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.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Department of the Treasury Internal Revenue Service

For	calèi	ndar year 2017 or tax ye	ar beginning	 	, and er	iding				
Na	me o	f foundation					A Employer identification	n number		
		LANCON FAMILY FOUNDATION								
		-LAUREN M C					46-4023745			
			r if mail is not delivered to street	address)	•	Room/suite	B Telephone number			
_1	16	WEST 107TH	STREET		l		985-632-3	414		
			ountry, and ZIP or foreign p	ostal code			C If exemption application is	pending, check here		
			0345							
G	Check	k all that apply:	∐ Initial return	Initial return of a f	ormer public c	harity	D 1. Foreign organization	ns, check here		
			2 Sarajan arangustiana m	neeting the 9594 test						
			Address change	Name change		/ ;	2. Foreign organizations in check here and attach of	computation		
H_		k type of organization:	X Section 501(c)(3) ex			$\theta \Psi$	E If private foundation st			
<u> </u>		ection 4947(a)(1) nonexe		Other taxable private found	ation		under section 507(b)(1	1)(A), check here		
			t end of year J Account	_	Accru	ıal /	F If the foundation is in a	60-month termination		
		Part II, col. (c), line 16)		ther (specify)			under section 507(b)(1)(B), check here		
	▶\$_		3,622. (Part I, colur	nn (d) must be on cash bas	IS.)					
P	art l	Analysis of Revenue a		(a) Revenue and	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable purposes		
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))			expenses per books	inco	me 	income	(cash basis only)		
2018	1	Contributions, gifts, gra		50,000.	ļ		N/A	 		
20	2	Check if the foundal interest on savings and tem	bon is not required to attach Sch. B	<u></u> -	 			<u> </u>		
≔	3	cash investments	porary	77.		<u>77.</u>		STATEMENT 1		
⊱≔	4	Dividends and interest f	rom securities					<u> </u>		
=	5a	Gross rents	DCDbCondan caterial	TE CERTAINANTE A TENTA			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
=	b	Net rental income or (loss)	FEFFERINAIN, EINDUOL	AS, SCHWAHIZ & TUDA	IU, L.L.U.					
0	6a	Net gain or (loss) from sale of	of assets not on line 10 high	TUDIIC ACCOUNTAINS	ļļ.			 		
	b	Gross sales price for all assets on line 6a		ine, Louisiana	<u> </u>			 		
INED Bevenue	7	Capital gain net income (from				0.				
SCANNED Beyen	8	Net short-term capital g	ain	Γ	ļ			 		
Ö	9	Income modifications Gross sales less returns	RECEIVED					 		
S	10a	and allowances		081	ļ		 	 		
	ı	Less Cost of goods sold	11V 1 5 2018	9				 		
	ſ.,	Gross profit or (loss)	MAY 1 3 2010	138	ļ			 		
	111	Other income	==NI IIT	<u> </u>	ļ			 		
	12	Total. Add lines 1 throu		50,077.	 	<u>77.</u>		 		
	13	Compensation of officers, di		0.		0.		0.		
	14	Other employee salaries		 			 	 		
Ø		Pension plans, employe		F 000				 		
Expense	16a	Legal fees	STMT 2	5,000.		0.		0.		
e	D	Accounting fees			 			 		
ίΩ O	C	Other professional fees			ļ			 		
and Administrative	17	Interest						 		
stre	18	Taxes					· · · · · · · · · · · · · · · · · · ·			
<u> </u>	19	Depreciation and deplete	1011					 		
g	20	Occupancy	J					 		
Q	21	Travel, conferences, and	-				 	 		
9	22	Printing and publication	s STMT 3	30.	ļ	0.		 		
ij	23	Other expenses		30.		<u> </u>		0.		
Operating	24	Total operating and add		5,030.		0.				
Õ	OF.	expenses. Add lines 13 Contributions, gifts, grad	-	21,425.		<u> </u>		21,425.		
	25 26	Total expenses and dis		41,443.	 			41,443.		
	20	Add lines 24 and 25	uui aciiiciila.	26,455.		0.		21,425.		
	27	Subtract line 26 from lin	ne 12•		 	<u> </u>		41,443.		
	1			23,622.						
	1	Excess of revenue over expe Net investment income		43,044.		77.		 		
	1	Adjusted net income (if			 		N/A	 		
			rwork Reduction Act Notice	!	'		N/A	Form 990-PF (2017)		

1

C/O	LAUREN	M	CHED	AMTE
L/U	LAUREN	M	CHEK	AMIL

Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 23,622 23,622. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 23,622. 23,622. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \boxed{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 0. 0. 30 Total net assets or fund balances 0 23,622 31 Total liabilities and net assets/fund balances 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) 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2017)

46-4023745

C/O LAUREN M CHERAMIE

		s) of property sold (for exar , or common stock, 200 shs		ate,	(b) F	low acquired - Purchase - Donation	(c) Date (mo.,	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>	370378								
<u>b</u>	NONE				+	 .			
<u>d</u>					†				
е									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss us (f) minus	
<u>a</u>									
b c									
d									
e									
Complete only for assets		column (h) and owned by t					(I) Gains (Col. (h) gain not less that	minus
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		col. (j), if any			Losse	s (from col. (h))
<u>a</u>									
b c		 							
d									
e									
2 Capital gain net income or	(net capital loss	if gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2			
3 Net short-term capital gain If gain, also enter in Part I,	line 8, column		d (6):		}				
If (loss), enter -0- in Part I. Part V Qualificati	on Under S	Section 4940(e) for	Reduced	Tax on Net	t Inve	3 estment in	come		
If section 4940(d)(2) applies, Was the foundation liable for t If "Yes," the foundation doesn'	the section 4942 It qualify under s	tax on the distributable am section 4940(e). Do not com	plete this par	t.					Yes X No
1 Enter the appropriate amo	unt in each colu	mn for each year; see the in	structions be	tore making any e					(4)
Base period year Calendar year (or tax year b	rs Deginning in)	(b) Adjusted qualifying dist		Net value of no	(c) onchari	table-use asset		Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2016			0.				0.		.000000
2015 2014			<u> </u>						.000000
2013									
2012		<u></u>							
2 Total of line 1, column (d)							2	}	.000000
3 Average distribution ratio f	or the 5-year ba	se period - divide the total o	n line 2 by 5.	0, or by the numb	er of y	ears		1	
the foundation has been in	existence if less	s than 5 years					3_		.000000
4 Enter the net value of nonc	charitable-use as	ssets for 2017 from Part X, I	ine 5				4	 	
5 Multiply line 4 by line 3							5	ļ	0.
6 Enter 1% of net investmen	t income (1% o	f Part I, line 27b)					6		1.
7 Add lines 5 and 6							7		1.
8 Enter qualifying distribution	ns from Part XII	, line 4					8		21,425.
If line 8 is equal to or great See the Part VI instruction:		heck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1%	6 tax rate.			

MELANCON FAMILY FOUNDATION Form 990-PF (2017) C/O LAUREN M CHERAMIE Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 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 🕨 🗓 and enter 1% 1. 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). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 60 0 d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 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 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A | Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 16 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. c Did the foundation file Form 1120-POL for this year? X 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers. > \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? X 2 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 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? 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: 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 X remain in the governing instrument? 7 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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 X 8Ъ 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

12	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address ► N/A			
14	The books are in care of ► LAUREN M CHERAMIE Telephone no. ► 985-6	32-3	414	
	Located at ▶ 116 WEST 107TH STREET, CUT OFF, LA ZIP+4 ▶7			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
٠	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		į	
	a disqualified person?	}		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	Ì		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		į	
	for the benefit or use of a disqualified person)?	ł	İ	
	(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.)			
ŀ	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	1	
	Organizations relying on a current notice regarding disaster assistance, check here	10		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
Ü	before the first day of the tax year beginning in 2017?	1 40		X
3	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
2	defined in section 4942(j)(3) or 4942(j)(5)):	1		
	table and of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
a	before 2017? Let the foundation have any undistributed income (lines of and be, Part Am) for tax year (s) beginning Yes X No		')	
	If "Yes," list the years \(\bigsim_ \),	}		
Ü	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	. 1	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
2.	b			
Je	during the year?			
	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			1
L	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 2017.) N/A	24		
4-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		v
	Did the foundation trivest during the year any amount in a mainter triat would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_4a		<u>X</u>
0	had not been removed from Jeopardy before the first day of the tax year beginning in 2017?	4		v
	·	4b orm 99 0)_PE	X (2017)
	r	1111 33 0	,-PF	(2017)

Part VII-B	Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)			
5a During the	year, did the foundation pay or incur any amount to:				1	es	No
(1) Carry of	on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No			
(2) Influen	ice the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,	ŀ		- (
any vo	ter registration drive?			s X No		I	
(3) Provid	e a grant to an individual for travel, study, or other similar purposes	s?	Y6	s 🗓 No		ŀ	
(4) Provid	e a grant to an organization other than a charitable, etc., organization	on described in section				Ì	
4945(d)(4)(A)? See instructions		Ye	s X No	1	ĺ	
(5) Provid	e for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or					
	evention of cruelty to children or animals?			s X No		- 1	
	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations			1	
	4945 or in a current notice regarding disaster assistance? See insti			N/A	5b		
-	ns relying on a current notice regarding disaster assistance, check				- []	
	er is "Yes" to question 5a(4), does the foundation claim exemption						
	e responsibility for the grant?	1	I∕A ∟ Ye	s L No		1	
-	ach the statement required by Regulations section 53.4945-5(d).			}	1	- 1	
	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on		.	1	ì	
•	benefit contract?		Ye	s X No		1	37
	ndation, during the year, pay premiums, directly or indirectly, on a party file.	personal benefit contract?		}	6b		<u>X</u>
	b, file Form 8870.	ohaltor transaction®		s X No		}	
-	during the tax year, was the foundation a party to a prohibited tax the foundation receive any proceeds or have any net income attrib			N/A	7b		
Part VIII	Information About Officers, Directors, Trust		nagers Highly		(0)		
	Paid Employees, and Contractors	ices, i curidation ivic	inagers, rngm	•			
1 List all office	cers, directors, trustees, and foundation managers and	their compensation.					
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(е) Ехре	enșe
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	acc	ount, Iowan	
				··	1		
]					
SEE STA	TEMENT 5		0.	0	<u>.</u>		0.
		<u> </u>				-	
		1]		ļ		
					<u> </u>		
					}		
					}		
		 	ļ		<u> </u>		
		1			1		
					[
2 Composes	tion of five highest-paid employees (other than those inc	luded on line d) 16 name	amter HNONE II				
z Compensa	uon or nve nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	10) Eyne	nce
(a) Nan	ne and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	1 400) Expe	other
NT/	ONE	devoted to position	 	compensation	ai	lowan	ces_
14(NI -		1		}		
		 	 		╁		
		†]		1		
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		1	1		1		
			1		1		
]				
Total number of	other employees paid over \$50,000						0
	- 			Form	990-	PF (2017)

Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	,
	}
]
2	
	1
All other program-related investments. See instructions.	
3	}
	}
]
]
	1

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Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. For	oreign foundations, see	instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations, check here and do not complete this part.)	ndations and certain	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2017 from Part VI, line 5	1.	
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	1.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	0.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	21,425.
b Program-related investments - total from Part IX-B	1b	41,423.
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:	-	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	21,425.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	22/2200
income. Enter 1% of Part I, line 27b	5	1.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	21,424.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for 4940(e) reduction of tax in those years.		

MELANCON FAMILY FOUNDATION Form 990-PF (2017) C/O LAUREN M CHERAMIE

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	50.520	100.0 prior to 20.0	2070	
line 7		ļ		0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	ı	ı	0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2017:			·	
a From 2012				
b From 2013				
c From 2014				
d From 2015	Į.	}		
e From 2016	į.	1		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 21,425.	1	1		
a Applied to 2016, but not more than line 2a	1	1	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	ı	
c Treated as distributions out of corpus			~	
(Election required - see instructions)	0.		I	
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	21,425.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			·	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,425.			
b Prior years' undistributed income. Subtract	21,423.			
line 4b from line 2b	ŀ	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		0.	,	
assessed d Subtract line 6c from line 6b. Taxable		<u></u>		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			<u>_</u>	
lines 4d and 5 from line 1. This amount must			į	
be distributed in 2018			Į	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ļ			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	21,425.			
10 Analysis of line 9:				
a Excess from 2013	ļ		Į	
b Excess from 2014			ļ	
c Excess from 2015			Į.	
d Excess from 2016				
e Excess from 2017 21, 425.			ļ	

723581 01-03-18

46-4023745 Page 11

Part XV | . Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient a Paid during the year AMERICAN ASSOCIATION OF DRILLING NONE NON PROFIT SUPPORT SCHOLORSHIP ENGINEERS FUND PO BOX 107 HOUSTON, TX 77001 700. FOURCHON OILMAN'S ASSOCIATION NONE NON PROFIT SUPPORT OF DEVELOPMENT PO BOX 1270 OF EDUCATION AND CUT OFF, LA 70345 RESOURCES TO ENHANCE THE LOCAL REGION 10,000. GOLDEN MEADOW-FOURCHON TARPON RODEO NONE NON PROFIT SUPPORT OF PO BOX 1165 SCHOLARSHIPS AND LAROSE, LA 70373 EDUCATIONAL 550. OPPORTUNITIES SOUTH LAFOURCHE HIGH SCHOOL NONE PUBLIC SCHOOL SUPPORT OF EDUCATIONAL 16911 E MAIN ST PROGRAMS CUT OFF, LA 70345 175. CUT OFF YOUTH CENTER NONE NON PROFIT SPONSORSHIP OF YOUTH 205 W 79TH ST PROGRAMS CUT OFF, LA 70345 500. SEE CONTINUATION SHEET(S) Total ▶ 3a 21 425. b Approved for future payment NONE <u>Total</u> <u>▶ 3b</u> Form **990-PF** (2017)

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

Enter gross amounts unless otherwise indicated.	Unrelate	business income		led by section 512, 513, or 514	(e)		
. •	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue;	code	Amount	sion	Amount	function income		
a		 		· · · · · · · · · · · · · · · · · · ·			
b	-						
c				 			
d	1 1						
e	1 1						
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash			7-7				
investments			14	77.			
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other			1 1				
than inventory							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a	_						
b	_				 		
c							
d	_	· · · · · · · · · · · · · · · · · · ·					
e	_						
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.1	77.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	77.		
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>						
Part XVI-R Relationship of Activities	to the Acco	mplishment of	Evemnt	Purposes			

me No. ▼	the foundation's exempt purposes (other than by providing funds for such purposes).
1	
+	
1	
-	
1	

01111 000 1 1 120	C/ C BIIOICEI			+0 +0 +0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +
Part XVII	Information Regarding	Transfers to and	Transactions and Relationships With	h Noncharitable
	Exempt Organizations	1		

1	Did the	organization directly or indirectly engage in	any of the follow	ng with any other organization	on described in section 5	01(c)	Yes	No
	(other t	han section 501(c)(3) organizations) or in s	ection 527, relatir	ng to political organizations?	1		1	ľ
a	Transfe	s from the reporting foundation to a noncharitable exempt organization of:						†
	(1) Ca	sh				1a(1)		X
	(2) Oth	ner assets				1a(2)		X
b	Other tr	ansactions:					ı	
	(1) Sa	les of assets to a noncharitable exempt orga	nızatıon			1b(1)		X
	(2) Pu	rchases of assets from a noncharitable exer	npt organization			1b(2)		X
	(3) Re	ntal of facilities, equipment, or other assets		•		1b(3)		X
	(4) Re	ımbursement arrangements				1b(4)		_X_
	(5) Lo	ans or loan guarantees				1b(5)		X
	(6) Pe	rformance of services or membership or fur	idraising solicitati	ons		1b(6)		X
C	Sharing	of facilities, equipment, mailing lists, other	assets, or paid er	nployees		<u>1c</u>		X
d	If the a	nswer to any of the above is "Yes," complete	the following sch	edule. Column (b) should al	ways show the fair marke	t value of the goods, other ass	ets,	
	or serv	ces given by the reporting foundation. If the	foundation recei	ved less than fair market valu	ue in any transaction or s	haring arrangement, show in		
	column	(d) the value of the goods, other assets, or	services received					
a)ı	ine no	(b) Amount involved (c) Nar	ne of noncharitab	le exempt organization	(d) Description of tra	nsfers, transactions, and sharing ar	rangeme	ents
			N/A					
			<u> </u>					
_								
								
								
								
						· · · · · · · · · · · · · · · · · · ·		
_								
_					 			
_								
_					 			
								
20	ls the fo	oundation directly or indirectly affiliated with	or related to one	or more tay-evempt organi	zations described			
24		on 501(c) (other than section 501(c)(3)) or		s or more tax-exempt organi	zations described	Yes	T	∃ No
		complete the following schedule.	in scotton 327 :			165	LA	7 MO
	11 163,	(a) Name of organization		(b) Type of organization	(c) D	escription of relationship		
		N/A		(b) Type of organization	(6) 5.	somption of rolationship		
		N/A		 				
				 	 			
				 				
				 				
	Line	der penalties of perjury, I declare that I have examine	ed this return include	ng accompanying schedules and	statements and to the heet	of my knowledge		
e:	gn and	belief, it is thue, correct, and complete Declaration	of preparer (other the	an taxpayer) is based on all inform	nation of which preparer has a	ny knowledge May the IRS of return with the		
He	ere	9 10 10		1			? See in:	str 1
		Ignature of officer or trustee		Data	Title DIRECTOR	X Yes	_	_ No
		Print/Type preparer's name	Preparer's	Date	Date Che	ck I if IPTIN		
		Tranvishe highers 2 name	richaici S	arithing control of	1 " , ,	employed		
D.	aid	CONTRACT DARRAGE TO	1 1.4	11 _	_S/9/18 Sell-	`	4 - 4	
	epare	WAYNE J BABIN, JR		I COUNTY TOTAL	MODARO TTE	P00855		
	epare se Onl		EMBOULAS	S SCHWARTZ &	TODARO LL Firm	m's EIN \triangleright 72-02072	ΤÜ	
U		*		T T T T T T T T T T T T T T T T T T T		- 		
		Firm's address ▶ 1815 CLEA						
		METAIRIE,	LA 7000) T	<u>Ph</u>	one no. 504-837-4		
						Form 99 ()-PF	(2017)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

ŭ	MELANCON FAMILY FOUNDATION	
Organization type (chec	C/O LAUREN M CHERAMIE	46-4023745
Organization type (Chec	.A. 0116)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor Complete Parts I and II See instructions for determining a contributor	•
Special Rules		
sections 509(a) any one contrib	ution described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount-EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total cont	ution described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a nbutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educator of cruelty to children or animals. Complete Parts I, II, and III.	•
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a consexclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it rable, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization MELANCON FAMILY FOUNDATION Employer identification number

<u>C/O, T</u>	AUREN M CHERAMIE	46	-4023745
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL MELANCON 116 WEST 107TH STREET CUT OFF, LA 70345	\$\$	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MELANCON FAMILY FOUNDATION

C/O LAUREN M CHERAMIE

Employer identification number

46-4023745

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page 4			
Name of org	•		Employer identification number			
	CON FAMILY FOUNDATION		46 4022745			
Part III	AUREN M CHERAMIE Exclusively religious, charitable, etc., contrib	outions to organizations described in	46-4023745 section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the following	10 line entry. For organizations			
	Use duplicate copies of Part III if additional	space is needed.	ss for the year (chick this line once) >			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
}	Transferee's name, address, and	IZIP + 4	Relationship of transferor to transferee			
}						
		~ · · · · · · · · · · · · · · · · · · ·				
(-XN)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1						
		(e) Transfer of gift				
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
						
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
						
						
	(e) Transfer of gift					
1	Transferee's name, address, and	71D ± 4	Relationship of transferor to transferee			
	Transfered 9 Name, address, and		rielaudiship of bansleror to bansleree			
}						
}						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		· · · · · · · · · · · · · · · · · · ·				
			_			
	(e) Transfer of gift					
1	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee			
⊢	manareree a name, address, and	TT	riciationamp of dansier of to dansferee			

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN		(C) ADJUSTED NET INCOME	
MONEY MARKET ACCOUNT		77.	77.		
TOTAL TO PART I, LINE 3		77.	77.		
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
LEGAL FEES	5,000.	0.	•	0.	
TO FM 990-PF, PG 1, LN 16A	5,000.	0.	· 	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
OFFICE SUPPLIES	30.	0.	•	0.	
TO FORM 990-PF, PG 1, LN 23	30.	0.	 ,	0.	

	STANTIAL CONTRIB VII-A, LINE 10	UTORS	STAT	ement 4
NAME OF CONTRIBUTOR	ADDRESS			
MICHAEL MELANCON	116 WEST 107T CUT OFF, LA 7			
	T OF OFFICERS, D FOUNDATION MANA		STAT	ement 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANNIE V MELANCON 116 WEST 107TH STREET CUT OFF, LA 70345	PRESIDENT 0.00	0.	0.	0.
MICHAEL A MELANCON 116 WEST 107TH STREET CUT OFF, LA 70345	VICE-PRESIDENT 0.00	0.	0.	0.
VANESSA M PIERCE 116 WEST 107TH STREET CUT OFF, LA 70345	TREASURER 0.00	0.	0.	0.
MICHELLE E CHRISTEN 116 WEST 107TH STREET CUT OFF, LA 70345	BOARD MEMBER 0.00	0.	0.	0.
JOHNETTE M MELANCON 116 WEST 107TH STREET CUT OFF, LA 70345	SECRETARY 0.00	0.	0.	0.
LAUREN M CHERAMIE 116 WEST 107TH STREET CUT OFF, LA 70345	EXECUTIVE DIRECTOR 0.00	CTOR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
HUMAN LIFE INTERNATIONAL	NONE	CHARITY	TO SUPPORT PRO-LIFE	
4 FAMILY LIFE LANE			MISSIONARIES	
FRONT ROYAL, VA 22630	_			5,00
NICHOLLS STATE UNIVERSITY	NONE	PUBLIC	SCHOLARSHIP FUND	
906 E 1ST ST		UNIVERSITY		
THIBODAUX, LA 70301				3,50
BAYOU CIVIC CLUB	NONE	NON PROFIT	SPONSORSHIP OF	
307 EAST 5TH ST LAROSE, LA 70373			COMMUNITY ACTIVITIES	1,00
DANOSE, DA 70373				
		ļ		
·				
		<u> </u>	 	
	+		+	
Total from continuation sheets				9.50