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EXTENDED TO AUGUST 17, 2015

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation

CHARLES & ELIZABETH WETMORE FOUNDATION

A Employer identification number

23-7120743

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

1101 DEALERS AVE

Room/suite

B Telephone number

504-779-1888

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

NEW ORLEANS, LA 70123

C If exemption application is pending, check here ▶ ☐

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

D 1 Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 694,370.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

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

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	921,837.			
2 Check ▶ ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	76.	76.		STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
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	921,913.	76.	0.	
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages	53,349.	0.	0.	53,349.
15 Pension plans, employee benefits	4,081.	0.	0.	4,081.
16a Legal fees				
b Accounting fees STMT 2	2,895.	0.	0.	2,895.
c Other professional fees STMT 3	495.	495.	0.	0.
17 Interest				
18 Taxes				
19 Depreciation and depletion				
20 Occupancy	5,578.	0.	0.	5,578.
21 Travel, conferences, and meetings	694.	0.	0.	694.
22 Printing and publications	725.	0.	0.	725.
23 Other expenses STMT 4	16,878.	0.	0.	16,877.
24 **Total operating and administrative expenses** Add lines 13 through 23	84,695.	495.	0.	84,199.
25 Contributions, gifts, grants paid	333,527.			333,527.
26 **Total expenses and disbursements.** Add lines 24 and 25	418,222.	495.	0.	417,726.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	503,691.			
b **Net investment income** (if negative, enter -0-)		0.		
c **Adjusted net income** (if negative, enter -0-)			0.	

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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	31,556.	52,373.	52,373.
	2 Savings and temporary cash investments	159,173.	641,997.	641,997.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	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 I)	190,729.	694,370.	694,370.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 5)	1,714.	1,664.	
	23 **Total liabilities** (add lines 17 through 22)	1,714.	1,664.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	189,015.	692,706.	
	30 **Total net assets or fund balances**	189,015.	692,706.	
	31 **Total liabilities and net assets/fund balances**	190,729.	694,370.	

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	189,015.
2	Enter amount from Part I, line 27a	2	503,691.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	692,706.
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	692,706.

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				
b	NONE			
c				
d				
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				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				
b				
c				
d				
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	
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	

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))
2013	230,973.	215,377.	1.072413
2012	281,825.	280,935.	1.003168
2011	203,057.	311,986.	.650853
2010	313,669.	370,405.	.846827
2009	141,539.	386,731.	.365988

2	**Total** of line 1, column (d)	2	3.939249
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	.787850
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	435,910.
5	Multiply line 4 by line 3	5	343,432.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7	Add lines 5 and 6	7	343,432.
8	Enter qualifying distributions from Part XII, line 4	8	417,726.

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 ▶ [X] and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income** Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 154.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	154.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	154.
11	Enter the amount of line 10 to be: **Credited to 2015 estimated tax** ▶ 154. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
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*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
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*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ LA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ SUNTRUST BANK Telephone no. ▶ 202-661-0605

Located at ▶ 1445 NEW YORK AVE. NW, WASHINGTON, DC ZIP+4 ▶ 20005

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ▶

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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ 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)? N/A	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 before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2014 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 2014.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

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 4945(d)(4)(A)? (see instructions)	☐ 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		
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.			
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
DR HENRY JACKSON 4224 HOUMA BLVD, STE 410 METAIRIE, LA 70006	PRESIDENT, AS REQ'D 0.00	0.	0.	0.
WILLIAM C NORRIS, PHD 1009 ST PHILLIP ST NEW ORLEANS, LA 70116	VICE PRESIDENT, AS REQ'D 0.00	0.	0.	0.
SUNTRUST BANK 1445 NEW YORK AVE. NW WASHINGTON, DC 20005	INV. MGR, AS REQ'D 0.00	0.	0.	0.
MARGARET FERGUSON WASHINGTON 7241 CAMBERLEY DR NEW ORLEANS, LA 701282207	SECRETARY, AS REQ'D 0.00	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
KETA THORNBURG 116 LONGWOOD DR, MANDEVILLE, LA 70471	DIRECTOR 30.00	53,349.	0.	0.

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 GRANT TO TULANE UNIVERSITY FOR PULMONARY RESEARCH	100,000.
2 GRANT TO LSUHSC FOR MYCOBACTERIAL DISEASE TRAINING AND MENTORING AWARD	97,330.
3 SPONSORSHIP OF GRANTS TO VICTIMS OF TUBERCULAR DISEASE PER DETAILS IN THE ATTACHED EMERGENCY FUND REPORT	58,226.
4 GRANT TO LSUHSC FOR THE MD-ELD PATIENT CARE AND NAVIGATION PROGRAM	50,000.

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

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	400,584.
b	Average of monthly cash balances	1b	41,964.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	442,548.
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	442,548.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,638.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	435,910.
6	**Minimum investment return** Enter 5% of line 5	6	21,796.

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	21,796.
2a	Tax on investment income for 2014 from Part VI, line 5	2a			
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	21,796.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	21,796.
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	21,796.

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	417,726.
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	417,726.
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	417,726.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				21,796.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ $ 417,726.				
a Applied to 2013, 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.			
d Applied to 2014 distributable amount				21,796.
e Remaining amount distributed out of corpus	395,930.			
5 Excess distributions carryover applied to 2014 (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	395,930.			
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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	395,930.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 395,930.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2014	Prior 3 years (b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed.

SEE STATEMENT 6

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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*				
TULANE UNIVERSITY	NONE		PULMONARY RESEARCH	100,000.
LSU HEALTH SCIENCES CENTER	NONE		MYCOBACTERIAL DISEASE TRAINING AND MENTORING AWARD	97,330.
INDIVIDUALS QUALIFYING FOR AID - SEE ATTACHED LISTING OF DISBURSEMENTS FROM EMERGENCY FUND FOR NAMES. ALL DISBURSEMENTS DESCRIBED AS "TIPS" & "E-REP"				
ARE TREATMENT INCENTIVE PROGRAM GRANTS	NONE		FINANCIAL ASSISTANCE TO TUBERCULAR AFFECTED INDIVIDUALS	58,226.
Total SEE CONTINUATION SHEET(S)			▶ 3a	333,527.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
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			14	76.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		76.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	76.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here — SIGN HERE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee | Date: 7/29/15 | Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEPHANIE MARGAVIO	Stephanie Margavio	7/15/15		P00525103

Firm's name ▶ MARGAVIO & SCHMITT, CPAS, APC — Firm's EIN ▶ 72-1177965

Firm's address ▶ 1101 DEALERS AVENUE, NEW ORLEANS, LA 70123 — Phone no. 504-733-1766

Form **990-PF** (2014)

423622
11-24-14

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2014

Name of the organization

CHARLES & ELIZABETH WETMORE FOUNDATION

Employer identification number

23-7120743

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
CHARLES & ELIZABETH WETMORE FOUNDATION	23-7120743

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WETMORE FOUNDATION CHARITABLE TRUST C/O SUNTRUST BANK, PO BOX 1908 ORLANDO, FL 32802	$ 921,837.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CHARLES & ELIZABETH WETMORE FOUNDATION

Employer identification number: 23-7120743

Part II **Noncash Property** (see instructions) Use duplicate copies of Part 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
		$	

(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
		$	

Name of organization	Employer identification number
CHARLES & ELIZABETH WETMORE FOUNDATION	23-7120743

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of $1,000 or less for the year (Enter this info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CASH RESERVE FUND INTEREST	76.	76.	76.
TOTAL TO PART I, LINE 3	76.	76.	76.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION	2,895.	0.	0.	2,895.
TO FORM 990-PF, PG 1, LN 16B	2,895.	0.	0.	2,895.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	495.	495.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	495.	495.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE & OFFICE EXPENSE	2,357.	0.	0.	2,357.
AUTO	843.	0.	0.	843.
REPAIRS & MAINTENANCE	13,678.	0.	0.	13,677.
TO FORM 990-PF, PG 1, LN 23	16,878.	0.	0.	16,877.

FORM 990-PF OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL TAXES PAYABLE	1,714.	1,664.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,714.	1,664.

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KETA LOWE
116 LONGWOOD DR
MANDEVILLE, LA 70471

TELEPHONE NUMBER

504-779-1888

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NO

RESTRICTIONS AND LIMITATIONS ON AWARDS

REQUEST MUST RELATE TO THE PURPOSE OF THE FOUNDATION

CHARLES & ELIZABETH WETMORE FOUNDATION
Custom Transaction Detail Report
January through December 2014

Type	Date	Num	Name	Memo	Account	Debit	Credit	Balance
Jan - Dec 14								
Check	01/15/2014	1675	Patio Drugs	Prescriptions	Emergency Help	2,089 18		2,089 18
Check	01/16/2014	1676	Sewerage & Water Board		Emergency Help	60 49		2,149 67
Check	01/16/2014	1677	Entergy		Emergency Help	72 75		2,222 42
Check	01/16/2014	1678	Leslie Edwards		TIPS	100 00		2,322 42
Check	01/16/2014	1679	Entergy		Emergency Help	93 69		2,416 11
Check	01/16/2014	1680	Entergy		Emergency Help	90 03		2,506 14
Check	01/16/2014	1681	Kevin Boyer		TIPS	100 00		2,606 14
Check	01/16/2014	1682	Warren Hopkins		TIPS	100 00		2,706 14
Check	01/16/2014	1683	Erwin Ixcot		TIPS	200 00		2 906 14
Check	01/16/2014	1684	Joyce Parker		TIPS	100 00		3,006 14
Check	02/10/2014	1689	Patio Drugs	Prescriptions	Emergency Help	1,610 74		4,616 88
Check	02/13/2014	1692	Entergy		Emergency Help	179 24		4,796 12
Check	02/13/2014	1693	Entergy		Emergency Help	115 77		4,911 89
Check	02/13/2014	1694	Jefferson Parish Dept of Water		Emergency Help	43 38		4,955 27
Check	02/13/2014	1695	Robert Cook		TIPS	200 00		5,155 27
Check	02/13/2014	1696	Venus Mulholland	for Eddie Forsythe Jr	TIPS	200 00		5,355 27
Check	02/13/2014	1697	Venus Mulholland	for Eddie Forsythe Jr	TIPS	200 00		5,555 27
Check	02/13/2014	1698	Eddie Forsythe, Sr		TIPS	200 00		5,755 27
Check	02/13/2014	1699	Warren Hopkins		TIPS	100 00		5,855 27
Check	02/13/2014	1700	Venus Mulholland	for Eddie Forsythe Jr	TIPS	200 00		6,055 27
Check	02/13/2014	1701	Joyce Parker		TIPS	100 00		6,155 27
Check	02/25/2014	1704	Alberta Bickham		TIPS	200 00		6,355 27
Check	02/25/2014	1705	Freddy Dubon		TIPS	100 00		6,455 27
Check	02/25/2014	1706	Dariana Terrebonne	Wetmore Pt	TIPS	100 00		6,555 27
Check	02/25/2014	1707	Rose Woods		TIPS	500 00		7,055 27
Check	02/25/2014	1708	Kevin Boyer	VOID	TIPS	0 00		7,055 27
Check	02/25/2014	1709	Thulebony Mbili		TIPS	200 00		7 255 27
Check	02/25/2014	1710	Allassam Wanda	Wetmore Pt	TIPS	200 00		7,455 27
Check	02/25/2014	1711	Entergy		Emergency Help	133 01		7,588 28
Check	03/06/2014	1714	Entergy		Emergency Help	94 45		7,682 73
Check	03/24/2014	1720	Entergy		Emergency Help	156 03		7,838 76
Check	03/24/2014	1721	Jefferson Parish Dept of Water		Emergency Help	134 79		7,973 55
Check	03/24/2014	1722	Patio Drugs	Prescriptions	Emergency Help	1,678 75		9,652 30
Check	03/25/2014	1724	Christian Ixcot		TIPS	150 00		9,802 30
Check	03/25/2014	1725	Erwin Ixcot, Jr		TIPS	150 00		9,952 30
Check	03/25/2014	1726	Erwin Ixcot Sr		TIPS	100 00		10,052 30
Check	03/27/2014	1727	Tu Nguyen		TIPS	600 00		10,652 30
Check	03/27/2014	1729	Emmett Royal		TIPS	100 00		10,752 30
Check	03/27/2014	1730	Johnell Wade		TIPS	150 00		10,902 30
Check	03/27/2014	1731	Miriam Rodriguez		TIPS	100 00		11,002 30
Check	04/03/2014	1733	Lamyra Dyer		TIPS	150 00		11,152 30
Check	04/03/2014	1734	Warren Hopkins		TIPS	200 00		11,352 30
Check	04/03/2014	1735	Katrina Mathews		TIPS	150 00		11,502 30
Check	04/03/2014	1736	Khan Nguyen		TIPS	100 00		11,602 30
Check	04/03/2014	1737	Bernard Wilson		TIPS	150 00		11,752 30
Check	04/14/2014	1738	Patio Drugs	Prescriptions	Emergency Help	1,417 17		13,169 47
Check	04/14/2014	1740	Patio Healthcare		Emergency Help	101 14		13,270 61
Check	04/24/2014	1744	Sewerage & Water Board		Emergency Help	124 56		13,395 17
Check	04/24/2014	1745	Entergy		Emergency Help	119 10		13,514 27
Check	04/24/2014	1746	Sewerage & Water Board		Emergency Help	163 30		13,677 57
Check	04/24/2014	1747	Entergy		Emergency Help	150 74		13,828 31
Check	05/15/2014	1754	Patio Drugs	Prescriptions	Emergency Help	1,759 03		15,587 34
Check	05/15/2014	1756	Patio Healthcare		Emergency Help	19 58		15,606 92
Check	05/23/2014	1759	N O Sewerage & Water Board	VOID	Emergency Help	0 00		15,606 92
Check	05/23/2014	1760	Entergy		Emergency Help	75 75		15,682 67
Check	05/23/2014	1761	Entergy		Emergency Help	35 68		15,718 35
Check	05/23/2014	1762	Tamara Noel		TIPS	150 00		15,868 35
Check	05/26/2014	1765	Patio Healthcare	VOID	Emergency Help	0 00		15,868 35
Check	05/26/2014	1766	Patio Healthcare		Emergency Help	19 58		15,887 93
Check	06/02/2014	1767	Nancy Arana		TIPS	150 00		16,037 93
Check	06/02/2014	1768	Warren Hopkins		TIPS	100 00		16,137 93
Check	06/02/2014	1769	Phuc Le		TIPS	100 00		16,237 93
Check	06/02/2014	1770	Arnoldo Nery		TIPS	150 00		16,387 93
Check	06/02/2014	1771	Khan Nguyen		TIPS	100 00		16,487 93
Check	06/02/2014	1772	Jose Ortiz		TIPS	100 00		16,587 93
Check	06/02/2014	1773	Elena Rushing		TIPS	150 00		16,737 93
Check	06/02/2014	1774	Alberta Bickham		TIPS	200 00		16,937 93
Check	06/02/2014	1775	Cedric Jenkins		TIPS	100 00		17,037 93
Check	06/02/2014	1776	Aaron Moses		TIPS	150 00		17,187 93
Check	06/02/2014	1777	Tonisha Showers		TIPS	100 00		17,287 93
Check	06/02/2014	1778	Binh Tran		TIPS	100 00		17,387 93
Check	06/05/2014	1780	Patio Healthcare		Emergency Help	81 56		17,469 49
Check	06/09/2014	1782	Patio Drugs	Prescriptions	Emergency Help	2,734 07		20,203 56
Check	06/23/2014	1788	Patio Healthcare		Emergency Help	81 56		20,285 12
Check	06/23/2014	1790	Ricky Lambert		TIPS	100 00		20,385 12
Check	06/23/2014	1791	Mable McGhee		TIPS	150 00		20,535 12
Check	06/23/2014	1792	Roylee McGhee		TIPS	150 00		20,685 12
Check	06/23/2014	1793	Victor Morales		TIPS	150 00		20,835 12
Check	06/23/2014	1794	John Morrison		TIPS	150 00		20,985 12
Check	06/23/2014	1795	Emmett Royal		TIPS	100 00		21,085 12
Check	06/23/2014	1797	N O Sewerage & Water Board		Emergency Help	85 04		21,170 16
Check	06/23/2014	1798	Entergy		Emergency Help	156 84		21,327 00
Check	06/23/2014	1799	Entergy		Emergency Help	472 92		21,799 92
Check	06/23/2014	1800	N O Sewerage & Water Board		Emergency Help	111 08		21,911 00
Check	06/30/2014	1802	Marguerite Augustin		TIPS	100 00		22,011 00
Check	06/30/2014	1803	Terry Carr		TIPS	200 00		22,211 00
Check	06/30/2014	1804	Robert Cook		TIPS	200 00		22,411 00
Check	06/30/2014	1805	Mildred Corley		TIPS	300 00		22,711 00
Check	06/30/2014	1806	Freddy Dubon		TIPS	200 00		22,911 00
Check	06/30/2014	1807	Katelyn Forsythe		TIPS	400 00		23,311 00

CHARLES & ELIZABETH WETMORE FOUNDATION
Custom Transaction Detail Report
January through December 2014

Type	Date	Num	Name	Memo	Account	Debit	Credit	Balance
Check	06/30/2014	1808	Cedric Jenkins		TIPS	100 00		23,411 00
Check	06/30/2014	1809	Wellington Lazala		TIPS	100 00		23,511 00
Check	06/30/2014	1810	Phuc Le		TIPS	200 00		23,711 00
Check	06/30/2014	1811	Thomas Netterville		TIPS	200 00		23,911 00
Check	06/30/2014	1812	Khan Nguyen		TIPS	200 00		24,111 00
Check	06/30/2014	1813	Jose Ortiz		TIPS	100 00		24,211 00
Check	06/30/2014	1814	Tonisha Showers		TIPS	100 00		24,311 00
Check	06/30/2014	1815	Debra Slaughter		TIPS	100 00		24,411 00
Check	06/30/2014	1816	Binh Tran		TIPS	100 00		24,511 00
Check	06/30/2014	1817	Charles Wuertz		TIPS	300 00		24,811 00
Check	06/30/2014	1818	Entergy	VOID	Emergency Help	0 00		24,811 00
Check	06/30/2014	1819	Entergy		Emergency Help	81 85		24,892 85
Check	06/30/2014	1820	Entergy		Emergency Help	172 94		25,065 79
Check	06/30/2014	1821	Patio Healhcare		Emergency Help	19 58		25,085 37
Check	07/01/2014	1823	Patio Drugs	Prescriptions	Emergency Help	2,329 65		27,415 02
Check	07/01/2014	1824	N O Sewerage & Water Board		Emergency Help	108 96		27,523 98
Check	07/01/2014	1825	N O Sewerage & Water Board		Emergency Help	274 40		27,798 38
Check	07/01/2014	1826	Entergy		Emergency Help	157 72		27,956 10
Check	07/01/2014	1827	N O Sewerage & Water Board		Emergency Help	105 79		28,061 89
Check	07/01/2014	1828	Entergy		Emergency Help	268 59		28,330 48
Check	07/29/2014	1833	Patio Healhcare		Emergency Help	65 25		28,395 73
Check	07/29/2014	1834	Entergy		Emergency Help	464 19		28,859 92
Check	07/29/2014	1835	Entergy		Emergency Help	256 92		29,116 84
Check	07/29/2014	1836	Entergy		Emergency Help	282 68		29,399 52
Check	07/29/2014	1837	Entergy		Emergency Help	322 93		29,722 45
Check	07/29/2014	1838	N O Sewerage & Water Board		Emergency Help	105 79		29,828 24
Check	07/29/2014	1839	N O Sewerage & Water Board		Emergency Help	164 19		29,992 43
Check	07/29/2014	1840	Entergy		Emergency Help	251 89		30,244 32
Check	08/10/2014	1841	Patio Healhcare		Emergency Help	81 56		30,325 88
Check	08/12/2014	1844	Patio Drugs	Prescriptions	Emergency Help	478 19		30,804 07
Check	08/12/2014	1845	Entergy		Emergency Help	183 76		30,987 83
Check	09/03/2014	1848	Entergy		Emergency Help	469 66		31,457 49
Check	09/03/2014	1849	Entergy		Emergency Help	91 98		31,549 47
Check	09/03/2014	1852	Patio Healhcare	VOID	Emergency Help	0 00		31,549 47
Check	09/03/2014	1853	Patio Healhcare		Emergency Help	68 52		31,617 99
Check	09/13/2014	1856	Patio Drugs	Prescriptions	Emergency Help	1,365 77		32,983 76
Check	09/18/2014	1858	Entergy		Emergency Help	172 76		33,156 52
Check	09/20/2014	1859	Entergy		Emergency Help	153 01		33,309 53
Check	09/20/2014	1860	Entergy		Emergency Help	294 00		33,603 53
Check	09/20/2014	1861	N O Sewerage & Water Board		Emergency Help	104 15		33,707 68
Check	09/26/2014	1862	Patio Healhcare		Emergency Help	81 56		33,789 24
Check	10/05/2014	1864	Freddy Dubon		TIPS	200 00		33,989 24
Check	10/05/2014	1865	Cedric Jenkins		TIPS	200 00		34,189 24
Check	10/05/2014	1866	Tonisha Showers		TIPS	200 00		34,389 24
Check	10/05/2014	1867	Glen Anderson		TIPS	150 00		34,539 24
Check	10/05/2014	1868	Lynette Banks		TIPS	150 00		34,689 24
Check	10/05/2014	1869	Jordon Bonner		TIPS	150 00		34,839 24
Check	10/05/2014	1870	Jody Gaspard		TIPS	150 00		34,989 24
Check	10/05/2014	1871	Karon Holmes		TIPS	150 00		35,139 24
Check	10/05/2014	1872	Lorenzo Torres		TIPS	150 00		35,289 24
Check	10/05/2014	1873	David Bakare		TIPS	100 00		35,389 24
Check	10/05/2014	1874	Warren Hopkins		TIPS	100 00		35,489 24
Check	10/05/2014	1875	Harold Juneau		TIPS	300 00		35,789 24
Check	10/05/2014	1876	Phuc Le		TIPS	300 00		36,089 24
Check	10/06/2014	1877	Earl Madona	VOID	TIPS	0 00		36,089 24
Check	10/06/2014	1878	Thomas Netterville		TIPS	400 00		36,489 24
Check	10/06/2014	1879	Khan Nguyen		TIPS	200 00		36,689 24
Check	10/06/2014	1880	Miriam Rodriguez		TIPS	200 00		36,889 24
Check	10/06/2014	1881	Chontiel Watts		TIPS	300 00		37,189 24
Check	10/06/2014	1882	Dennis Valladares		TIPS	200 00		37,389 24
Check	10/06/2014	1883	Miriam Rodriguez	Minor, Keren Villadares	TIPS	200 00		37,589 24
Check	10/06/2014	1884	Miriam Valladares		TIPS	200 00		37,789 24
Check	10/06/2014	1885	Entergy		Emergency Help	153 01		37,942 25
Check	10/14/2014	1887	Patio Drugs	Rx Wetmore Patients	Emergency Help	3,929 45		41,871 70
Check	10/14/2014	1890	Patio Healhcare		Emergency Help	18 00		41,889 70
Check	11/11/2014	1894	Patio Drugs	Rx Wetmore Patients	Emergency Help	13,476 89		55,366 59
Check	11/11/2014	1895	Entergy		Emergency Help	86 24		55,452 83
Check	11/25/2014	1902	PSS (World Medical)		Emergency Help	121 50		55,574 33
Check	12/08/2014	1903	Patio Drugs	Rx Wetmore Patients	Emergency Help	1,546 77		57,121 10
Check	12/20/2014	1907	Entergy		Emergency Help	182 71		57,303 81
Check	12/20/2014	1908	Henrietta Quinn		Emergency Help	100 00		57,403 81
Check	12/20/2014	1909	Entergy		Emergency Help	122 68		57,526 49
Check	12/20/2014	1910	Keva Dixon		TIPS	200 00		57,726 49
Check	12/20/2014	1911	David Bakare		TIPS	100 00		57,826 49
Check	12/20/2014	1912	Chantriel Watts		TIPS	100 00		57,926 49
Check	12/20/2014	1913	Freddy Dubon		TIPS	100 00		58,026 49
Check	12/20/2014	1914	Chantriel Watts		TIPS	100 00		58,126 49
Check	12/20/2014	1915	David Bakare		TIPS	100 00		58,226 49
Jan - Dec 14						58,226 49	0.00	58,226.49

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
LSU HEALTH SCIENCES CENTER	NONE		MD-ELD PATIENT CARE AND NAVIGATION PROGRAM	50,000.
DEPARTMENT OF HEALTH AND HOSPITALS/OFFICE OF PUBLIC HEALTH	NONE		PURCHASE OF VEHICLE FOR THE DEPARTMENT OF HEALTH AND HOSPITALS/OFFICE OF PUBLIC HEALTH	27,971.
Total from continuation sheets				77,971.

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 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.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number: Employer identification number (EIN) or
	CHARLES & ELIZABETH WETMORE FOUNDATION	23-7120743
	Number, street, and room or suite no. If a P O box, see instructions. 1101 DEALERS AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW ORLEANS, LA 70123	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (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

- The books are in the care of ▶ SUNTRUST BANK 1445 NEW YORK AVE. NW - WASHINGTON, DC 20005
  Telephone No ▶ 202-661-0605 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 AUGUST 17, 2015 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2014 or
▶ [ ] tax year beginning _____ , and ending _____

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	$ 154.
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