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Form **990-PF**

EXTENDED TO AUGUST 15, 20: Return of Private Foundation ..2016

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

14 Other employee salaries and wages 156,017. 0. 0. 56,017. 15 Pension plans, employee benefits 4,285. 0. 0. 1,548. 16a Legal fees STMT 2 1,548. 0. 0. 0. 1,548. 16a Accomparies NED STMT 3 5,225. 0. 0. 0. 5,225. 16a Cother professional fees STMT 3 5,225. 0. 0. 0. 5,225. 17 Other professional fees STMT 4 1,694. 1,694. 0. 0. 17 Other professional fees STMT 5 1,694. 0. 0. 1,321. 17 Other employee salaries and wages 1,321. 0. 0. 0. 1,321. 18 Depreciation and depletion STMT 5 1,321. 0. 0. 0. 1,321. 19 Depreciation and depletion STMT 5 1,321. 0. 0. 0. 1,321. 20 Occupany DEN 3 1,321. 0. 0. 0. 1,321. 21 Travel-cent features STMT 5 9,214. 0. 0. 9,214. 22 Printing and publications 250. 0. 0. 0. 9,214. 23 Other expenses STMT 5 9,214. 0. 0. 9,214. 24 Total operating and administrative expenses Add lines 13 through 23 85,053. 1,694. 0. 83,359. 25 Contributions, gifts, grants paid 572,348. 572,348. 572,348. 26 Total expenses and disbursements Add lines 24 and 25 657,401. 1,694. 0. 655,707. 27 Subtract line 26 from line 12. 657,265. 0. 0. 0. 0. 28 Excess of revenue over expenses and disbursements 0. 0. 0. 0. 0. 28 Excess of revenue over expenses and disbursements 0. 0. 0. 0. 0. 0. 0. 0	For	caler	dar year 2015 or tax year beginning			, and ending		
1.01 DEALERS AVE City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country, and 2 Por foreign postal code City of two, state or stronger, country and a stronger public charity City of the stronger public chari	Na	ne of	foundation				A Employer identification	number
11.10 DEALERS AVE Of your town, store or province, country, and 2P or treign postal code NEW ORLEANS, LA 70123 6 Chock all that apply: India instrum Intellecture of a former public charry Intellecture of the province of the pro							23-7120743	
City of two, State or province, Country, and ZiP or foreign postal code				to street	address)	Room/suite		
NEW ORLEANS LA 70123 Intriduct eturn Andress change Indust return Amended return Andress change Indust return Amended return Andress change Industrial return Amended return Andress change Industrial return Amended return Andress change Industrial return Industri							504-779-188	38
G Check all that apply: Instal return Instal				oreign p	ostal code		C If exemption application is pe	nding, check here
Final return Amended return Amende							<u> </u>	
Contributions, girts, grants, etc., received Season for season and season for season season Season for season Season for season season season Season for season season season season season season season season season Season for season seaso	G	neck	· · · · · · · · · · · · · · · · · · ·			rmer public charity	D 1 Foreign organizations,	check here
H. Check byee of organization: Silescent 501(c)(3) exempt private foundation Section 4947(a)(1) encessampt charactable trust Other tracable private foundation I fair market value of all assets at end of year. J Accounting method: Silescent							2. Foreign organizations mee	ting the 85% test,
Section 4947(a)(f) nonexempt charinable trust	Н (hack		(c)(2) ox			1	
Fart market value of all assets at end of year J Accounting method: Other (specthy) Other (spect	"	_				tion		
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Part			37 . 220 . (Par	t I, colu	mn (d) must be on cash t	pasis)		b), and an indicate
The total of amounts in solutions in column (in) Expenses per books Income I			Analysis of Revenue and Expenses		T		(c) Adjusted net	
Cheek	_		(The total of amounts in columns (b), (c), and (d) mecessarily equal the amounts in column (a))	nay not	expenses per books			for charitable purposes (cash basis only)
Interest on aswings and temporary 136. 136. STATEMENT 1		ľ			0.			
Section Sect		2		Sch B	126	126		2002 0002 000 1
Sa Gross rents		3	cash investments		136.	130.	i	STATEMENT I
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23 Other expenses STMT 5 9,214. 0. 0. 9,214. 24 Total operating and administrative expenses. Add lines 13 through 23 85,053. 1,694. 0. 83,359. 25 Contributions, gifts, grants paid 572,348. 572,348. 26 Total expenses and disbursements Add lines 24 and 25 657,401. 1,694. 0. 655,707. 27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ati	و ا	Pavas MAV 9 1 STRE O				 	
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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-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1	<u> </u>	5				9,214.
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26 Contributions, girts, 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-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	per		expenses. Add lines 13 through 23			1,694	0.	83,359.
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-) C Adjusted net income (if negative, enter -0-)	0	25	Contributions, gifts, grants paid				<u> </u>	<u>572,348.</u>
27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		26				i		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		<u></u>			657,401.	1,694	. 0.	655,707.
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		27	Subtract line 26 from line 12.					
c Adjusted net income (if negative, enter -0-)		Ι.			-657,265.		<u> </u>	
		i)		0		
	5235				<u> </u>			Form 900-DE (0045)

For	m 99	0-PF (2015) CHARLES & ELIZABETH WET			7120743 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
=		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	52,373.	24,106.	24,106.
	2	Savings and temporary cash investments	641,997.	13,114.	13,114.
	3	Accounts receivable			
	1	Less: allowance for doubtful accounts			
	4	Pledges receivable >			
	i	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			
	7	Other notes and loans receivable	1		
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	С	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			
	ļ	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)	694,370.	37,220.	37,220.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21				
J	22	Other habilities (describe ► STATEMENT 6)	1,664.	1,779.	
				-	
	23	Total liabilities (add lines 17 through 22)	1,664.	1,779.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31	1		
Ses	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here	ļ		
Ę		and complete lines 27 through 31	1		
Sor	27	Capital stock, trust principal, or current funds	0.	0.	
Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	692,706.	35,441.	
Net Assets	30	Total net assets or fund balances	692,706.	35,441.	
_				{	
	31	Total liabilities and net assets/fund balances	694,370.	37,220.	_
_	art	III Analysis of Changes in Net Assets or Fund E	Balances		
_					
1		I net assets or fund balances at beginning of year - Part II, column (a), line	9 30		600 506
	-	st agree with end-of-year figure reported on prior year's return)		1	692,706.
		r amount from Part I, line 27a		2	-657,265.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	35,441.
		eases not included in line 2 (itemize)			<u>0.</u>
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	olumn (b), line 30		35,441.
					Form 990-PF (2015)

Form 990-PF (2015) CHARLES Part IV Capital Gains and Le	S & ELIZABETH WETM osses for Tax on Investme	ORE FOUND	ATION_		23-712	0743 Page 3
(a) List and describe the	kind(s) of property sold (e.g., real estate; or common stock, 200 shs. MLC Co.)	· · · · · · · · · · · · · · · · · · ·	(b) How acquire P - Purchase D - Donation	d (c) (Date acquired io., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b NONE						
C			ļ 			
<u>d</u>				_		
<u>e</u>	· Danisation allowed	Nest se ather besse	<u> </u>			
(e) dross sales price		Cost or other basis s expense of sale			h) Gain or (loss) plus (f) minus (
8						
<u>b</u>		.	_			
d						
e			1			
Complete only for assets showing gain in	n column (h) and owned by the foundat	ion on 12/31/69		(I) Gai	ns (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		Excess of col. (1) ver col. (1), if any		còl. (k), Lo:	but not less than sses (from col. (n -0-) or h)) ————————————
a						
b						
С						
d						
<u>e</u>						
2 Capital gain net income or (net capital loss	s) { If gain, also enter in Part I, Iii s) { If (loss), enter -0- in Part I, Ii	ne 7 ne 7	} 2			
Net short-term capital gain or (loss) as de If gain, also enter in Part I, line 8, column			3			
If (loss), enter -0- in Part I, line 8 Part V Qualification Under S	Section 4940(e) for Reduce	nd Tay on Not	l l l l l l l l l l l l l l l l l l l	Incom		
						
(For optional use by domestic private foundate	tions subject to the section 4940(a) tax	On tier myezunem n	icome)			
If section 4940(d)(2) applies, leave this part t	blank.					
Was the foundation liable for the section 494	2 tax on the distributable amount of an	vear in the base ne	riod?			Yes X No
If "Yes," the foundation does not qualify unde	•	•				
1 Enter the appropriate amount in each col			entries.			
(a) Base period years	(b)		(c)		Distrib	(d) oution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of no	oncharitable-use a		(col. (b) div	rided by col. (c))
2014	417,726		435,			.958285
2013	230,973		215,			1.072413
2012	281,825		280,			1.003168
2011	203,057		311,			.650853
2010	313,669		370,	405.		846827
2 Total of line 1, column (d)					2	4.531546
3 Average distribution ratio for the 5-year b		5, or by the numbe	r of years		_	006300
the foundation has been in existence if les	ss than 5 years				3	.906309
4 Enter the net value of noncharitable-use a	assets for 2015 from Part X, line 5			-	4	323,645.
5 Multiply line 4 by line 3					5	293,322.
				1	j	
6 Enter 1% of net investment income (1% of	of Part I, line 27b)			Ļ	6	0.
6 Enter 1% of net investment income (1% of Add lines 5 and 6	of Part I, line 27b)				7	0. 293,322.

Form **990-PF** (2015)

	990-PF (2015) CHARLES & ELIZABETH WETMORE FOUNDATION 23-7120 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see		ction	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			0.
	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 154.			
	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1	54.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. if the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	54.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			0.
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	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)?	1b		X
	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.	Ì		
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •	{	ł	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1
•	managers. ► \$ 0 •	ĺ	[
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	}		ļ
•	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
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		l	
•	By language in the governing instrument, or	Ì		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			ļ [
	remain in the governing instrument?	6	Х	
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)	1	İ	1
	LA	ł		
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	<u></u>
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	<u>L</u> .	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	F	orm 99	0-PF	(2015)

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Form **990-PF** (2015)

orm 990-PF (2015) · CHARLES & ELIZABETH WETM Part VII-B Statements Regarding Activities for Which F	ORE FOUNDATIO	N Poguired (<u>23-71207</u>	43 Page 6				
	oriii 4720 Way be H	tequirea (continu	uea)					
5a During the year did the foundation pay or incur any amount to:		<u> </u>						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • •		s X No					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,								
any voter registration drive?			s X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Ye	s 🗶 No	1 1				
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section							
4945(d)(4)(A)? (see instructions)		Ye	s X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or	ļ	} }				
the prevention of cruelty to children or animals?		☐ Ye	s X No					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described in	n Regulations						
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A 5	ib				
Organizations relying on a current notice regarding disaster assistance check h								
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned						
expenditure responsibility for the grant?		//A 🔲 Ye	s 🗀 No					
		/A16	.s NO					
If "Yes," attach the statement required by Regulations section 53.4945								
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on	<u> </u>	[]					
a personal benefit contract?		Ye	es X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> _6</u>	Sb 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 s	helter transaction?	Ye	es 🗓 No					
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b				
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/					
Paid Employees, and Contractors								
1 List all officers, directors, trustees, foundation managers and their		1	(d) 0					
(a) Nama and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other				
(a) Name and address	to position	enter -0-)	compensation	allowances				
OR HENRY JACKSON	PRESIDENT, AS	REQ'D						
4224 HOUMA BLVD, STE 380			[
METAIRIE, LA 70006	0.00	0.	0.	0.				
WILLIAM C NORRIS, PHD	VICE PRESIDEN	T, AS REQ	'D					
1009 ST PHILLIP ST								
NEW ORLEANS, LA 70116	0.00	0.) o.	0.				
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1445 NEW YORK AVE. NW	11010, 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
WASHINGTON, DC 20005	0.00	0.	0.	0.				
		REO'D	· ·					
	DECKEIAKI, AD	KEQ D						
7241 CAMBERLEY DR	0 00	0.	0.	0				
NEW ORLEANS, LA 701282207 2 Compensation of five highest-paid employees (other than those inc	0.00		<u> </u>	0.				
Compensation of the highest-paid employees jother than those inc		CITCO ITOITE.	(d) Contributions to employee benefit plans	(e) Expense				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other				
			compensation	allowances				
	DIRECTOR			1				
<u>116 LONGWOOD DR, MANDEVILLE, LA 70471</u>	30.00	56,017.	0.	0.				
		1	[
				 				
]		1					
			L	<u> </u>				
Total number of other employees paid over \$50,000			>	0				
			Form	990-PF (2015)				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly	3-7120743 Page 7
Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	1.0
(a) Name and address of each person paid more than \$50,000 (b) Type of service NONE	(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
GRANT TO TULANE UNIVERSITY FOR PULMONARY RESEARCH	
	160,000.
2 GRANT TO LSUHSC FOR CENTER FOR MYCOBACTERIAL DISEASES	
	140 500
CDANE TO LOUISO TOD MUCODAGEDIAL DIGEAGE EDAINING AND	140,509.
3 GRANT TO LSUHSC FOR MYCOBACTERIAL DISEASE TRAINING AND MENTORING AWARD	
MENIORING AWARD	97,300.
4 GRANT TO TULANE UNIVERSITY FOR FELLOWSHIP PROGRAM	
	70,000.
Part IX-B Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	-
2	
All other program-related investments. See instructions.	
3	_
	_
Total. Add lines 1 through 3	0.
	Form 990-PF (2015)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	314,441.
	Average of monthly cash balances	1b	14,133.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	328,574.
	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	328,574.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,929.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	323,645.
<u>6</u>	Minimum investment return Enter 5% of line 5	6	16,182.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
<u>. </u>	foreign organizations check here and do not complete this part.)		16,182.
1	Minimum investment return from Part X, line 6	1	10,102.
	Tax on investment income for 2015 from Part VI, line 5	1	
b	Income tax for 2015. (This does not include the tax from Part VI.)		0.
	Add lines 2a and 2b	2c 3	16,182.
3	Distributable amount before adjustments. Subtract line 2c from line 1	4	0.
4	Recoveries of amounts treated as qualifying distributions	5	16,182.
5	Add lines 3 and 4	6	0.
6	Deduction from distributable amount (see instructions)	7	16,182.
P:	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		10,104.
	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	655,707.
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	<u></u>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	655,707.
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	655,707.
	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	ne section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

1 Distributible amount for 2015 from Part XI, Ine? 2 Uninstruction received. As any, as of the end of 2015 a Enter amount for 2014 only 5 Total for prior years: 3 Exercise distributions carryover, if any, to 2015 a From 2010 6 From 2011 6 From 2011 6 From 2013 7 Total of lines 3 a through e 4 Qualifying distributions for 2015 from Part XI, Ine. 4 F. 5 555, 7.07. 8 Applied to 2014, but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2014 but not more than line 2a b Enter the amount of prior years' undistributed and to corpus a state of the corpus and the corp		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
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a Enter amount for 2014 only b Total for pror years: 3 Excess distributions carryover, if any, to 2015 a From 2010 b From 2011 c From 2011 c From 2012 d From 2012 d From 2013 c From 2012 d From 2013 c From 2014 39.5, 9.30 c	line 7				16,182.
\$ Excess distributions carryover, if any, to 2015 a From 2010 From 2011 c From 2013 d From 2014 1 70st of lone 3s at through 0 4 Qualifying distributions for 2015 from Part XII, Inst. 4* > \$ 655, 7.07. 4 Applied to 2014, but not more than line 2a 4 Applied to andistributed income of prior years (Election required - see instructions) 4 Applied to 2014, but not more than line 2a 5 Applied to 2015 distributible amount 6 Tirest dis distributions out of corpus (Election required - see instructions) 4 Applied to 2015 distributible amount 6 Farter the set total of each column as indicated below. 8 Corpus, Add sme 3f, 4c, and 4e Substact line 8 From 1 years' undistributed income. Subtract line 46 from line 2b 6 Enter the amount of prior years' undistributed income for 2015. Subtract line 46 from line 2b 6 Substact line 6 from line 6b. Taxable amount - see instructions 9 Undistributed income for 2014. Subtract line 4s from line 2015 7 Amounts treated as distributions unposed by section 170(b)(1)(6) or 492(b)(3) (Election may be required - see instructions 9 Excess distributions carryover from 2010 not applied to 10°5 or from line 5 or fine 7 9 Excess from 2011 8 Excess from 2011 8 Excess from 2011 9 Excess from 2011 8 Excess from 2014 8 Excess from 2014	2 Undistributed income, if any, as of the end of 2015				
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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 d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(17)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2010 not applied on line 5 or line 7 Sexcess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2011 b Excess from 2013 d Excess from 2014 d Excess from 2014					
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amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 113,615.	undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 113,615.	· · · · · · · · · · · · · · · · · · ·				
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	amount - see instructions		0.		
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	e Undistributed income for 2014. Subtract line				
lines 4d and 5 from line 1. This amount must be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	4a from line 2a. Taxable amount - see instr.			0.	
be distributed in 2016 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	f Undistributed income for 2015. Subtract				
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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	lines 4d and 5 from line 1. This amount must				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8	be distributed in 2016				0.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	1				
may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		001 040			
not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· · · · · · · · · · · · · · · · · · ·	921,840.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	-	0			
Subtract lines 7 and 8 from line 6a 113,615. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· · · · · · · · · · · · · · · · · · ·	<u>U•</u>		 	<u> </u>
a Excess from 2012 c Excess from 2013 d Excess from 2014	-	112 615			
a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	- · · · · · · · · · · · · · · · · · · ·	113,013.			
b Excess from 2012 c Excess from 2013 d Excess from 2014					
c Excess from 2013 d Excess from 2014					
d Excess from 2014					

523581 11-24-15

Part XIV Private Operating F	& ELIZABET oundations (see in	TH WETMORE F structions and Part VII	-A, question 9)	23-71 N/A	20743 Page 10
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo					
b Check box to indicate whether the found			in section	4942(j)(3) or 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		W/1. /
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				T	
line 4 for each year listed			1	İ	
d Amounts included in line 2c not					
used directly for active conduct of			1		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			i		
Subtract line 2d from line 2c			L		
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			<u> </u>		
c "Support" alternative test - enter:					
(1) Total support other than gross	1	1	Ì		
investment income (interest,	:				
dividends, rents, payments on securities loans (section		ļ]
512(a)(5)), or royalties)	<u></u>	<u></u>			
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)			<u> </u>		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(a)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large port	on of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	St.			
NONE					
2 Information Regarding Contribut					
Check here ► if the foundation of					
the foundation makes gifts, grants, etc.					J U.
a The name, address, and telephone num	iber or e-mail address of	the person to whom appl	ications should be addre	ssea:	
CER CELEVENIE 7					
SEE STATEMENT 7			h I d I d - a		
b The form in which applications should to	be submitted and informa	ition and materials they s	nonia iucinae:		
And the second s			 		
c Any submission deadlines:					
d Any restrictions or limitations on sweet	e cuch as hy gangraphic	al areae charitable fields	kinds of institutions or	other factors	_
d Any restrictions or limitations on award	o, audit as by geographic	ai ai cas, ciiai iiauic iicius	, kinus or msututions, O	other lactors.	
523801 11-24-15					Form 990-PF (2015

3 Country Supplementary Information				
3 Grants and Contributions Paid During th	If recipient is an individual,	Payment		
Name and address (home or business)	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	or substantial contributor	recipient		
a raid daring the year		ł		
		ĺ		
		j		
TULANE UNIVERSITY	NONE		PULMONARY RESEARCH	160,000,
				100,000,
TULANE UNIVERSITY	NONE			
			TULANE FELLOWSHIP	
		(PROGRAM TO SPONSOR A PEDIATRICIAN	70,000,
		 	FEDIATRICIAN	70,000.
LSU HEALTH SCIENCES CENTER	NONE	}	1	
			MYCOBACTERIAL DISEASE	
		Ì	TRAINING AND MENTORING	97,300,
			AWARD	91,300.
			1	
		1	1	
LSU HEALTH SCIENCES CENTER	NONE		ESTABLISH AND OPERATE	
			CENTER FOR	140,509.
			MYCOBACTERIAL DISEASES	140,309,
			1	
			}	
LSU HEALTH SCIENCES CENTER	NONE	}	WETMORE TB AND NTM PROGRAM GRANT	50,000.
Total SEE C	CONTINUATION SHEE	ET(S)	→ 3a	572 348.
b Approved for future payment				
NONE				
				_
·				
Total			<u>▶ 3b</u>	0.000 DE (00.15)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		<u> </u>			
b					
C					
d					
e					
g Fees and contracts from government agencies					
Membership dues and assessments	ļi				
3 Interest on savings and temporary cash					
investments	{		14	136.	
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			<u> </u>		
7 Other investment income					\
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events	ļ				
10 Gross profit or (loss) from sales of inventory			 -	<u> </u>	
11 Other revenue:					
a		- -			
b			 	ļ	·
c			 		
d			 -	 	
12 Subtotal. Add columns (b), (d), and (e)		0.		136.	0.
13 Total Add line 12, columns (b), (d), and (e)					136.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	emp	t Purposes	
·					
Line No Explain below how each activity for which inco			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing to	ilus idi sucii purposes).			
		· · · · · · · · · · · · · · · · · · ·			
			_		
					
					
					
				·····	
					
					
					

523621 11-24-15

Pai	t XVII	│ Information Re		fers To a	nd Transactions	and Relationsh	nips With Nonch	aritable)	
1	Did the or			the following	with any other organization	tion described in section	on E01/a) of		Yes	No
		-		-	g with any other organizat 7, relating to political orga) ii 50 i(c) bi	1 }	163	140
		from the reporting found				inizations?				
	(1) Cash	irom the reporting lound	ation to a noncharitable	e exempt org	anization of.			10(1)	i	v
	(1) Gasii (2) Other	accate						1a(1)		X
	Other tran							1a(2)	-	
		of assets to a noncharita	hla ayamat araanizatio	\n				45(1)		v
		ases of assets from a no						1b(1)		X
		l of facilities, equipment,		yanızatıdı				1b(2)		X
		oursement arrangements						1b(3) 1b(4)		X
		or loan guarantees						1b(5)		X
		rmance of services or me	embershin or fundraisii	na enlicitation	ne			1b(6)		X
		facilities, equipment, ma	•	_				1c		X
			- :		dule. Column (b) should a	always show the fair m	arket value of the goods		ets	
				_	d less than fair market va				010,	
) the value of the goods,				•				
(a) Lir	ne no	(b) Amount involved	(c) Name of n	oncharitable	exempt organization	(d) Description	of transfers, transactions, an	d sharing arr	angeme	nts
				N/A						
		·	ļ	<u> </u>						
		 	ļ							
		 	ļ							
		 					·- 			
			 							
			 							
			 							
-										
										
										
										
			· · · · · · · · · · · · · · · · · · ·							
		<u> </u>								
2a	Is the four	ndation directly or indirec	tly affiliated with, or re	lated to, one	or more tax-exempt orga	nizations described				
	ın section	501(c) of the Code (other	er than section 501(c)(3)) or in secti	ion 527?			Yes	X	□No
b	If "Yes," co	emplete the following sch	nedule	·		.,				
		(a) Name of or	ganization		(b) Type of organization) (c) Description of relation	ship		
		N/A								
								·		
	Under	penalties of penury. I declare	had I have examined this	return including	g accompanying schedules a	nd statements, and to the	best of my knowledge			
Sig					taxpayer) is based on all info		has any knowledge	May the IRS of turn with the	e prepa	rer
Hei	re 🖌	M / In	Lul.		15/18/16	PRESID		hown below X Yes		ii) ⁷ No
		ature of officer or trustee	•		Date	Title	L	103		_ '''
		Print/Type preparer's n		Preparer's si		Date	Check if PTIN	N .		
			1	1_0	- 2	5/18/	self- employed			
Pai		STEPHANIE	MARGAVIO I	Stabilio	ne 1860	5/18/1	Ø P	00525	103	
	parer	Firm's name ► MAR		СНМТТТ	, CPAS, APC		Firm's EIN > 72-	$1177\overline{9}$	65	_
Us	e Only									
		Firm's address ▶ 11					- -	700 1	-	
		NE	W ORLEANS	<u>, LA 7</u>	0123		Phone no. 504-	733-1 Form 99 0		
								ていけい マン	ノーアド	(2010)

23-7120743

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient 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 NONE FINANCIAL ASSISTANCE GRANTS TO TUBERCULAR AFFECTED INDIVIDUALS 44,125, COMPUTER EQUIPMENT WETMORE CLINIC NONE 9,547, COMPUTER EQUIPMENT LSU HEALTH SCIENCES CENTER ELD CLINIC NONE 867. 54,539, Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET I	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
CASH RESERVE FUND INTEREST		136.	136.		
TOTAL TO PART I, LINE 3		136.	136.	136.	
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES	1,548.	0.		0. 1,548.	
TO FM 990-PF, PG 1, LN 16A =	1,548.	0.		0. 1,548.	
FORM 990-PF	ACCOUNTING FEES		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
TAX PREPARATION	5,225.	0.		0. 5,225.	
TO FORM 990-PF, PG 1, LN 16B	5,225.	0.		0. 5,225.	
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
MANAGEMENT FEES	1,694.	1,694.		0. 0.	
TO FORM 990-PF, PG 1, LN 16C	1,694.	1,694.		0. 0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
POSTAGE & OFFICE EXPENSE LICENSES REPAIRS & MAINTENANCE	3,576. 10. 5,628.	0 0 0	•	0. 3,576. 0. 10. 0. 5,628.	
TO FORM 990-PF, PG 1, LN 23	9,214.	0	•	9,214.	
FORM 990-PF	OTHER LIABILITIES			STATEMENT 6	
DESCRIPTION		В	TUUOMA YO	EOY AMOUNT	
PAYROLL TAXES PAYABLE			1,664.	1,779.	
TOTAL TO FORM 990-PF, PART I	I, LINE 22		1,664.	1,779.	

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 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

Accrual Basis

CHARLES & ELIZABETH WETMORE FOUNDATION Transaction Detail by Account

January through December 2015

Type Date Num Name Memo Account Debit Credit Balance Emergency Help 01/05/2015 . 1916 Check Patro Healhcare Emergency H 323 00 323 00 01/13/2015 Patio Drugs Rx Wetmore Patients 1,845 59 2,168 59 Emergency H Check 01/30/2015 1925 Patro Healhcare 81 56 2,250 15 Emergency H 02/18/2015 Patro Drugs Check 1930 Rx Wetmore Patients 3 659 65 Emergency H 1,409 50 03/06/2015 Check 1934 318 77 3,978 42 Enterov Emergency H Check 03/19/2015 03/19/2015 1945 Patro Drugs Rx Wetmore Patients Emergency H 120 72 4,099 14 1946 Check Patro Drugs Rx Wetmore Patients Emergency H 2,513 18 6 612 32 167 84 Check 03/23/2015 1951 Entergy 6,780 16 Emergency H Check 03/30/2015 1952 Jefferson Parish Dept of Water Emergency H 66 46 6,846 62 04/18/2015 Keta Thornburg Patro Healhcare 7,209 60 8,499 63 Check 1963 Emergency H 362 98 04/21/2015 1969 Check 1 290 03 Emergency H Check 04/21/2015 1970 Entergy Emergency H 115 61 8,615 24 Jefferson Parish Dept of Water 8,671 15 8,737 51 Check 04/28/2015 1971 Emergency H 55 91 04/28/2015 1972 Check Entergy Emergency H Emergency H 66 36 04/28/2015 8,889 52 Check 1973 Entergy 152 01 Check 05/02/2015 1975 Mattress Direct Emergency H 730 28 9,61980 05/11/2015 1976 Patio Drugs Keta Thomburg Rx Wetmore Patients Emergency H 1.063 50 Check 10.683 30 05/12/2015 11,103 21 Check 1980 Household items 419 91 Check 05/24/2015 1983 Emergency H 0 00 11,103 21 05/28/2015 221.86 11,325 07 11,406 63 Check 1985 Patro Healbcare Emergency H 06/10/2015 Check 1987 Patro Healhcare 81 56 Emergency H Check 06/10/2015 1988 Patro Drugs Rx Wetmore Patients 2,903 34 14,309 97 Emergency H Entergy Patro Drugs 14,392 77 15,852 14 Check 07/06/2015 1994 Emergency H 82 80 Check 07/13/2015 2002 Rx Wetmore Patients 1,459 37 Emergency H Check 07/21/2015 2006 Atmos Energy Emergency H 30 85 15 882 99 Check 07/21/2015 2007 Jefferson Parish Dept of Water Christopher Hauck Emergency H 91 24 15,974 23 Check 07/21/2015 2008 152 09 16 126 32 Enteray Christopher Hauck Emergency H 07/29/2015 Ray Lankston 800 00 16,926 32 Check 2012 Christopher Hauck Rent Emergency H 07/29/2015 07/29/2015 17,717 32 17,946 31 Check 2014 Live Oak Manor Comeisha Causey Rent Emergency H 791 00 2015 228 99 Check Entergy St Timothy Comeisha Causey Emergency H 07/29/2015 Children of the 7th ward school supplies 18,146 31 Check Emergency H 200 00 07/29/2015 08/04/2015 18,646 31 18,685 47 Check 2017 St Timothy New Orleans Mission Emergency H 500 00 2018 Check Patro Healhcare Attrice Turley Emergency H 39 16 Leslie Boyer Rent Check 08/04/2015 2021 JoAnn Lopez Emergency H 780 00 19,465 47 Patro Drugs Check 08/11/2015 2027 Rx Proscan Pts Emergency H 3,625 01 23,090 48 Check 09/13/2015 2032 Access Respiratory Homecare Emergency H 162 80 23.253 28 2,646 90 09/13/2015 2033 Rx Proscan Pts 25,900 18 Check Patro Drugs Emergency H Check 09/28/2015 2041 Corneisha Causey Emergency H 239 39 26,139 57 Jefferson Parish Dept of Water 26.310 00 Check 09/28/2015 2042 Corneisha Causey Emergency H 170.43 2046 10/02/2015 202 28 26,512 28 Check Patro Drugs Emergency H Check 10/03/2015 2050 Emergency H 26,591 24 Check 10/21/2015 2054 Patro Drugs Emergency H 7 698 93 34,290 17 34,453 82 10/26/2015 2055 St Bernard Parish Water 163 65 Emergency H Check Emergency H Check 10/26/2015 Entergy Corneisha Causey 195 49 34,649 31 Check 10/26/2015 2062 Access Respiratory Homecare Emergency H 40.00 34 689 31 246 00 34,935 31 Check 10/29/2015 2064 Access Respiratory Homecare Emergency H 11/02/2015 35,007 31 Check 2069 Chris Brown Reimb for 2 cases of Lucerna for a pt Emergency H 72 00 11/11/2015 2070 Patio Drugs Emergency H 2 297 07 37,304 38 Check 997 54 Check 11/12/2015 2071 Patro Drugs Emergency H 38 301 92 Access Respiratory Homecare 11/12/2015 2072 Emergency H 322 80 38,624 72 Check 38,624 72 0.00 38,624 72 Total Emergency Help TIPS TIPS 300 00 300 00 Check 03/06/2015 1935 **Emmett Royal** 03/06/2015 1936 TIPS 200 00 500 00 Check Henrietta Quinn 03/06/2015 Vincent Smith TIPS 200 00 700 00 Check 1937 Check 03/06/2015 1938 Kua Nguyen TIPS 100 00 800.00 TIPS 100 00 900 00 03/06/2015 Truong Nguyen Wellington Lazala Check 1939 03/06/2015 200 00 1,100 00 1940 TIPS Check 03/06/2015 1941 Erwin Ixcot Sr TIPS 300 00 1 400 00 Check 200 00 1,600 00 TIPS Check 03/06/2015 1942 David Bakare 03/30/2015 1954 TIPS 100 00 1,700 00 Henrietta Quinn Check 03/30/2015 1955 Henrietta Quinn TIPS 400 00 200 00 2,100 00 2,300 00 Check Check 03/30/2015 03/30/2015 1956 Mark Jackson TIPS 2,500 00 TIPS 200 00 1957 Keva Dixon Check 500 00 100 00 3,000 00 3,100 00 TIPS Check 03/30/2015 1958 John Clark Check 03/30/2015 1959 Leslie Boyer TIPS TIPS 100 00 3,200 00 03/30/2015 Check 1960 David Bakare TIPS 100 00 3,300 00 04/20/2015 Henrietta Quinn 1967 Check Check Tnu Rahul 3,400,00 07/06/2015 1995 TIPS 100 00 TIPS 200 00 3,600 00 Check 07/06/2015 1996 Wellington Lazala 07/06/2015 TIPS 100 00 3,700 00 1997 Check Leslie Boyer 07/06/2015 Brenda Martinez TIPS 200 00 3 900 00 Check 100 00 4,000 00 Check 07/06/2015 1999 Thu Nguyen TIPS 4,100 00 TIPS 100 00 Truong Nguyen Check 07/06/2015 2000 4,200 00 4,300 00 07/06/2015 Xua Nguyen TIPS 100 00 2001 Check 07/21/2015 2005 Christina Files TIPS 100 00 Check 4,600 00 300 00 TIPS Check 09/28/2015 2043 Tru Rahul 10/26/2015 TIPS 400 00 5 000 00 2057 John Clark Check 5 000 00 Check 10/26/2015 Leticia Delarenzana VOID TIPS 0.00 TIPS 300 00 5,300 00 Leticia Delarenzana Check 10/26/2015 2059 TIPS 100 00 5,400 00 10/26/2015 Check 2060 Keva Dixon TIPS 100 00 5,500 00 10/26/2015 2061 Check 5 500 00 0.00 5.500 00 Total TIPS 44.124 72 0 00 44,124 72 TOTAL