

For calendar year 2015, or tax year beginning 05-01-2015, and ending 04-30-2016

Name of foundation J B LEVERT FOUNDATION		A Employer identification number 23-7450682	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 518		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code METAIRIE, LA 70004		B Telephone number (see instructions) (504) 828-2950	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/>  D 1. Foreign organizations, check here <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 662,761		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

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) (see instructions) )	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . . . .	12,298	12,298		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	3,434			
	b Gross sales price for all assets on line 6a _____ 394,573				
	7 Capital gain net income (from Part IV, line 2) . . . .		3,434		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total.Add lines 1 through 11 . . . . .	15,732	15,732		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .	4,977	4,977		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	1,080	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .				
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	6,057	4,977		0
	25 Contributions, gifts, grants paid . . . . .	37,518			37,518
	26 Total expenses and disbursements.Add lines 24 and 25	43,575	4,977		37,518
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-27,843			
	b Net investment income (if negative, enter -0-)		10,755		
	c Adjusted net income(if negative, enter -0-)				

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .		3,119	1,131	1,131
	2	Savings and temporary cash investments . . . . .		7,898	6,211	6,211
	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 (attach schedule) (see instructions). . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .		720	1,109	1,109
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .				
	c	Investments—corporate bonds (attach schedule) . . . . .				
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	12	Investments—mortgage loans . . . . .				
	13	Investments—other (attach schedule) . . . . .		735,767	654,310	654,310
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)					
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)		747,504	662,761	662,761	
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 (attach schedule). . . . .				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22) . . . . .		0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> 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		747,504	662,761	
	30	Total net assets or fund balances(see instructions) . . . . .		747,504	662,761	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .		747,504	662,761		

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	747,504
2	Enter amount from Part I, line 27a . . . . .	2	-27,843
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	719,661
5	Decreases not included in line 2 (itemize) ▶ _____	5	56,900
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	662,761

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 394,573		391,139	3,434
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0- ) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			3,434
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	3,434
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) (see instructions) 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 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))
2014	36,505	738,369	0 049440
2013	35,356	701,823	0 050377
2012	39,930	660,733	0 060433
2011	25,975	391,333	0 066376
2010	18,500	381,659	0 048473

2	Total of line 1, column (d).	2	0 275099
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	0 055020
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	681,476
5	Multiply line 4 by line 3.	5	37,495
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	108
7	Add lines 5 and 6.	7	37,603
8	Enter qualifying distributions from Part XII, line 4.	8	37,518

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 VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	215
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	215
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	215
6		Credits/Payments			
a		2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1,080	
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	1,080
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	865
11		Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 865 Refunded <input type="checkbox"/>		11	0

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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		No
c	Did the foundation file Form 1120-POL for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 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		No
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	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		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ LISA REAVES Telephone no ▶ (504) 828-2950 Located at ▶ PO BOX 518 METAIRIE LA ZIP+4 ▶ 70004			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 ).	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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 2015 ).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

**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)? ☐ Yes ☒ No **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? ☐ 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? ☐ Yes ☒ No **6b** **No**

*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? ☐ Yes ☒ No **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 (see instructions).**

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

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**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 (see instructions). 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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
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.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	683,285
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	8,569
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	691,854
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	691,854
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	10,378
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	681,476
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	34,074

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	34,074
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	215
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	215
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	33,859
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	33,859
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	33,859

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	37,518
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	37,518
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	37,518

**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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				33,859
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				124
e From 2014. . . . .				660
f Total of lines 3a through e. . . . .	784			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 37,518				
a Applied to 2014, 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 2015 distributable amount. . . . .				33,859
e Remaining amount distributed out of corpus	3,659			
5 Excess distributions carryover applied to 2015 (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	4,443			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 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 2010 not applied on line 5 or line 7 (see instructions). . . . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	4,443			
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				
c Excess from 2013. . . . .				124
d Excess from 2014. . . . .				660
e Excess from 2015. . . . .				3,659

## Part XIV

--	--

**b** Check box to indicate whether the organization is a:

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

## Part XV

**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) )

**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

**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 email address of the person to whom applications should be addressed

**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	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
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>▶ 3a</div>	37,518
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>▶ 3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

<b>1</b> 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?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of				
<b>(1)</b> Cash.		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions				
<b>(1)</b> Sales of assets to a noncharitable exempt organization.		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received				

[illegible]

**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

**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.

\* \* \* \* \*

2016-11-10

\* \* \* \* \*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name  
JEANNE M DRISCOLL  
CPA

Preparer's Signature

Date \_\_\_\_\_

Check if self-employed ☐

PTIN

P00153701

Firm's name ▶  
LAPORTE APAC

Firm's EIN ▶ 72-1088864

Firm's address ▶  
111 VETERANS MEMORIAL BLVD 600 METAIRIE,  
LA 700054958

Phone no (504) 835-5522

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JANE C LEGIER	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
GABRIELLE LAMAR BROWN	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
PAMELA S TAPIE	SECRETARY 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ELIZABETH R SCHOTT	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ANNE LEE LEVERT	PRESIDENT 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
KATHERINE S EMERY	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ELIZABETH C DOBER	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
EDWARD C LEVERT	VICE PRESIDENT FARMING OPE 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
WINSTON LEVERT GOULAS	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
STEPHANIE MARIE LEVERT	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASSUMPTION ACTIVITY CENTER P O DRAWER 1040 NAPOLEONVILLE,LA 70390		PC	FOR GENERAL OPERATING SUPPORT	400
BAYOU COUNCIL ON ALCOHOLISM AND DRUG ABUSE P O BOX 1425 THOBODAUX,LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
BAYOU COUNTRY CHILDREN'S MUSEUM PO BOX 1093 THIBODAUX,LA 70302		PC	FOR GENERAL OPERATING SUPPORT	500
BAYOULAND FAMILIES HELPING FAMILIES P O BOX 1345 THIBODAUX,LA 70302		PC	FOR GENERAL OPERATING SUPPORT	400
BERCHMANS ACADEMY PHASE 1 CAPITAL FUND P O BOX 310 GRAND COTEAU,LA 70541		PC	FOR GENERAL OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 401 PLATER DRIVE THIBODAUX,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA - PELICAN WEST PO BOX 1146 METAIRIE,LA 70004		PC	FOR GENERAL OPERATING SUPPORT	100
CATAHOULA VOL FIRE DEPT CATAHOULA LAKE LEVEE ROAD ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
CATHOLIC CHARITIES - NEW ORLEANS 100 HOWARD AVE STE 700 NEW ORLEANS,LA 70113		PC	FOR GENERAL OPERATING SUPPORT	409
CATHOLIC CHARITIES - THIBODAUX 1220 AYCOCK STREET HOUMA,LA 70360		PC	FOR GENERAL OPERATING SUPPORT	200
CHILD ADVOCACY SERVICE (CASA) 816 PAUL MAILLARD ROAD LULING,LA 70070		PC	FOR GENERAL OPERATING SUPPORT	100
COTEAU HOLMES VOL FIRE DEPT 1860 COTEAU HOLMES HWY ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
COVINGTON FOOD BANK 105 HIGHLAND PARK ROAD COVINGTON,LA 704337128		PC	FOR GENERAL OPERATING SUPPORT	729
ED WHITE CATHOLIC HIGH SCHOOL 555 CARDINAL DRIVE THIBODAUX,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	1,164
EVANGELINE VOL FIRE DEPT PO BOX 82 EVANGELINE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
<b>Total . . . . .</b>			<b>▶ 3a</b>	37,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
FAITH BIBLE CHURCH OF COVINGTON 1148 N COLULMBIA STREET COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	703
FAMILY SERVICE OF GNO 2515 CANAL STREET SUITE 201 NEW ORLEANS, LA 70119		PC	FOR GENERAL OPERATING SUPPORT	409
GEAUX HEARTS INC 600 RESWEBER HWY ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	564
GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115		PC	FOR GENERAL OPERATING SUPPORT	409
GREATER NEW ORLEANS FOUNDATION 1055 ST CHARLES AVENUE SUITE 100 NEW ORLEANS, LA 70130		PC	FOR GENERAL OPERATING SUPPORT	102
GRENIER INDUSTRIES P O BOX 269 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
HOSPICE OF ACADIANA 2600 JOHNSON STREET SUITE 200 LAFAYETTE, LA 70503		PC	FOR GENERAL OPERATING SUPPORT	600
HOSPICE OF ST TAMMANY 1202 S TYLER COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	686
JEFFERSON BEAUTIFICATION INC PO BOX 10658 JEFFERSON, LA 701810658		PC	FOR GENERAL OPERATING SUPPORT	556
LAFOURCHE HERITAGE SOCIETY P O BOX 913 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
LAUREL VALLEY FOUNDATION P O BOX 1847 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
LOUISIANA YOUTH ELITE TIGERS 1258 WILFRED CHAMPAGNE ROAD ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
LSU RURAL LIFE MUSEUM P O BOX 80498 BATON ROUGE, LA 70898		PC	FOR GENERAL OPERATING SUPPORT	1,112
MAGNOLIA SCHOOL 100 CENTRAL AVENUE JEFFERSON, LA 70121		PC	FOR GENERAL OPERATING SUPPORT	500
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809		PC	FOR GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				37,518



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
NEW START CENTER P O BOX 504 ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	400
NICHOLLS COLLEGE FOUNDATION P O BOX 2066 THIBODAUX,LA 70310		PC	FOR GENERAL OPERATING SUPPORT	200
NICHOLLS STATE ATHLETIC DEPT P O BOX 2032 THIBODAUX,LA 70310		PC	FOR GENERAL OPERATING SUPPORT	300
NICOLE THERIOT SCHOLARSHIP FUND 762 N MAIN STREET ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	100
NOTRE DAME IMPROVEMENT FUND P O BOX 677 ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
OLOL FOUNDATION 5000 HENNESSY BLVD BATON ROUGE,LA 70808		PC	FOR GENERAL OPERATING SUPPORT	1,000
PARKS VOLUNTEER FIRE DEPT P O BOX 2729 PARKS,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
PENNINGTON BIOMEDICAL 6400 PERKINS ROAD BATON ROUGE,LA 708089980		PC	FOR GENERAL OPERATING SUPPORT	1,000
PLEASE FOUNDATION P O BOX 9223 METAIRIE,LA 70055		PC	FOR GENERAL OPERATING SUPPORT	500
RIVER REGION HOSPICE 507 UPSTREAM STREET RIVER RIDGE,LA 70123		PC	FOR GENERAL OPERATING SUPPORT	500
SAFE HARBOR P O BOX 1179 MANDEVILLE,LA 70470		PC	FOR GENERAL OPERATING SUPPORT	713
SATELLITE CENTER 285 EDWARD DUFRESNE PARKWAY LULING,LA 70070		PC	FOR GENERAL OPERATING SUPPORT	200
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS,LA 70123		PC	FOR GENERAL OPERATING SUPPORT	409
ST CHARLES 4-H P O BOX 1766 LULING,LA 70070		PC	FOR GENERAL OPERATING SUPPORT	100
ST CHARLES HUMANE SOCIETY 13875 FRERE STREET LULING,LA 70070		PC	FOR GENERAL OPERATING SUPPORT	100
<b>Total . . . . . ▶ 3a</b>				37,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
ST CHARLES MUSEUM AND HISTORICAL ASSOCIATION INC PO BOX 10 GOOD HOPE,LA 70079		PC	FOR GENERAL OPERATING SUPPORT	100
ST CHARLES SOC CONCERNS COMMITTEE P O BOX 988 BOUTTE,LA 70039		PC	FOR GENERAL OPERATING SUPPORT	800
ST CHARLES WOMEN'S CLUB P O BOX 960 BOUTTE,LA 70039		PC	FOR GENERAL OPERATING SUPPORT	100
ST ELIZABETH CHURCH 1006 ST ELIZABETH STREET ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
ST GENEVIEVE CATHOLIC CHURCH 815 BARBIER AVE THIBODAU,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	500
ST GENEVIEVE ELEMENTARY SCHOOL 807 BARBIER AVENUE THIBODAU,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	600
ST JOHN CEMETARY ASSOCIATION 718 JACKSON STREET THIBODAU,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	1,000
ST JOHN VOLUNTEER FIRE DEPT 2072 ST MARY STREET THIBODAU,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	300
ST JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE THIBODAU,LA 70301		PC	FOR GENERAL OPERATING SUPPORT	1,000
ST MARTIN DE TOURS JR& SR YOUTH GROUPS 133 S MAIN STREET ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
ST MARTIN DE TOURS TRUST FUND P O BOX 10 ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
ST MARTIN HUMANE SOCIETY PO BOX 64 BREAUX BRIDGE,LA 70517		PC	FOR GENERAL OPERATING SUPPORT	200
ST MARTIN PARISH SHERIFF DEPT DRUG FUND 400 ST MARTIN STREET ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
ST MARTINVILLE ASSO FOR RETARDED CHILDREN P O BOX 128 ST MARTINVILLE,LA 705820128		PC	FOR GENERAL OPERATING SUPPORT	500
ST PAUL'S SCHOOL 917 S JAHNCKE AVENUE COVINGTON,LA 70433		PC	FOR GENERAL OPERATING SUPPORT	528
<b>Total . . . . . ▶ 3a</b>				37,518

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST RITA CATHOLIC CHURCH 1006 ST RITA HWY ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
ST TAMMANY ART ASSOCIATION 129 N NEW HAMPSHIRE COVINGTON,LA 70433		PC	FOR GENERAL OPERATING SUPPORT	300
ST TAMMANY ASSO FOR RETARDED CITIZENS INC 1541 ST ANN PLACE SLIDELL,LA 70460		PC	FOR GENERAL OPERATING SUPPORT	565
ST TAMMANY DEPUTIES ASSOCIATION P O BOX 1120 COVINGTON,LA 70434		PC	FOR GENERAL OPERATING SUPPORT	638
STAIR 1545 STATE STREET NEW ORLEANS,LA 70118		PC	FOR GENERAL OPERATING SUPPORT	409
THE ARC OF ST CHARLES PO BOX 455 BOUTTE,LA 70039		PC	FOR GENERAL OPERATING SUPPORT	100
THIBODAUX VOL FIRE DEPT P O BOX 1421 THIBODAUX,LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
UNITED WAY OF ST CHARLES P O BOX 157 LULING,LA 70070		PC	FOR GENERAL OPERATING SUPPORT	1,852
VETERAN'S MEMORIAL FUND PO BOX 78 ST MARTINVILLE,LA 70583		PC	FOR GENERAL OPERATING SUPPORT	300
VOLUNTEERS FOR JUVENILE JUSTICE P O BOX 586 THIBODAUX,LA 70302		PC	FOR GENERAL OPERATING SUPPORT	400
YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON,LA 70433		PC	FOR GENERAL OPERATING SUPPORT	252
GIRL SCOUTS OF AMERICA 841 SOUTH CLEARVIEW PARKWAY NEW ORLEANS,LA 70121		PC	FOR GENERAL OPERATING SUPPORT	100
JACKSON COUNTY ANIMAL SHELTER 4400 AUDUBON LANE GAUTIER,MS 39553		PC	FOR GENERAL OPERATING SUPPORT	500
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK ROAD METAIRIE,LA 70005		PC	FOR GENERAL OPERATING SUPPORT	500
ARTS COUNCIL OF GREATER BATON ROUGE 427 LAUREL STREET BATON ROUGE,LA 70801		PC	FOR GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				37,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A CHILD'S WISH 608 CLEARVIEW PKWY METAIRIE,LA 70001		PC	FOR GENERAL OPERATING SUPPORT	500
ACADEMY OF THE SACRED HEART ARENA FUND P O BOX 310 GRAND COTEAU,LA 70541		PC	FOR GENERAL OPERATING SUPPORT	500
ACADIAN MEMORIAL FOUNDATION 121 S NEW MARKET STREET ST MARTINVILLE,LA 70582		PC	FOR GENERAL OPERATING SUPPORT	200
ANIMAL RESCUE NEW ORLEANS 1219 COLISEUM NEW ORLEANS,LA 70130		PC	FOR GENERAL OPERATING SUPPORT	409
<b>Total . . . . . ▶ 3a</b>				37,518

## TY 2015 Investments - Other Schedule

**Name:** J B LEVERT FOUNDATION

**EIN:** 23-7450682

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SMITH BARNEY - MUTUAL FUNDS	AT COST	654,310	654,310

**TY 2015 Other Decreases Schedule****Name:** J B LEVERT FOUNDATION**EIN:** 23-7450682

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	56,900

**TY 2015 Other Professional Fees Schedule****Name:** J B LEVERT FOUNDATION**EIN:** 23-7450682

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	4,977	4,977		0

## TY 2015 Taxes Schedule

**Name:** J B LEVERT FOUNDATION

**EIN:** 23-7450682

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	1,080	0		0