with the sta	te 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," co	molete Part II. col. (c), and Part X	ν	7	X	
•	Did the realisation have at least we look at a south at any time coming the year. If I res, ee	,				1
A:	Enter the states to which the foundation reports or with which it is registered (see instructi	ons) ►				
06	LA					
ŀ	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				
٠	of each state as required by General Instruction G? If "No," attach explanation	, , , , , , , , , , , , , , , , , , , ,		8b	X	<u>L</u> _
q	is the foundation claiming status as a private operating foundation within the meaning of s	ection 4942(j)(3) or 4942(j)(5) for ca	lendar			
,	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a sched			10		X
	, p			Form <b>99</b> 0	)-PF	(2013)

Pa	rt VII-A Statements Regarding Activities (continued)			
	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	İ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ANGELA WILLIAMS  Telephone no ►337-23	32-4	343	
	Located at ▶ 458 HEYMANN BLVD #F, LAFAYETTE, LA ZIP+4 ▶70		•	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign		1	
	country ►	<u> </u>		
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del> </del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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 )			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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	4.		
		1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	10		Х
2	before the first day of the tax year beginning in 2013?  Taxon on failure to distribute process (section 4042) (does not exply for years the foundation was a private operating foundation.	<u> </u>		- 11
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))			
9	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?  Yes X No			
	If "Yes," list the years ►			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		1
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	1		
t	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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
t	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	L	X

Form 990-PF (2013) HEYMANN FOUNDATION			<u>23-7397.</u>	<u> 293</u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	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 (secti	on 4945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	98?	Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or f	for			
the prevention of cruelty to children or animals?		Ye	es X No	-	
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify u	nder the exceptions described	in Regulations	/-		
section 53 4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check					
$oldsymbol{c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?		I/A L Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.49					
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on		ਿਦਾ		
a personal benefit contract?		Ye	es X No	<u>.</u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870		r1	<b>₽</b>		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b_	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	inagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	ir compensation.				
and one of an extens, it astees, realitation managers and the	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plan	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred	1 4000	ount, other owances
the state of the s	to hosinou	GINET -U-)	compensation	all	
	_				
SEE STATEMENT 11	1	0.	0		0.
	7				
	7				
		<del></del>			
	7				
	7				
2 Compensation of five highest-paid employees (other than those i	ncluded 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	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s acc	Expense ount, other
NONE	devoted to position	<del></del>	compensation	al	lowances
NONE	$\dashv$		1		
	-	<del> </del>	<del> </del>	<del></del>	
	-				
		<del> </del>	-	-	
		<del>-</del>		-	
	-				
		-		+	
	$\dashv$				
		1			
Total number of other employees paid over \$50,000				<u> </u>	

Total. Add lines 1 through 3

HEYMANN FOUNDATION

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

Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities

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

Form 990-PF (2013)

NONE

Part VIII

Form 990-PF (2013)

Amount

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

Form **990-PF** (2013)

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7				220,973.
2 Undistributed income, if any, as of the end of 2013		***************************************		1 1 11
a Enter amount for 2012 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008 49,034.				
b From 2009 37,627.				
c From 2010 9,475.		•		
d From 2011 74,786.				
e From 2012 29,768.				
f Total of lines 3a through e	200,690.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 219, 249.		į.		
a Applied to 2012, but not more than line 2a			0.	
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.			<u> </u>
d Applied to 2013 distributable amount				219,249.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	1,724.			1,724.
6 Enter the net total of each column as indicated below.				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	198,966.			
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		11.2.11.11.11.11.11.11.11.11.11.11.11.11		, , , , , , , , , , , , , ,
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	47,310.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	151,656.			
10 Analysis of line 9				
a Excess from 2009 37,627.	,	1		
b Excess from 2010 9, 475.				
c Excess from 2011 74,786.		į		
d Excess from 2012 29,768.				
e Excess from 2013				
				F 000 DE (0040)

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

ALL ORGANIZATIONS QUALIFIED UNDER SECTION 501(C)(3).

NONE

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 2000 SPAYS AND NEUTERS NONE 501(C)(3) CHARITABLE 2475 BROADWAY ORGANIZATION CONTRIBUTIONS NEW YORK, NY 10025 2,000. ACADIANA SYMPHONY ORCHESTRA NONE 501(C)(3) CHARITABLE P.O.BOX 53632 ORGANIZATION CONTRIBUTIONS PO BOX 62419, LA 705053632 5,000. ALZHEIMER'S ASSOCIATION NONE 501(C)(3) CHARITABLE P.O.BOX 64421 ORGANIZATION CONTRIBUTIONS SAINT PAUL MN 551640421 51,309. BRIDGE HOUSE/GRACE HOUSE NONE 501(C)(3) CHARITABLE ORGANIZATION CONTRIBUTIONS 4150 EARHART BLVD. NEW ORLEANS, LA 70125 250. CHARLOTTESVILLE SPCA NONE 501(C)(3) CHARITABLE ORGANIZATION CONTRIBUTIONS 3355 BERKMAR DR CHARLOTTESVILLE, VA 22901 500. SEE CONTINUATION SHEET(S) ➤ 3a 135,989. Total b Approved for future payment NONE **▶** 3b Total ٥.

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ided by section 512, 513, or 514	(e)
•	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a		<del></del>			
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					9,984. 70,577.
4 Dividends and interest from securities					70,577.
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				1000	116,786.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b		<u> </u>			
c					
d					
e					105.015
12 Subtotal Add columns (b), (d), and (e)			0.	0.	197,347.
13 Total. Add line 12, columns (b), (d), and (e)				13	197,347.
(See worksheet in line 13 instructions to verify calculations)					<del> </del>

Line No.									
lacktriangle	the foundation	's exempt purposes (othe	r than by providin	g funds fo	or such p	urposes)			
3	PROVIDES	ADDITIONAL	FUNDING	FOR	THE	FOUNDATION'S	GRANT	PROGRAMS	
4	PROVIDES	ADDITIONAL	FUNDING	FOR	THE	FOUNDATION'S	GRANT	PROGRAMS	
8	PROVIDES	ADDITIONAL	FUNDING	FOR	THE	FOUNDATION'S	GRANT	PROGRAMS	
		·/ ··		-					
		** **				<u> </u>			
		··							
					-				
		· · · · · · · · · · · · · · · · · · ·							

ra	IT AVI	Information Regalization Exempt Organization	_	rsioa	ing Transactions a	ing Relationsr	lips with Moncha	iritable	,	
1	Did the	<del></del>		a fallows	with any other erganization	on described in section	on 501/c) of	1	Yes	No
•		organization directly or indirectly		-	•		m sor(c) or		.62	140
9		e (other than section 501(c)(3) o	-		-	izations,				
•	(1) Cas	rs from the reporting foundation	i to a monchantable e	szempt org	amzation or			1a(1)		x
		ner assets						1a(2)		$\frac{x}{x}$
h		ansactions						10(2)		
	-	es of assets to a noncharitable e	vomnt organization					16(1)		Х
		rchases of assets from a noncha	<del>-</del>	uzation				1b(2)		<u>x</u>
		ntal of facilities, equipment, or ot		1124(10)1				1b(3)		<u>x</u>
		imbursement arrangements	11101 035013					1b(4)		X
		ans or loan guarantees						1b(5)		X
		formance of services or membe	rshin or fundraising	solicitation	ne			1b(6)		X
C		of facilities, equipment, mailing						10		<u>X</u>
	-	nswer to any of the above is "Yes			•	ways show the fair m	arket value of the goods,	other ass	ets.	
		ces given by the reporting found	· · · · · · · · · · · · · · · · · · ·	-						
	column	(d) the value of the goods, other	r assets, or services	received						
(a) ∟	ine no	(b) Amount involved	(c) Name of nor	icharitable	exempt organization	(d) Description	of transfers, transactions, and	sharing an	rangeme	nts
				N/A			·			
						<u> </u>				
					· · · · · ·	<del></del>				
		<del></del>					<del></del>			
			<del></del>			<del></del>				
						<del>-</del>	<u> </u>			
	_					<del></del>	<del></del> .			
			<del></del>		<u></u> ,		<del></del> ,			
2a	Is the fo	oundation directly or indirectly af	ffiliated with, or relate	ed to, one	or more tax-exempt organi	zations described				_
	ın sectio	on 501(c) of the Code (other than	n section 501(c)(3))	or in secti	on 527?		L	Yes	X	No
b	If "Yes,"	complete the following schedule			<u> </u>		<del> </del>			
		(a) Name of organiza	ation		(b) Type of organization	(	c) Description of relations	ship		
		N/A								
		· · · · · · · · · · · · · · · · · · ·								
	Une	der penalties of penury, I declare that I	have examined this retu	um, includin	g accompanying schedules and	statements, and to the i	pest of my knowledge			
Si	l				taxpayer) is based on all inform		has any knowledge re	ay the IRS of	e prepar	er
He		in las	e	<b>-</b>	11/18/14	CO-PRE		own below X Yes	_	] No
	9	ignature of office or trustee			Date	Title				
	/	Print/Type preparer's name	Pro	eparer's si	gnature / /	Date	Check if PTIN			
TOBY J BLANCHARD, LISSUE							self- employed			
						11/10/14		0642		
	epare	11111101101110	DAUX HEBE	ERT D	ESHOTELS LEB	LANC	Firm's EIN ► 20-8	1025	02	
Us	e Onl	-								
		Firm's address ▶ 935								
		LAFA		Phone no 337-2	<u> 32-1</u>	000				

### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2013

Name of the organization

**Employer identification number** 

HE	23-7397293							
Organization type (check o	one):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
	501(c)(3) taxable private foundation							
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in i plete Parts I and II	noney or property) from any one						
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	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 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
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. If 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its et 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

# HEYMANN FOUNDATION

23-7397293

Part I	Contributors (see instructions). Use duplicate copies of Part I i	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOAN H. BERGMANN  P O BOX 51529  LAFAYETTE, LA 70505-1529	\$\$	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 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
		\$	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 Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# **HEYMANN FOUNDATION**

23-7397293

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

HEYMAN Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et	he following line entry. For organization c , contributions of <b>\$1,000 or less</b> for	23-7397293 )(7), (8), or (10) organizations that total more than \$1,000 for the one completing Part III, enter the year (Enter this information once)  \$\begin{array}{c} 23-7397293 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
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, a	nd 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 is held					
-		(e) Transfer of gif	it					
-	Transferee's name, address, a	nd 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 is held					
		(e) Transfer of gif	it					
-	Transferee's name, address, a	nd 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 is held					
		(e) Transfer of git	ft					
	Transferee's name, address, a		Relationship of transferor to transferee					

FORM 990-PF INTEREST ON	SAVING	S AND TEME	ORARY	CASH IN	VESTMENTS	STA	TEMENT	1	
SOURCE		(A) REVEN PER BO	IUE	NET IN	(B) VESTMENT COME		(C) DJUSTED T INCOME	<b>Ξ</b>	
CHILDRENS MUSEUM N/R		9	984.		9,984.		9,98	34.	
TOTAL TO PART I, LINE 3		9	984.	-	9,984.	9,984.			
FORM 990-PF DIV	IDENDS	AND INTERE	EST FRO	M SECUR	ITIES	STA	STATEMENT		
SOURCE GRO	CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO			(C) ADJUSTED NET INCOME		
	2,685. 9,541.	512 1,137		22,173. 48,404.	22,17 48,40				
TO PART I, LINE 4	TO PART I, LINE 4 72,226.				70,57	7.	70,57	77.	
FORM 990-PF		LEGAL	FEES		-	STA	TEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM				
SESSIONS, FISHMANN, ET A	 L	20,157.		0.		0.	20,157		
TO FM 990-PF, PG 1, LN 1	6A ===	20,157.		0.		0.	20,1	57.	
FORM 990-PF		ACCOUNTI	NG FEES			STA	TEMENT	4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM					
THIBODAUX HEBERT DESHOTE	LS —	2,500.		0.		0.	2,500		
TO FORM 990-PF, PG 1, LN	2,500.		0.		0.	0. 2,50			

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
EXCISE TAX ON INVESTMENT INCOME FOREIGN TAX PAID ON	3,941.	0.	0	. 3,941.		
FOREIGN TAX PAID ON FOREIGN INVESTMENT INCOME PROPERTY TAX REFUND	316. -35,020.	316. 0.	0			
TO FORM 990-PF, PG 1, LN 18	-30,763.	316.	0	_31,079.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ADVERTISING & PROMOTION	560.	0.	0	. 560.		
ASSOCIATION DUES AND OTHER FEES AUTO EXPENSE BANK SERVICE CHARGE	10,854. 323. 35.	0. 0. 0.		. 323.		
INSURANCE OFFICE EXPENSE REPAIRS AND MAINTENANCE	15,834. 14,937. 9,953. 616.	0. 0. 0.	0 0 0	. 15,834. . 14,937. . 9,953.		
SECURITY UTILITIES PENALTY MISCELLANEOUS	11,104. 17. 6.	0.	0	. 11,104. . 17		
AMORTIZATION	65,053.	0.	·			
TO FORM 990-PF, PG 1, LN 23	=======================================		014	=		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT		
DESCRIPTION		вс	OOK VALUE	FAIR MARKET VALUE		
CULLEN INVESTMENTS - ACCT A CULLEN INVESTMENTS - ACCT B			449,901. 1,266,038.	968,398. 2,292,308.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1,715,939.	3,260,706		

FORM 990-PF DEPRECIATION OF ASS	ETS HELD FOR IN	VESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
RENTAL HOUSE LOT #12	70,000. 91,953.	3,590.	
TOTAL TO FM 990-PF, PART II, LN 11	161,953.	3,590.	158,363.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
816 SAINT CHARLES AVENUE ALARM SYSTEM 2000 CADILLAC SEVILLE OFFICE FURNISHINGS - N.O. OFFICE FURNISHINGS - WINDOWS 6X12 ENCLOSED TRAILER & RIG UP OFFICE FURNISHINGS - WINDOWS LAND-ST MARY/HEYMANN MAINTENANCE BUILDING-SCB LOAN FEES NEW A/C MAINTENANCE BUILDING TOTAL TO FM 990-PF, PART II, LN 14	731,151. 1,100. 31,525. 3,353. 1,945. 4,039. 1,975. 310,000. 200,000. 4,070. 5,831. 43,180.	96,078. 805. 25,221. 2,455. 1,251. 2,020. 987. 0. 14,743. 814. 146. 877. 145,397.	635,073. 295. 6,304. 898. 694. 2,019. 988. 310,000. 185,257. 3,256. 5,685. 42,303.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PREPAID FEDERAL EXCISE TAX	0.	82.	82.
TO FORM 990-PF, PART II, LINE 15	0.	82.	82.

	I - LIST OF OFFICERS, DEES AND FOUNDATION MANA	STATEMENT				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
CLAIRE LYNN HEYMANN P.O. BOX 51529 LAFAYETTE, LA 705051529	CO-PRESIDENT 0.00	0.	0.	0.		
LILA R. HEYMANN P.O. BOX 51529 LAFAYETTE, LA 705051529	CO-PRESIDENT 0.00	0.	0.	0.		
JOAN HEYMANN BERGMANN P.O. BOX 51529 LAFAYETTE, LA 705051529	CO-PRESIDENT 0.00	0.	0.	0.		
ARTHUR D. MOUTON P.O. BOX 51529 LAFAYETTE, LA 705051529	ATTORNEY 0.00	0.	0.	0.		
RICK DICKERSON P.O. BOX 51529 LAFAYETTE, LA 705051529	TREASURER 0.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.		
FORM 990-PF	PART XV - LINE 1A ST OF FOUNDATION MANAGE	ERS	STAT	EMENT 12		

NAME OF MANAGER

JOAN HEYMANN BERGMANN JOAN HEYMANN BERGMANN

2013 DEPRECIATION AND AMORTIZATION REPORT

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PAGE
0-PF
9
δ
FORM

990-PF

Current Year Deduction	1,795,	1,795.		0	0	18,747.	157.	0.	479.	278.	577.	282.	0	5,128,	814.	146.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Current Sec 179		0			o												ımercial Revita
Accumulated Depreciation	1,795.	1,795.			0	77,331.	648.	25,221.	1,976.	973.	1,443.	705.		9,615.		:	/age, Bonus, Corr
Basis For Depreciation	70.000.	70,000.		91,953.	91,953,	731,151.	1,100.	31,525.	3,353.	1,945.	4,039.	1,975.	310,000.	200,000.	4,070.	5,831.	, Section 179, Salv
Reduction In Basis		0			0												* ITC
Bus % Excl		•															
Unadjusted Cost Or Basis	70.000	70,000.		91,953.	91,953.	731,151.	1,100.	31,525.	3,353.	1,945.	4,039.	1,975.	310,000.	200,000.	4,070.	5,831.	(D) · Asset disposed
S S	0.017	·				7100	17	11	17	17	17	17		0017	43	00190	Ô
Lufe	30	•				39.00	7.00	5.00	7.00	7.00	7.00	7.00		39.00	W09	*	
Method	<u>*</u>	3				Ħ	ij	Ħ	17	#3	ĭŗ	#3	٠,٦	# <del>]</del>		300DE	
Date Acquired	0.5210.46\$			053104L		040809SI	042809SL	053104SL	052709SL	011810SL	111010SL	120170e0	0701111	070111SL	052813	033114200DB10	
Description	BUILDINGS	* 990-PF PG 1 TOTAL BUILDINGS	LAND	)T #12	* 990-PF PG I TOTAL LAND	OTHER 816 SAINT CHARLES 11AVENUE	22ALARM SYSTEM	<b>-1</b> 1+3	OFFICE - N.O.	OFFICE FURNISHINGS 0- WINDOWS	6X12 ENCLOSED 101TRAILER & RIG UP	LJ 1	LAND-ST 123mary/heymann	MAINTENANCE 124BUILDING-SCB	135LOAN FEES	146NEW A/C	
Asset No	**************************************	, 		39				4€	79	06	10.	112	12:	122	13!	14(	328102 05-01-13

# 2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	877.	29,280.	,			 		
Current Sec 179	Ċ	• •			 ,,,,,,		 	
Accumulated Depreciation	6	119,707.						
Basis For Depreciation	43,180.	1,500,122.						
* Reduction in Basis		• •				 		
Bus % Excl						 	 	
Unadjusted Cost Or Basis	43,180.	1,338,169,					***************************************	
S S	00191	****	······································	<del></del>		 	 	
Lufe	39.00							
Method								
Date Acquired	080913SL					 		 
Description	MAINTENANCE BUILDING * 990-PF PG 1 TOTAL	OTHER * GRAND TOTAL 990-PF PG 1 DEPR &					 	
Asset No	157				 	 	 	

(D) - Asset disposed

328102 05-01-13

# 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** 990-PF (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No 179

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

	MANN FOUNDATION			_		PAGE	<u> </u>	23-1391293
Par	Election To Expense Certain Proper	ty Under Section 17	9 Note If you have any	listed p	roperty, co	mplete Part	V before yo	
1 M	faximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property place	ed in service (see i	nstructions)				2	<u></u>
3 T	hreshold cost of section 179 property	before reduction	n limitation				3	2,000,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0-				4	
<b>5</b> D	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -	0- If marned filing separately	see instru	ctions		5	·
6	(a) Description of pro	perty	(b) Cost (b	usiness use	only)	(c) Elected	1 cost	
7 L	isted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 prope	rty. Add amounts	ın column (c), lines 6 a	nd 7			8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					9	
<b>10</b> C	arryover of disallowed deduction from	line 13 of your 20	12 Form 4562				10	
11 B	usiness income limitation. Enter the si	maller of business	income (not less than	zero) or	line 5		11	
12 S	ection 179 expense deduction. Add lii	nes 9 and 10, but	do not enter more tha	n line 11			12	
13 C	arryover of disallowed deduction to 20	014. Add lines 9 a	nd 10, less line 12	<b>&gt;</b>	13			
Note	Do not use Part II or Part III below for	r listed property   Ir	nstead, use Part V.					
Par	t II Special Depreciation Allowa	nce and Other De	epreciation (Do not in	clude lis	ted proper	ty.)		
14 S	pecial depreciation allowance for qual	Ifled property (oth	er than listed property	) placed	ın service	during		
th	ne tax year						14	
15 P	roperty subject to section 168(f)(1) ele	ection					15	
16 C	ther depreciation (including ACRS)						16	·
Par	* III MACRS Depreciation (Do no	t include listed pro	operty.) (See instruction	ns.)				
			Section A					
17 N	ACRS deductions for assets placed in	n service in tax ye	ars beginning before 2	013			17	27,443.
18 If	you are electing to group any assets placed in serv	rice during the tax year i	nto one or more general asset	accounts,	check here	<b>&gt;</b>	<u> </u>	
	Section B - Assets	Placed in Service	e During 2013 Tax Ye	ar Using	the Gene	ral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d	) Recovery репоd	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property	] [						
d	10-year property		5,83	1. 10	YRS	MQ_	200DB	146.
е	15-year property	]						
f	20-year property							
9	25-year property				25 yrs.		S/L	*
	Decode shell madel and assista	/		2	7.5 yrs.	MM	S/L	
h	Residential rental property	/ _			7.5 yrs.	MM	S/L	
		08/13	43,18	<b>)</b> .	39 yrs.	MM	S/L	877.
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	Placed in Service	During 2013 Tax Yea	Using	the Altern	ative Depre	ciation Sys	tem
20a	Class life						S/L	
ь	12-year				12 yrs.		S/L	···
С	40-year	/			40 yrs.	MM	S/L	
Par	T IV Summary (See instructions.)	· -						
21 L	isted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines		es 19 and 20 in colum	n (g), and	i line 21.			
	inter here and on the appropriate lines						22	28,466.
	or assets shown above and placed in							
	ortion of the basis attributable to sect				23			

	m 4562 (2013)		MANN FO											293	
P	Listed Proper amusement.)	<b>ty</b> (Include a	utomobiles, ce	ertain oth	ner vehic	les, cer	tain com	puters	s, and prop	perty use	ed for en	tertainm	ent, rec	reation,	or
	Note: For any	vehicle for w	hich vou are u	sına the	standard	d milead	e rate oi	dedu-	cting lease	e expens	e, comp	lete oni	y24a, 2	4b, colui	mns (a)
	through (c) of S	Section A, ali	l of Section B,	and Sec	tion C if	applica	ble.								
	Section A	- Depreciati	on and Other	Informa	tion (Ca	ution: S	See the I	nstruc	tions for li	mits for p	passenge	er auton	nobiles.)		
<u>24a</u>	Do you have evidence to :	support the bu	isiness/investme	ent use cla	aimed?	<u> </u>	es	_ No	24b If "Y	es," is th	e evider	nce writt	en? L	_ Yes L	No
	(a)	(b) Date	(c)		(d)		(e)		<b>(f)</b>	(	g)		h)		(i)
	Type of property (list vehicles first )	placed in	Business/ investment		Cost or	Libu	is for depr siness/inve		Recovery period		hod/ ention		ciation iction		cted on 179
	(list veriicles lifst )	service	use percenta		her basis		use only	/)	penou	Conv	ention			1	ost
25	Special depreciation alle	owance for c	qualified listed	property	placed	ın servi	e during	g the t	ax year an	d					
	used more than 50% in	a qualified b	ousiness use								25			<u> </u>	
26	Property used more that	ın 50% ın a c	qualified busin	ess use:											
		<u> </u>		%										<u> </u>	
				%	•							_			
				%											
27	Property used 50% or I	ess in a qual	Ifled business	use:											
				%						S/L·					
				%						S/L·				1	
				%						S/L·				1	
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	line 21	. page 1		•		28			1	
	Add amounts in column		_				, ,9					L	29	·	
	THE CHIEF THE COLOTTO	. (0) 11.10 2-01 1			B - Infor		on Use	of Vel	nicles			_		. <u> </u>	
Col	mplete this section for ve	hicles used								or related	d person	. If you r	orovideo	d vehicle	s
	your employees, first ans														
10 )	your employees, first ans	wer the que	stions in Secti	on C to :	see ii yo	u meet a	an excep	Juon u	Completi	ng uns s	ection it	Ji tilose	Verificie:	J.	
_			<del></del>	Ι,	-1	Ι,	<u> </u>	т—	(2)				-)		f)
20	Tatal house as favorates at		l	1	a)	1	b)	Ι,	(c)	1	d) uala		e) ncle	i '	ricle
30	Total business/investment		uring the	Ver	nicle	Ve	hicle	<del> `</del>	/ehicle	Vei	ııcle	Ven	iici <del>e</del>	Vei	IICIE
	year (do not include com	,		-				+		<del> </del>	•				
	Total commuting miles									<del> </del>				<del> </del>	
32	Total other personal (no	oncommuting	g) miles												
	driven							<del> </del>		<b> </b>				<del> </del>	
33	Total miles driven durin														
	Add lines 30 through 32			-	1	<del> </del>	т						T	<del> </del>	·
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			<u> </u>	ļ	1	-	-							<del>                                     </del>
35	Was the vehicle used p		more	1											
	than 5% owner or relat	-		<u> </u>	<u> </u>		<del> </del>	ļ		ļ <u>-</u>		<u> </u>			1
36	Is another vehicle availa	able for pers	onal												
	use?				<u> </u>	l	<u> </u>			l .	L		<u></u>	J	
			- Questions												
Ans	swer these questions to	determine if	you meet an e	exception	n to com	pleting	Section	B for v	ehicles us	sed by e	nployee	s who a	re not n	nore tha	n 5%
<u>ow</u>	ners or related persons.												_		<del></del>
37	Do you maintain a writt	en policy sta	itement that pi	ohibits a	all perso	nal use	of vehicl	es, inc	luding co	mmuting	, by you	r		Yes	No
	employees?														<del>-</del>
38	Do you maintain a writt										our/				
	employees? See the in:	structions fo	r vehicles used	by corp	oorate of	fficers, c	directors	, or 19	6 or more	owners					
39	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	cles to your em	nployees	, obtain	ınforma	tion fron	n your	employee	s about					
	the use of the vehicles,	and retain ti	he information	received	d?										
41	Do you meet the requir	ements cond	erning qualifie	d autom	nobile de	monstra	ation use	∍?							
	Note: If your answer to								covered ve	ehicles.					
P	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)	1		<b>(f)</b>	
	Description of	of costs	Date	amortization begins		Amortiza amoun			Code section	1	Amortiza period or per			mortization or this year	
42	Amortization of costs ti	nat begins di	uring your 201		ar.							- L			
			<u> </u>						-					-	
			_		1										
43	Amortization of costs ti	nat began be	efore your 201	3 tax ve	ar							43			814.
	Total. Add amounts in	_	•	=		o report						44			814.
	- Vien Aud amounts III	COMMITTEE ST	oo allo mando	1013 101	MILES E	o report									

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient HOSPITAL CHARITABLE CHILDREN'S HOSPITAL NONE CONTRIBUTIONS 200 HENRY CLAY AVE NEW ORLEANS, LA 70118 2,500. CHARITABLE CHRISTOPHER & DANA REEVE FOUNDATION NONE 501(C)(3) ORGANIZATION CONTRIBUTIONS P O BOX 9004 250. WALDORF MD 20697-0410 NONE 501(C)(3) CHARITABLE CITE DES ARTS 109 VINE STREET ORGANIZATION CONTRIBUTIONS 500. LAFAYETTE, LA 70501 COURT APPOINTED SPECIAL ADVOCATES NONE 501(C)(3) CHARITABLE 1819 W PINHOOK RD. DRGANIZATION CONTRIBUTIONS 2,850. LAFAYETTE LA 70508 DREAMYARD PROJECT NONE 501(C)(3) CHARITABLE 1085 WASHINGTON AVENUE ORGANIZATION CONTRIBUTIONS 500. BRONX, NY 10456 CHARITABLE FRACTURED ATLAS NONE 501(C)(3) CONTRIBUTIONS 248 W. 35TH STREET 10TH FLOOR ORGANIZATION 4,688. NEW YORK, NY 10001 501(C)(3) CHARITABLE HOLLINS UNIVERSITY NONE P O BOX 9707 ORGANIZATION CONTRIBUTIONS 1,000. ROANOKE, VA 24020-1707 CHARITABLE JEFFERSON AREA CHILDREN'S HEALTH NONE 501(C)(3) ORGANIZATION CONTRIBUTIONS IMPROVEMENT PROGRAM 1469 GREENBRIER PLACE 5,000. CHARLOTTESVILLE, VA 22901 501(C)(3) CHARITABLE JOY THEATER - STOMP THE VIOLENCE NONE DRGANIZATION CONTRIBUTIONS 1200 CANAL STREET 1,750. NEW ORLEANS, LA 70112 CHARITABLE LAFAYETTE ART ASSOCIATION NONE 501(C)(3) CONTRIBUTIONS ORGANIZATION 1006 SAINT MARY ST. 2,400. LAFAYETTE, LA 70503 76,930. Total from continuation sheets

**Supplementary Information** 

3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor LEUKEMIA & LYMPHOMA SOCIETY NONE 501(C)(3) CHARTTABLE 2851 JOHNSTON STREET, #326 ORGANIZATION CONTRIBUTIONS 1,000. LAFAYETTE, LA 70503 CHARIABLE LOUISIANA ENVIRONMENTAL ACTION NONE 501(C)(3) NETWORK ORGANIZATION CONTRIBUTIONS P O BOX 66323 1,000. BATON ROUGE, LA 70896 LOUISIANA SOCIETY FOR THE PROVENTION NONE 501(C)(3) CHARITABLE CONTRIBUTIONS OF CRUELTY TO ANIMALS ORGANIZATION 1700 MARDI GRAS BLVD 5,000. NEW ORLEANS, LA 70114 M.A.D.D. NONE 501(C)(3) CHARITABLE ORGANIZATION CONTRIBUTIONS P. O. BOX 152275 500. IRVING, TX 75015-2275 MAKE A WISH FOUNDATION NONE 501(C)(3) CHARITABLE 3340 SEVERN AVENUE SUITE 350 ORGANIZATION CONTRIBUTIONS 5,000. METAIRIE, LA 70002 MAKE IT RIGHT FOUNDATION NONE 501(C)(3) CHARITABLE ORGANIZATION CONTRIBUTIONS 912 MAGAZINE STREET 5,000. NEW ORLEANS, LA 70130 MICHELLE'S EARTH FOUNDATION NONE 501(C)(3) CHARITABLE CONTRIBUTIONS P.O. BOX 5140 ORGANIZATION 1,000. ARLINGTON, VA 22205 NONE CHARITABLE MOUNTAINTOP MONTESSORI EDUCATIONAL 440 PINNACLE PLACE INSTITUTION CONTRIBUTIONS 2,500. CHARLOTTESVILLE, VA 22911 CHARITABLE NATIONAL GUARD ASSN OF LA CONFERENCE 501(C)(3) NONE ORGANIZATION CONTRIBUTIONS PROGRAM P.O.BOX 19167 BATON ROUGE, LA 708930167 300. EDUCATIONAL CHARITABLE NORTH BRANCH SCHOOL NONE INSTITUTION CONTRIBUTIONS 221 MICKENS ROAD AFTON, VA 22920 500. Total from continuation sheets

Part XV

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or Foundation show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor 501(C)(3) OIL CENTER RENAISSANCE ASSOC. NONE CHARITABLE 1005 EAST ST. MARY BLVD #207 ORGANIZATION CONTRIBUTIONS LAFAYETTE, LA 70503 24,512. PARALYZED VETERANS OF AMERICA NONE 501(C)(3) CHARITABLE 201 HECTOR AVE. ORGANIZATION CONTRIBUTIONS METAIRIE, LA 70005 1,000. PATTERSON PROTESTANT CEMETARY NONE 501(C)(3) CHARITABLE P.O.BOX 665 ORGANIZATION CONTRIBUTIONS 500. PATTERSON, LA 70392 501(C)(3) CHARITABLE RYAN WHITE H.I.V. PROGRAM NONE ORGANIZATION CONTRIBUTIONS P.O. BOX 800545 930. CHARLOTTESVILLE, VA 22908 SECOND HARVEST FOOD BANK NONE 501(C)(3) CHARITABLE 215 E. PINHOOK RD ORGANIZATION CONTRIBUTIONS 500. LAFAYETTE, LA 70501 THE EPISCOPAL CHURCH OF THE ASCENSION NONE 501(C)(3) CHARITABLE CONTRIBUTIONS 1030 JOHNSTON ST 1,500. LAFAYETTE, LA 70501 TIPITINA'S FOUNDATION NONE 501(C)(3) CHARITABLE 4040 TULANE AVENUE, STE. 6000 ORGANIZATION CONTRIBUTIONS 3,000. NEW ORLEANS, LA 70119 UL ATHLETIC NETWORK NONE 501(C)(3) CHARITABLE ORGANIZATION CONTRIBUTIONS 201 REINHARDT DRIVE 1,000. LAFAYETTE, LA 70506 VIRGINIA ORGANIZING NONE 501(C)(3) CHARITABLE 703 CONCORD AVENUE ORGANIZATION CONTRIBUTIONS 250. CHARLOTTESVILLE, VA 22903 501(C)(3) CHARITABLE VIRIGINA DISCOVERY MUSEUM NONE 524 EAST MAIN STREET ORGANIZATION CONTRIBUTIONS 500. CHARLOTTESVILLE, VA 22902 Total from continuation sheets

# 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

If you a	are filing for an <b>Automatic 3-Month Extension, comple</b> t	te only Pa	rt I and check this box				
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed For	m 8868.		
Electroni	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a co	rporation	
equired t	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	lle Form 88	68 to request ar	extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers A	ssociated With	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of th	ıs form,	
ısıt www	urs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor						
Part I onl	y						
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an extens	sion of time		
	ome tax returns				r's identifying n	umber	
Type or	or Name of exempt organization or other filer, see instructions.			Employer	ployer identification number (EIN) or		
print							
	HEYMANN FOUNDATION				23-7397293		
File by the due date for	e Newton standard and an arrangement of the D.O. have a restriction			Social sec	Social security number (SSN)		
iling your	P.O. BOX 51529				, ,		
return See nstructions							
	LAFAYETTE, LA 70505-1529						
	,					_	
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 4	
Lintoi tiio	The tarried application to the factor that the application is for the	o a sopara	to application for each return,			<u></u>	
Application		Return	Application			Return	
ls For		Code	Is For			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	
		05				11	
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		06	Form 6069 Form 8870			12	
ronn 990	ANGELA WILLIAMS	<del></del>	Form 6670				
• The b	ooks are in the care of > 458 HEYMANN BLV		_ T.AFAVETTE T.A 7	0503			
	none No. ► 337-232-4343	VD #F	Fax No F	0303			
•		Alb - 1 l-			<del> </del>		
	organization does not have an office or place of business		<b>X</b>	lf this is for	the whole group	a shock this	
	is for a Group Return, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·				
box ▶	. If it is for part of the group, check this box		ach a list with the names and EINs o		ers the extension	i is ior.	
1 Ire	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  JANUARY 15, 2015 , to file the exempt organization return for the organization named above. The extension						
		t organiza	ition return for the organization name	eu above.	The extension		
is t	or the organization's return for:						
	▶ calendar year or ▶ X tax year beginning JUN 1, 2013 , and ending MAY 31, 2014						
	A tax year beginning JUN 1, 2013	, an	a ending THI 31, 2014		- ·		
				<b>5</b> 14	_		
2  f ti	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n		
	Change in accounting period					<del>_</del>	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		_	0	
	nrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				_	^	
	imated tax payments made. Include any prior year overg			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa				_	^	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-E0	) for payment	