efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

Section 4947(a)(1) nonexempt charitable trust

 \square Initial return

☐ Final return

✓ Address change

Analysis of Revenue and Expenses (The total

」 if the foundation is **not** required to attach

. . . .

of amounts in columns (b), (c), and (d) may not necessarily

Interest on savings and temporary cash investments

Net gain or (loss) from sale of assets not on line 10

Dividends and interest from securities

Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)

Gross sales less returns and allowances

Gross profit or (loss) (attach schedule)

Compensation of officers, directors, trustees, etc

Other income (attach schedule)

Total. Add lines 1 through 11

Other employee salaries and wages

Pension plans, employee benefits

Legal fees (attach schedule) . . Accounting fees (attach schedule)

Travel, conferences, and meetings

Printing and publications . . . Other expenses (attach schedule)

Add lines 13 through 23 . . .

Contributions, gifts, grants paid

Subtract line 26 from line 12

disbursements

Other professional fees (attach schedule)

Taxes (attach schedule) (see instructions)

Depreciation (attach schedule) and depletion

Total operating and administrative expenses.

Total expenses and disbursements. Add lines 24 and

Net rental income or (loss)

Net short-term capital gain

Income modifications . .

Less Cost of goods sold

equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach

NEW ORLEANS, LA 70116

H Check type of organization

of year (from Part II, col (c), line 16)▶\$ 319,356

schedule) Check ► L

Gross rents

I Fair market value of all assets at end

G Check all that apply

Part I

1

2

3

4

5a

6a

8 9

10a

b

c

11 12

13

14

15

17

18

19

20

21

22

24

25

26

27

Operating and Administrative Expenses

Revenue

☐ Initial return of a former public charity

Other taxable private foundation

<u>~</u>

ارچە

ارچە

(Part I, column (d) must be on cash basis)

☐ Cash ☑ Accrual

Revenue and

expenses per books

761,199

62

38

-885

299,445

271,235

29.079

53.398

21,931

843

1,214

148,067 3,804

322,018

851,589

851,589

208,270

1,059,859

(b)

DLN: 93491319051978

OMB No 1545-0052

2017

Inspection

000 DE		ОМЕ			
Pepartment of the Treasurant Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf					
For calendar year 20	017, or tax year beginning 01-01-2017	, and ending 12-31-2017			
Name of foundation PRESERVATION HALL FOU	UDATION INC	A Employer identification number			
PRESERVATION HALL FOUR	NOATION INC	27-2910626			
Number and street (or P O b	ox number if mail is not delivered to street address) Room/suite	B Telephone number (see instruction			
		(504) 522-2841			

Amended return ☐ Name change

✓ Section 501(c)(3) exempt private foundation

J Accounting method

Other (specify)

_											
	B Telephone number (see instructions)										
	(504) 522-2841										
	C If exemption application is pending, check here										
_	D 1. Foreign or	ganizations, check he	re \square								
	2 Foreign organizations meeting the 85%										
	test, check here and attach computation										
	E If private foundation status was terminated under section 507(b)(1)(A), check here										
		ation is in a 60-month n 507(b)(1)(B), checl									
	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)								
	62	62									
	38	38									
	0										
	0	0									
_	0	299,445									
_	100	299,545									
	0	0	0								
	0	107,820	163,415								
	0	0	29,079								
_											
	0	25,585	27,813								
		F 336	16,695								
	0	5,236	10,095								
_	0	843									
_	0	0	1,214								
_	0	0	148,067								
	0	126,982	3,804 184,112								
		120,362	104,112								
	0	266,466	574,199								
		200,400	0								
	0	266,466	574,199								
_	100										

Excess of revenue over expenses and

Net investment income (if negative, enter -0-) Adjusted net income(If negative, enter -0-)

Par	311	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		135,808	135,808
	2	Savings and temporary cash investments	43,493	88,727	88,727
	3	Accounts receivable ►46,147			
		Less allowance for doubtful accounts ▶	27,935	46,147	46,147
	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) 409			
		Less allowance for doubtful accounts ▶	8,488	409	409
<u>ν</u>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥ 1	.0a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	0	32,565	32,565
	С	Investments—corporate bonds (attach schedule)			
1	L 1	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
1	L 2	Investments—mortgage loans			
1	L3	Investments—other (attach schedule)			
1	L 4	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ▶ 1,827	1,543	700	700
1	L 5	Other assets (describe >)	19,200	15,000	15,000
1	L 6	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	100,659	319,356	319,356
1	L7	Accounts payable and accrued expenses	4,857	38	
1	L 8	Grants payable			
§ 2	L 9	Deferred revenue			
를 2	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)	21,185	36,928	
_ 2	22	Other liabilities (describe)	2,064	0	
2	23	Total liabilities(add lines 17 through 22)	28,106	36,966	
		Foundations that follow SFAS 117, check here ▶ ✓			
es		and complete lines 24 through 26 and lines 30 and 31.			
일,	24	Unrestricted	72,553	127,016	
-	25	Temporarily restricted	, , , , ,	155,374	
	26	Permanently restricted			
<u> </u>	-0	·			
or F		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
ا ي	27	Capital stock, trust principal, or current funds			
As	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
2 اید	29	Retained earnings, accumulated income, endowment, or other funds	1	ļ	

100,659

282,390

319,356

1

2

3

4

5

6

72,553

208,270

282,390

Form **990-PF** (2017)

1,567

0 282,390

Net

2

3

5

30

31 Part III

Total net assets or fund balances (see instructions) .

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a PUBLICLY TRADED SECU					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 4	1,553	pius expe	42,438	, , ,	-885 -
a4 	1,333		72,730		-003
С					
 d					
e			12/21/60		
Complete only for assets	s showing gain in column (h) and ow				l) h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	col (k), but not	less than -0-) or om col (h))
a					-885
b					
c					
d					
e					
	gain or (loss) as defined in sections or t I, line 8, column (c) (see instructions)	ons) If (loss), enter -0	Part I, line 7	2	-885
<u> </u>					
	Jnder Section 4940(e) for Re				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	e)	
f section 4940(d)(2) applies, le	eave this part blank				
Vas the foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		in the base period?) Y	es 🔽 No
	nount in each column for each year,		making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016	655,685		125,314	(cor (b) divided by e	5 232336
2015	129,986		0		0 000000
2014	109,910		0		0 000000
2013	25,537		0		0 000000
2012	38,510		0		0 000000
2 Total of line 1, column (· · ·		2		5 232336
, ,	o for the 5-year base period—divide	the total on line 2 by 5.			
number of years the four	dation has been in existence if less	than 5 years	<u>3</u>		1 046467
	ncharitable-use assets for 2017 fron	n Part X, line 5	4		287,015
5 Multiply line 4 by line 3			5		300,352
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1
7 Add lines 5 and 6			7		300,353
	ons from Part XII, line 4 ,				574,199
	eater than line 7, check the box in Pa			g a 1% tax rate Se	e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

orm	orm 990-PF (2017)										
Pai	rt VIII	Information About O and Contractors	fficers, Directors,	Trustees,	Foundation Ma	nagers, Highly Paid En	iployees,				
1	List all of	ficers, directors, trustee	s, foundation manag	ers and the	ir compensation	(see instructions).					

and Contractors				
1 List all officers, directors, trustee	es, foundation managers a	nd their compensation		T
(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 Addıtıonal Data Table			1	
2 Compensation of five highest-pai	 id emplovees (other than t	hose included on line 1	—see instructions). If no	 ne. enter "NONE."
(a)	Title, and average		Contributions to	
Name and address of each employee pa more than \$50,000		(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
ASHLEY GRAHAM	DEVELOPMENT	100,00	0 0	0
4437 CARONDELET STREET NEW ORLEANS, LA 70115	DIRECTOR 40 00			
GREGORY LUCAS	EXECUTIVE DIRECTOR	71,75	0 0	0
833 ST ANN STREET	40 00			
NEW ORLEANS, LA 70116				
Total number of other employees paid over	er \$50,000			0
3 Five highest-paid independent co (a) Name and address of each person	•	T .	ons). If none, enter "NON e of service	(c) Compensation
NONE	r paid more than \$50,000	(D) Type	e or service	(C) Compensation
		_		
		_		
		1		
Total number of others receiving over \$50	'	S		0
Part IX-A Summary of Direct C List the foundation's four largest direct charitable		ludo rolovant statistical inform	ation such as the number of	
organizations and other beneficiaries served, con	ferences convened, research pape	rs produced, etc		Expenses
1 EDUCATION PRIMARY ACTIVITY IS DI IN NEW ORLEANS WITH NO CURRENT			ETS TROUBLED AREAS	130,670
2 OUTREACH EXTENDS TRADITIONAL J				
FREE PERFORMANCES AT SCHOOLS, L CLASSES IN ACADEMIC AND PROFESS	SIONAL SETTINGS THE LONG	-TERM GOAL IS TO CONT	RIBUTE TO THE LARGER	
BODY OF KNOWLEDGE AND PRACTICE WORLDWIDE	THAT PROTECTS THE TRANS	SMISSION OF LOCAL CULT	URAL TRADITIONS	231,603
3 LEGACY OFFERS SUPPORT TO MASTE	R-PRACTITIONERS FOR THEI	R PUBLIC ROLES AS EDUC	CATORS AND	· · · · · · · · · · · · · · · · · · ·
NEIGHBORHOOD MUSICIANS 4 ARCHIVES THE ARCHIVES PROGRAM	PROTECTS AND PRESERVES	THE TENS OF THOUSAND	S OF DOCUMENTS	100,192
INSTRUMENTS, ARTWORK AND OTHER	R HISTORICALLY IMPORTANT	ARTIFACTS COLLECTED E	BY PRESERVACTION HALL	
OVER THE PAST 50 YEARS THIS ESSE RESEARCHERS, STUDENTS, AND JAZZ		RIALS ULTIMATELY WILL	BE ACCESSIBLE 10	49,871
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related inve	estments made by the foundation of	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				

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

574.199

574,198

Form **990-PF** (2017)

a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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 2012 not applied on line 5 or line 7 (see instructions) . . . (d)

Form **990-PF** (2017)

Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

(b)

Years prior to 2016

(c)

2016

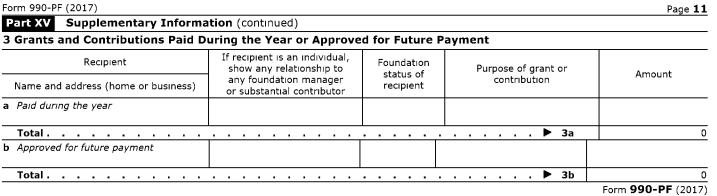
	investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
ÐE	rt XV Supplementary Information	•	•	organization had	d \$5,000 or mor	e in
4	assets at any time during the		tructions.)			
L	Information Regarding Foundation Mana					
а	List any managers of the foundation who hav					n
	before the close of any tax year (but only if					
b	List any managers of the foundation who own				arge portion of the	
	ownership of a partnership or other entity) of	of which the foundat		ester interect		
		or willer the rounds	tion has a 10% or gr	eater interest		
	, , , , , , , , , , , , , , , , , , , ,	or willow the roundari	tion has a 10% or gr	eater interest		
	, , , , , , , , , , , , , , , , , , , ,	or william and roundar	don has a 10% or gr	eater interest		
	, , , , , , , , , , , , , , , , , , , ,	or which the rounds	don has a 10% or gr	eater interest		
	, , , , , , , , , , , , , , , , , , , ,		uon nas a 10% or gn	eater interest		
2	Information Regarding Contribution, Gra					
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	grams:	does not accept	
2	Information Regarding Contribution, Gra Check here ▶ ☐ If the foundation only mak	ant, Gift, Loan, Sc es contributions to	holarship, etc., Pro	grams: e organizations and		nder
2	Information Regarding Contribution, Gra Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the foundation	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr	holarship, etc., Pro	grams: e organizations and		nder
2	Information Regarding Contribution, Gra Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, an	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Gra Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the foundation	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Gra Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, an	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Grace Check here □ If the foundation only make unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and the name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Grace Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and The name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130 NEW ORLEANS, LA 70116	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Grace Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and The name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130 NEW ORLEANS, LA 70116 (504) 522-2841	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
2 a	Information Regarding Contribution, Grace Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and The name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130 NEW ORLEANS, LA 70116	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d	holarship, etc., Propreselected charitable ants, etc (see instru	ograms: e organizations and ctions) to individuals	s or organizations ur	nder
	Information Regarding Contribution, Grace Check here □ If the foundation only mak unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and The name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130 NEW ORLEANS, LA 70116 (504) 522-2841	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d or e-mail address of	holarship, etc., Propreselected charitable ants, etc (see instruction to whom	ograms: e organizations and ctions) to individuals applications should	s or organizations ur	nder
	Information Regarding Contribution, Grace Check here □ If the foundation only mak unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and the name, address, and telephone number of PRESERVATION HALL FOUNDATION INC 321 BURGUNDY ST 130 NEW ORLEANS, LA 70116 (504) 522-2841 GREG@PRESERVATIONHALL COM	ant, Gift, Loan, Sc es contributions to tion makes gifts, gr nd d or e-mail address of omitted and informa	holarship, etc., Propreselected charitable ants, etc (see instruction to whome the person to whome ation and materials the	e organizations and ctions) to individuals applications should ney should include	s or organizations ur	

NO CURRENT RESTRICTIONS

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

DECEMBER 1ST

factors



Part XVI-A Analysis of Income-Producing	Activities				rage 21
Enter gross amounts unless otherwise indicated		usiness income	· .	n 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions)
a OUTREACH PERFORMANCES	900099				21,150
b ARCHIVES PROGRAM	900099				250
c EDUCATION PROGRAM	900099				12,870
d DEVELOPMENT INCOME					4,40
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					63,350
3 Interest on savings and temporary cash investments			14	62	
4 Dividends and interest from securities.5 Net rental income or (loss) from real estate			14	38	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
inventory					-885
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					100 101
FUNDRAISING MUSICAL EVENTS					196,165
b OTHER MISCELLANEOUS INCOME c					1,260
d					
e					
		,	0	100	298,56
12 Subtotal Add columns (b), (d), and (e).13 Total. Add line 12, columns (b), (d), and (e).			<u>' </u>	. 3	298,660
(See worksheet in line 13 instructions to verify calcu	lations)		· · · · · -		
Part XVI-B Relationship of Activities to the	e Accomplisi	nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain structions ()					
11 INTEREST INCOME AND FUNDRAISING EVER PROMOTIONAL OUTREACH CAMPAIGNS TO AND THE COMMUNITIES THAT SUPPORT IT					
				E_	rm 990-PF (2017
				ΓÜ	

orm 9	90-PF (2017)									Pa	ge 13
Part	XVII	Information Re Exempt Organiz		ransfers To a	ınd Transacti	ons and	Relations	ships With No	ncharita	ble		
		janization directly or in- Code (other than sectio							ion 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a n	oncharitable exe	empt organizatio	n of						
(1)	Cash.								. 1	la(1)		No
(2)	Other	assets							[1	la(2)		No
b Oth	er trans	sactions										
(1)	Sales	of assets to a nonchari	table exemp	t organization.					1	lb(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exempt organiz	ation				-	lb(2)		No
		l of facilities, equipmen	•							lb(3)		No
		oursement arrangemen								lb(4)		No
		or loan guarantees.								lb(5)		No
		mance of services or m	•	-					-	lb(6)		No
	-	facilities, equipment, mer to any of the above	-	•						1c		No
	ny tran	ds, other assets, or services saction or sharing arra (b) Amount involved	ngement, sh		l) the value of th	e goods, of	ther assets		eived		ngemen	ts
	_											
des	cribed i	dation directly or indire n section 501(c) of the implete the following so (a) Name of organizatio	Code (other chedule	than section 50		ction 527?				Yes	✓	No
	of m	er penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co									
Sign Here	-	****** Signature of officer or to	rustee		2018-11-15	<u> </u>	***** Fitle		May the return with the below	prepar	er shov	vn
	`								(see ins	tr)? 🔼	∐ Yes	J No
		Print/Type preparer's	name	Preparer's Sign	nature	Date			PTIN			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Date		heck if self-		01266	145	

Paid **Preparer Use Only**

employed ightharpoonupVALERIE LOWRY Firm's name ▶ WEGMANN DAZET & COMPANY APC

Firm's address ► 111 VETERANS BLVD SUITE 800

METAIRIE, LA 70005

Phone no (504) 837-8844

Firm's EIN ▶72-0870824

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BENJAMIN JAFFE TRUSTEE, CHAIRMAN 20 00 321 BURGUNDY STREET NO 130 NEW ORLEANS, LA 70116 JEANETTE JAFFE TRUSTEE 0 0 NEW ORLEANS, LA /ULIO DR JOHN WELLS BOARD MEMBER ٥ 1 50 321 BURGUNDY STREET NO 130

321 BURGUNDY STREET NO 130 NEW ORLEANS, LA 70116	16 00			
DR AARON WOLFSON	BOARD MEMBER	0	0	0
321 BURGUNDY STREET NO 130	1 50			

BOARD MEMBER

1 00

NEW ORLEANS, LA 70116

321 BURGUNDY STREET NO 130 NEW ORLEANS, LA 70116

DR FTHAN GRAHAM

DLN: 93491319051978

32,565

32,565

Name: PRESERVATION HALL FOUNDATION INC

EIN: 27-2910626

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SECURITIES

Name of Stock End of Year Book Value Market Value

TV 2017 Other Assets Schedule		

DLN: 93491319051978

Name: PRESERVATION HALL FOUNDATION INC

EIN: 27-2910626

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
PAINTING COLLECTION	10,000	10,000	10,000		
PHOTOGRAPH COLLECTION	5,000	5,000	5,000		
MUSICIAN ADVANCES	4 200	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491319051978	
TY 2017 Other Expenses Schedule					
Name:	PRESERVATION	HALL FOUNDATI	ON INC		
EIN:	27-2910626				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
POSTAGE	2,402	0	0	2,402	

34,776

18,094

200,777

1,230

39,666

3,392

94

90

0

0

0

0

0

0

0

0

0

0

250

87,066

39,666

0

0

1,273

34,526

18,094

102,787

1,230

94

3,392

90

GENERAL SUPPLIES

ARCHIVAL EXPENSES

TELEPHONE EXPENSE

MARKETING EXPENSES

DUES AND SUBSCRIPTIONS

PAYROLL PROCESSING FEES

SPECIAL EVENT DEVELOPMENT

GIFTS/FAVORS FOR SPECIAL EVENTS

CONTRACT LABOR

Description
Revenue and Expenses per Books
Revenue and Income
Adjusted Net Disbursements for Charitable Purposes

Other Expenses Schedule

BANK/CREDIT CARD FEES

OUTREACH EXPENSES

MEALS AND ENTERTAINMENT

MISCELLANEOUS EXPENSES

EIGENSES AND PERMITS	430	0	U	730
COMPUTER AND INTERNET EXPENSES	2,890	0	0	2,890
INSURANCE EXPENSE	734	0	0	734

3.785

2,561

8,019

1.785

3,785

2,561

8,019

1,785

Terne GRAPHIC Print - DC	U NUI PROCESS AS FIIE	eu Data -	DFM: 324312130213/9

TY 2017 Other Income Schedule

Name: PRESERVATION HALL FOUNDATION INC

EIN: 27-2910626

_.. _ _ . . .

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OUTREACH PERFORMANCES	21,150		21,150
ARCHIVES PROGRAM	250		250
EDUCATION PROGRAM	12,870		12,870
DEVELOPMENT INCOME	4,400		4,400
FUNDRAISING MUSICAL EVENTS	196,165		196,165
OTHER MISCELLANEOUS INCOME	1,260		1,260
MEMBERSHIP DUES AND ASSESSMENTS	63,350		63,350

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913190	51978		
TY 2017 Other Increases Schedule						
Name:	PRESERVATIO	N HALL FOUNDATION INC				
EIN:	27-2910626					
De	escription		Amount			
UNREALIZED GAINS/LOSSES				1,567		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 934913190519	78
TY 2017 Other Liabilities Sche	dule	_		_	
Name:	PRESERVATIO	N HALL FOUNI	DATION INC		
EIN:	27-2910626				
Description	n	1	Beginning of Year - Book Value	End of Year - Book Value	
CASH SHORTAGE			2,064		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491319051978		
TY 2017 Other Professional Fees Schedule						
Name: PRESERVATION HALL FOUNDATION INC						
Name	F. FRESERVALI	ON HALL I CONDA	VIION INC			
EIN: 27-2910626						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	53,398	0	25,585	27,813

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319051978				
TY 2017 Substantial Contributors							
Schedule							
Name:	Name: PRESERVATION HALL FOUNDATION INC						
FTN.	27-2910626						
		 					
Name			Address				
Name			Addiess				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	i: 934913190519 7 8
TY 2017 Taxes Schedule				
Name: PRESERVATION HALL FOUNDATION INC EIN: 27-2910626				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	16,676	0	0	16,676

19

5,255

OTHER TAXES

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491319051978
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Form 990, 990-EZ, or 990- Form 990, 990-EZ, or 990-P <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017
Name of the organizati PRESERVATION HALL FOL					Employer id	dentification number
Organization type (che	ck one)				27-2910626	
	,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	☐ 4947(a)(1) nonexempt chai	ritable trust not treated as	s a private founda	tion	
	☐ 527 polit	ical organization				
Form 990-PF	501(c)(3) exempt private foundation					
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
			PF that received, during to complete Parts I and II So			
Special Rules						
under sections 5 received from an	09(a)(1) and 170(b))(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ the scked Schedule A (Form s al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Parts	, charitable, scien		
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the i	sively for religious, e total contributions parts unless the G	or (10) filing Form 990 or charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an is organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No	o" on Part IV, line 2	ile and/or the Special Rul t, of its Form 990, or chec it it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990), 990-EZ, or 990-PF) (2017)

Name of organization
PRESERVATION HALL FOUNDATION INC

Employer identification number

MESEKVA	TION HALL FOUNDATION INC		27-29106	26
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space	s needed		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	See Additional Data Table		_	Person Payroll Noncash
/a)	(b)		(c)	(Complete Part II for noncash contribution)
(a) No	Name, address, and ZIP + 4		Total contributions	Type of contribution
		- - - -		Person Payroll Noncash (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	for noncash contribution) (d) Type of
		- - \$		Person Payroll Noncash
(0)	(b)		(a)	(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	Type of contribution Person
		- - - - -		Payroll
				(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	Type of contribution
		\$		Person
				(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
				Person Payroll Noncash
				(Complete Part II for noncash contribution)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2017)		Page 3
Name of organiz	ation ALL FOUNDATION INC	Employer identi	fication number
Part II	Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed	27-29	10626
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	146 SHARES OF VISA COMMON STOCK AND 100 SHARES OF HEICO CORP CLASS A STOCK	\$ 22,985	2017-09-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Additional Data

Software ID:

Software Version:

EIN: 27-2910626

Name: PRESERVATION HALL FOUNDATION INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JAY PRITZKER FOUNDATION		Person 🗸
<u>1</u>			Payroll 🗌
	PO BOX 5327	\$ 10,000	Noncash \square
	LARKSPUR, CA 94977		(Complete Part II for nor contribution)
2	DALIO FOUNDATION INC		Person 🗸
<u>2</u>	ONE GLENDINNING PLACE		Payroll 🗌
		\$ 250,000	Noncash \Box
	WESTPORT, CT06880		(Complete Part II for non contribution)
2			Person 🗌
<u>3</u>	WENDY POPOWICH 128 EAST 72ND STREET		Payroll 🗌
		\$ 22,985	Noncash 🗹
	NEW YORK, NY10021		(Complete Part II for non contribution)
			Person 🗸
<u>4</u>	DEBRA AND JERRY SHRIVER		Payroll 🗌
	300 WEST 57TH 42ND FLOOR	\$ 5,000	Noncash \Box
	NEW YORK, NY10019		(Complete Part II for non contribution)
	KENNETH GOLDMAN DONOR FUND		Person 🗸
<u>5</u>			Payroll 🗌
	PO BOX 1808	\$ 10,000	Noncash \Box
	TELLURIDE, CO81435		(Complete Part II for nor contribution)
<u>6</u>	PINCUS FAMILY FOUNDATION		Person 🗸
			Payroll 🗌
	501 SILVERSIDE ROAD STE 123	\$ 150,000	Noncash \Box
	WILMINGTON, DE19809		(Complete Part II for nor

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) Type of contribution Name, address, and ZIP + 4 Total contributions Νo. HEARST CORPORATION Person **V** 7 Payroll 300 WEST 57TH \$ 25,000 Noncash NEW YORK, NY10019 (Complete Part II for noncash contribution) ELLA WEST FREEMAN FOUNDATION Person ✓ 8 Payroll 1100 POYDRAS ST 1350 \$ 12,000 Noncash NEW ORLEANS, LA70163 (Complete Part II for noncash contribution) DAVID AND JACQUIE CLARK FAMILY FUND Person Payroll 1120 CHESTER AVE STE 470 \$ 26,763 Noncash CLEVELAND, OH44114 (Complete Part II for noncash contribution) RICK SWIG Person 10 **Payroll** 400 SPEAR STREET SUITE 106 \$ 11,000 Noncash SAN FRANCISCO, CA94102 (Complete Part II for noncash contribution) HEP CAT ENTERPRISES Person V 11 **Payroll** 438 CALHOUN ST \$ 5,000 Noncash NEW ORLEANS, LA70118 (Complete Part II for noncash contribution) JAMIESON FAMILY FOUNDATION Person 12 Payroll 113 MEADOW WOOD DR \$ 10,000 Noncash GREENWICH, CT06830 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1EWISH COMMUNAL FUND Person **V** 13 Payroll 575 MADISON AVE 703 \$ 5,500 Noncash NEW YORK, NY10022 (Complete Part II for noncash contribution) COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA INC. Person 14 Pavroll 4 VANDERBILT PARK DRIVE SUITE 300 \$ 10,000 Noncash

