

For calendar year 2017, or tax year beginning 05-01-2017, and ending 04-30-2018

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                                             |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>J B LEVERT FOUNDATION                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | A Employer identification number<br>23-7450682                                                                                                                              |                                                                                                                  |
| Number and street (or P O box number if mail is not delivered to street address)<br>P O BOX 518                                                                                                                                                                                                                |                                                                                                                                                                                             | Room/suite                                                                                                                                                                  | B Telephone number (see instructions)<br>(504) 828-2950                                                          |
| City or town, state or province, country, and ZIP or foreign postal code<br>METAIRIE, LA 70004                                                                                                                                                                                                                 |                                                                                                                                                                                             | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                  |                                                                                                                  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                             | D 1. Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |                                                                                                                  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                             | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                               |                                                                                                                  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 755,810                                                                                                                                                                                                                   | J Accounting method<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis ) |                                                                                                                                                                             | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| 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) ) |                                                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (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 . . .                                                                 | 7,560                              | 7,560                     |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss)                                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                                       | 121,284                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a 846,529                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . .                                                         |                                    | 121,284                   |                         |                                                             |
|                                                                                                                                                                     | 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 . . . . .                                                                     | 128,844                            | 128,844                   |                         |                                                             |
|                                                                                                                                                                     | 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) . . . . .                                                          | 6,945                              | 6,945                     |                         | 0                                                           |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . .                                                            | 834                                | 200                       |                         | 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 . . . . .                              | 7,779                              | 7,145                     |                         | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                 | 34,500                             |                           |                         | 34,500                                                      |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                       | 42,279                             | 7,145                     |                         | 34,500                                                      |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                            | 86,565                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                               |                                    | 121,699                   |                         |                                                             |
| 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 . . . . .                                                                                                            | 3,631          | 3,633                 | 3,633             |             |  |
|                                                                                                                                              | 2                                                                                                 | Savings and temporary cash investments . . . . .                                                                                               | 7,406          | 27,910                | 27,910            |             |  |
|                                                                                                                                              | 3                                                                                                 | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                    |                |                       |                   |             |  |
|                                                                                                                                              | 4                                                                                                 | Pledges receivable ▶ _____<br>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) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                     |                |                       |                   |             |  |
|                                                                                                                                              | 8                                                                                                 | Inventories for sale or use . . . . .                                                                                                          |                |                       |                   |             |  |
|                                                                                                                                              | 9                                                                                                 | Prepaid expenses and deferred charges . . . . .                                                                                                | 834            |                       |                   |             |  |
|                                                                                                                                              | 10a                                                                                               | Investments—U S and state government obligations (attach schedule)                                                                             |                |                       |                   |             |  |
|                                                                                                                                              | b                                                                                                 | Investments—corporate stock (attach schedule) . . . . .                                                                                        | 690,427        | 724,267               | 724,267           |             |  |
|                                                                                                                                              | c                                                                                                 | Investments—corporate bonds (attach schedule) . . . . .                                                                                        |                |                       |                   |             |  |
|                                                                                                                                              | 11                                                                                                | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                            |                |                       |                   |             |  |
|                                                                                                                                              | 12                                                                                                | Investments—mortgage loans . . . . .                                                                                                           |                |                       |                   |             |  |
|                                                                                                                                              | 13                                                                                                | Investments—other (attach schedule) . . . . .                                                                                                  |                |                       |                   |             |  |
|                                                                                                                                              | 14                                                                                                | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                        |                |                       |                   |             |  |
| 15                                                                                                                                           | Other assets (describe ▶ _____)                                                                   |                                                                                                                                                |                |                       |                   |             |  |
| 16                                                                                                                                           | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) | 702,298                                                                                                                                        | 755,810        | 755,810               |                   |             |  |
| Liabilities                                                                                                                                  | 17                                                                                                | Accounts payable and accrued expenses . . . . .                                                                                                |                | 30                    |                   |             |  |
|                                                                                                                                              | 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                                                                                                | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                   | 0              | 30                    |                   |             |  |
|                                                                                                                                              | Net Assets or Fund Balances                                                                       | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                |                       |                   |             |  |
| 24                                                                                                                                           |                                                                                                   | Unrestricted . . . . .                                                                                                                         |                |                       |                   |             |  |
| 25                                                                                                                                           |                                                                                                   | Temporarily restricted . . . . .                                                                                                               |                |                       |                   |             |  |
| 26                                                                                                                                           |                                                                                                   | Permanently restricted . . . . .                                                                                                               |                |                       |                   |             |  |
| <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b> |                                                                                                   |                                                                                                                                                |                |                       |                   |             |  |
| 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                                                                               | 702,298        | 755,780               |                   |             |  |
| 30                                                                                                                                           |                                                                                                   | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                          | 702,298        | 755,780               |                   |             |  |
| 31                                                                                                                                           |                                                                                                   | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                     | 702,298        | 755,810               |                   |             |  |

**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 | 702,298 |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 86,565  |
| 3 | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0       |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 788,863 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 33,083  |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | 6 | 755,780 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                     |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                  |                                                                                                 |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

|                                                                                                                                                                                                                                                |          |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7 }</span>                                                                 | <b>2</b> | 121,284 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 <span style="float: right;">{ }</span> | <b>3</b> |         |

**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)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2016                                                                                                                                                                                   | 34,500                                   | 670,650                                      | 0 051443                                                  |
| 2015                                                                                                                                                                                   | 37,518                                   | 681,476                                      | 0 055054                                                  |
| 2014                                                                                                                                                                                   | 36,505                                   | 738,369                                      | 0 049440                                                  |
| 2013                                                                                                                                                                                   | 35,356                                   | 701,823                                      | 0 050377                                                  |
| 2012                                                                                                                                                                                   | 39,930                                   | 660,733                                      | 0 060433                                                  |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   |                                          |                                              | <b>2</b> 0 266747                                         |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | <b>3</b> 0 053349                                         |
| <b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5                                                                                                  |                                          |                                              | <b>4</b> 733,672                                          |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | <b>5</b> 39,141                                           |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | <b>6</b> 1,217                                            |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | <b>7</b> 40,358                                           |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | <b>8</b> 34,500                                           |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</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 . . . . .                                                                         | <b>1</b>  | 2,434 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 2,434 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 2,434 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2017 estimated tax payments and 2016 overpayment credited to 2017                                                                                                                                                                 | <b>6a</b> | 350   |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |       |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 350   |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  | 3     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  | 2,087 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> |       |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                         | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>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</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0                                                                                                                           |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0                                                                                                                                                                                |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <b>2</b>  | No  |
| <b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .             | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> LA                                                                                                                                                                                                                      |           |     |
| <b>b</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? <i>If "No," attach explanation</i> .                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> 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 taxable year beginning in 2017 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>►</b> N/A                                      | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> LISA REAVES Telephone no <b>►</b> (504) 828-2950                                                                                                       |           |            |           |

Located at **►** PO BOX 518 METAIRIE LA ZIP+4 **►** 70004

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>                                                                                                                             |           |            |           |
| <b>16</b> | At any time during calendar year 2017, 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?<br>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 <b>►</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b> | <b>No</b> |
|           | (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? ( <b>Exception.</b> 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>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/><br>Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>                                                                                                                                            | <b>1b</b> |            |           |
| <b>c</b>  | 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 2017? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                            |           |            |           |
| <b>a</b>  | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>3a</b> | 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>b</b>  | If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b> |            | <b>No</b> |
| <b>b</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 2017?                                                                                                                                                                                                                                                                                        | <b>4b</b> |            | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

|           |                                                                                                                                                                                                                                          |                                                                     |           |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                            |                                                                     |           |           |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . . |                                                                     | <b>5b</b> |           |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . .                                                                                                                                              | <input type="checkbox"/>                                            |           |           |
| <b>c</b>  | 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? . . . . .                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |
|           | <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>                                                                                                                                                       |                                                                     |           |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .<br><i>If "Yes" to 6b, file Form 8870</i>                                                                            |                                                                     | <b>6b</b> | <b>No</b> |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .                                                                                                                        |                                                                     | <b>7b</b> |           |

**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 | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Total** number of other employees paid over \$50,000. . . . . **0****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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>2</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>3</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

**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 |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |

**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> | 735,642 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 9,203   |
| <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> | 744,845 |
| <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>  | 744,845 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 11,173  |
| <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>  | 733,672 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 36,684  |

**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>  | 36,684 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5.                                                    | <b>2a</b> | 2,434  |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI).                                          | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 2,434  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 34,250 |
| <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>  | 34,250 |
| <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>  | 34,250 |

**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> | 34,500 |
| <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>  | 34,500 |
| <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>  | 34,500 |

**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)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                                                                                                                |               |                            |             | 34,250      |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2013. . . . .                                                                                                                                                                |               |                            |             | 124         |
| <b>c</b> From 2014. . . . .                                                                                                                                                                |               |                            |             | 660         |
| <b>d</b> From 2015. . . . .                                                                                                                                                                |               |                            |             | 3,659       |
| <b>e</b> From 2016. . . . .                                                                                                                                                                |               |                            |             | 1,482       |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 5,925         |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 34,500                                                                                                               |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .                                                                                                                                     |               |                            |             | 34,250      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 250           |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 6,175         |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2018.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 6,175         |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2013. . . . .                                                                                                                                                         |               |                            |             | 124         |
| <b>b</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             | 660         |
| <b>c</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             | 3,659       |
| <b>d</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             | 1,482       |
| <b>e</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             | 250         |

## Part XIV

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

## Part XV

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 34,500 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0      |

Enter gross amounts unless otherwise indicated

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**Form **990-PF** (2017)

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

|                                                                                                                                                                                                                                                              |              |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <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> |

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

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

**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 |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |                             |                |                                                                                                                                                    |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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. | *****<br>2019-01-15<br>Date | *****<br>Title | May the IRS discuss this return with the preparer shown below<br>(see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  | Signature of officer or trustee                                                                                                                                                                                                                                                                                        |                             |                |                                                                                                                                                    |

|                               |                                                                           |                      |      |                                                 |                         |
|-------------------------------|---------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN                    |
|                               | JOHN S WILES CPA                                                          |                      |      |                                                 | P01222673               |
|                               | Firm's name ▶ LAPORTE APAC                                                |                      |      |                                                 | Firm's EIN ▶ 72-1088864 |
|                               | Firm's address ▶ 111 VETERANS MEMORIAL BLVD 600<br>METAIRIE, LA 700054958 |                      |      |                                                 | Phone no (504) 835-5522 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| CAPITAL GAIN DISTRIBUTIONS 360-007                                                                                                   | P                                               |                                         |                                     |
| STCG ACCOUNT 082-007- SEE ATTACHMENT                                                                                                 | P                                               |                                         |                                     |
| LTCG ACCOUNT 082-007- SEE ATTACHMENT                                                                                                 | P                                               |                                         |                                     |
| STCG ACCOUNT 360-007- SEE ATTACHMENT                                                                                                 | P                                               |                                         |                                     |
| LTCG ACCOUNT 360-007- SEE ATTACHMENT                                                                                                 | P                                               |                                         |                                     |
| STCG ACCOUNT 128-007- SEE ATTACHMENT                                                                                                 | P                                               |                                         |                                     |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 14,278                |                                            |                                                 | 14,278                                       |
| 94,694                |                                            | 89,973                                          | 4,721                                        |
| 396,960               |                                            | 337,713                                         | 59,247                                       |
| 2,960                 |                                            | 2,555                                           | 405                                          |
| 278,996               |                                            | 241,256                                         | 37,740                                       |
| 58,641                |                                            | 53,748                                          | 4,893                                        |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 14,278                                                                                       |
|                                                                                             |                                      |                                               | 4,721                                                                                        |
|                                                                                             |                                      |                                               | 59,247                                                                                       |
|                                                                                             |                                      |                                               | 405                                                                                          |
|                                                                                             |                                      |                                               | 37,740                                                                                       |
|                                                                                             |                                      |                                               | 4,893                                                                                        |

| 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<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| GABRIELLE LAMAR BROWN                                                                                            | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| PAMELA S TAPIE                                                                                                   | SECRETARY<br>1 00                                         | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| ELIZABETH R SCHOTT                                                                                               | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| ANNE LEE LEVERT                                                                                                  | PRESIDENT<br>1 00                                         | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| KATHERINE S EMERY                                                                                                | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| ELIZABETH C DOBER                                                                                                | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| EDWARD C LEVERT                                                                                                  | VICE PRESIDENT<br>FARMING OPE<br>1 00                     | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| WINSTON LEVERT GOULAS                                                                                            | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>METAIRIE, LA 700040518                                                                             |                                                           |                                           |                                                                       |                                       |
| STEPHANIE MARIE LEVERT                                                                                           | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 518<br>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)                                                                      |                                                                                                           |                                |                                  |        |
| a Paid during the year                                                                                   |                                                                                                           |                                |                                  |        |
| A CHILD'S WISH608 CLEARVIEW PKWY<br>METAIRIE, LA 70001                                                   |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 375    |
| ACADIAN MEMORIAL FOUNDATION<br>121 S NEW MARKET STREET<br>ST MARTINVILLE, LA 70582                       |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 100    |
| ARTS COUNCIL OF GREATER BATON<br>ROUGE<br>427 LAUREL STREET<br>BATON ROUGE, LA 70801                     |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 1,000  |
| Total . . . . . ▶<br>3a                                                                                  |                                                                                                           |                                |                                  | 34,500 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| ASSUMPTION ACTIVITY CENTER<br>P O DRAWER 1040<br>NAPOLEONVILLE, LA 70390                                 |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 300    |
| BAYOU COUNCIL ON ALCOHOLISM AND<br>DRUG ABUSE<br>P O BOX 1425<br>THOBODAUX, LA 70302                     |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 300    |
| BAYOU COUNTRY CHILDREN'S MUSEUM<br>211 RUE BETANCOURT<br>THIBODAUX, LA 70302                             |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                                    |                                      |                                     | 34,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| BAYOULAND FAMILIES HELPING<br>FAMILIES<br>P O BOX 1345<br>THIBODAux, LA 70302                            |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 400    |
| BOY SCOUTS OF AMERICA<br>108 ST PARTICK STREET<br>THIBODAux, LA 70301                                    |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 300    |
| CATAHOULA VOL FIRE DEPT<br>CATAHOULA LAKE LEVEE ROAD<br>ST MARTINVILLE, LA 70582                         |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 400    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                                    |                                      |                                     | 34,500 |

| 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                                                                            |                                                                                                           |                                |                                  |        |
| CATHOLIC CHARITIES - NEW ORLEANS<br>100 HOWARD AVE STE 700<br>NEW ORLEANS, LA 70113                      |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 450    |
| CATHOLIC CHARITIES - THIBODAUX<br>1220 AYCOCK STREET<br>HOUMA, LA 70360                                  |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 200    |
| COLONEL ATHLETIC ASSOCIATION<br>PO BOX 2032<br>THIBODAUX, LA 70310                                       |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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                                                                            |                                                                                                           |                                |                                  |        |
| COMMUNITY OF JESUS CRUCIFIED<br>103 RAILROAD AVENUE<br>ST MARTINVILLE, LA 70582                          |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 500    |
| COTEAU HOLMES VOL FIRE DEPT<br>1860 COTEAU HOLMES HWY<br>ST MARTINVILLE, LA 70582                        |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 400    |
| COVINGTON FOOD BANK<br>105 HIGHLAND PARK ROAD<br>COVINGTON, LA 704337128                                 |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 600    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| ED WHITE CATHOLIC HIGH SCHOOL<br>555 CARDINAL DRIVE<br>THIBODAUX, LA 70301                               |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,040  |
| EVANGELINE VOL FIRE DEPTPO BOX 82<br>EVANGELINE, LA 70582                                                |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 500    |
| FAITH BIBLE CHURCH OF COVINGTON<br>1148 N COLUMBIA STREET<br>COVINGTON, LA 70433                         |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 600    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| FAMILY SERVICE OF GNO<br>2515 CANAL STREET SUITE 201<br>NEW ORLEANS, LA 70119                            |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 450    |
| GEAUX HEARTS INC<br>600 RESWEBER HWY<br>ST MARTINVILLE, LA 70582                                         |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 440    |
| GREATER NEW ORLEANS FOUNDATION<br>919 ST CHARLES AVENUE<br>NEW ORLEANS, LA 70130                         |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 102    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| GRENIER INDUSTRIESP O BOX 269<br>THIBODAUX, LA 70302                                                     |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| GRETNA FOOD BANK<br>1400 JEFFERSON STREET<br>GRETNA, LA 70053                                            |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| HOSPICE OF ACADIANA<br>2600 JOHNSON STREET SUITE 200<br>LAFAYETTE, LA 70503                              |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 600    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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)                                                                      |                                                                                                           |                                |                                  |        |
| a Paid during the year                                                                                   |                                                                                                           |                                |                                  |        |
| HOSPICE OF ST TAMMANY1202 S TYLER COVINGTON, LA 70433                                                    |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 540    |
| JEFFERSON BEAUTIFICATION INC<br>PO BOX 10658<br>JEFFERSON, LA 701810658                                  |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 500    |
| JEFFERSON PERFORMING ARTS SOCIETY<br>1118 CLEARVIEW PARKWAY<br>METAIRIE, LA 70001                        |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 370    |
| Total . . . . . ▶<br>3a                                                                                  |                                                                                                           |                                |                                  | 34,500 |



| 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                                                                            |                                                                                                           |                                |                                  |        |
| LAFORCHE HERITAGE SOCIETY<br>P O BOX 913<br>THIBODAU, LA 70302                                           |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| LAUREL VALLEY FOUNDATION<br>P O BOX 1847<br>THIBODAU, LA 70302                                           |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| LOUISIANA YOUTH ELITE TIGERS<br>1258 WILFRED CHAMPAGNE ROAD<br>ST MARTINVILLE, LA 70582                  |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 100    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |


| 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>                                                                     |                                                                                                           |                                |                                  |        |
| LSU RURAL LIFE MUSEUM<br>P O BOX 80498<br>BATON ROUGE, LA 70898                                          |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,000  |
| MAGNOLIA COMMUNITY<br>100 CENTRAL AVENUE<br>JEFFERSON, LA 70121                                          |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 500    |
| MARY BIRD PERKINS CANCER CENTER<br>4950 ESSEN LANE<br>BATON ROUGE, LA 70809                              |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 690    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| NEW START CENTERP O BOX 504<br>ST MARTINVILLE, LA 70582                                                  |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 400    |
| NICHOLLS STATE UNIVERSITY<br>906 E 1ST STREET<br>THIBODAUX, LA 70310                                     |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 200    |
| NOTRE DAME IMPROVEMENT FUND<br>P O BOX 677<br>ST MARTINVILLE, LA 70582                                   |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 200    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| OLOL FOUNDATION<br>5000 HENNESSY BLVD<br>BATON ROUGE, LA 70808                                           |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,000  |
| PARKS VOLUNTEER FIRE DEPT<br>P O BOX 2729<br>PARKS, LA 70582                                             |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 400    |
| PENNINGTON BIOMEDICAL<br>6400 PERKINS ROAD<br>BATON ROUGE, LA 708089980                                  |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,000  |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| PLEASE FOUNDATIONP O BOX 9223<br>METAIRIE, LA 70055                                                      |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 300    |
| PROJECT LAZARUSP O BOX 3906<br>NEW ORLEANS, LA 701773906                                                 |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 446    |
| SAFE HARBORP O BOX 1179<br>MANDEVILLE, LA 70470                                                          |                                                                                                           | PC                             | FOR GENERAL OPERATING<br>SUPPORT | 600    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| SLCC FOUNDATION<br>1101 BERTRAND DRIVE<br>ST MARTINVILLE, LA 70582                                       |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 600    |
| ST CHARLES HUMANE SOCIETY<br>921 RUE LA CANNES DRIVE<br>LULING, LA 70070                                 |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 100    |
| ST CHARLES MUSEUM AND HISTORICAL FOUNDATION<br>PO BOX 204<br>DESTREHAN, LA 70047                         |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 100    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                  | 34,500 |

| 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 CHARLES PAR SCHOOL BOARD<br>285 JUDGE EDWARD DUFRESNE PARKWAY<br>LULING, LA 70070                       |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 200    |
| ST CHARLES SOC CONCERNS COMMITTEE<br>1601 PAUL MAILLARD ROAD<br>LULING, LA 70070                           |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,300  |
| ST ELIZABETH CHURCH<br>1006 ST ELIZABETH STREET<br>ST MARTINVILLE, LA 70582                                |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 200    |
| <b>Total . . . . .</b>  |                                                                                                           |                                |                                  | 34,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |        |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| ST GENEVIEVE CATHOLIC CHURCH<br>815 BARBIER AVE<br>THIBODAux, LA 70301                                   |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 600    |
| ST GENEVIEVE MIDDLE CATHOLIC<br>SCHOOL<br>91 TEURLING DRVE<br>LAFAYETTE, LA 70501                        |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 800    |
| ST GENEVIEVE ELEMENTARY SCHOOL<br>807 BARBIER AVENUE<br>THIBODAux, LA 70301                              |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                                    |                                      |                                     | 34,500 |



| 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 JOHN CEMETARY ASSOCIATION<br>718 JACKSON STREET<br>THIBODAUX, LA 70301                                |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 1,000  |
| ST JOHN VOLUNTEER FIRE DEPT<br>2072 ST MARY STREET<br>THIBODAUX, LA 70301                                |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| ST JOSEPH ABBEY75376 RIVER ROAD<br>ST BENEDICT, LA 70457                                                 |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 400    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

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

| Recipient                                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                                                            |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                           |                                                                                                                    |                                      |                                     |        |
| ST JOSEPH ELEMENTARY SCHOOL<br>501 CARDINAL DRIVE<br>THIBODAUX, LA 70301                       |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| ST MARTIN DE TOURS TRUST FUND<br>P O BOX 10<br>ST MARTINVILLE, LA 70582                        |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 400    |
| ST MARTIN PARISH SHERIFF DEPT<br>DRUG FUND<br>400 ST MARTIN STREET<br>ST MARTINVILLE, LA 70582 |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                          |                                                                                                                    |                                      |                                     | 34,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| ST MARTINVILLE ASSO FOR RETARDED CHILDREN<br>P O BOX 128<br>ST MARTINVILLE, LA 705820128                 |                                                                                                                    | PC                                   | FOR GENERAL OPERATING SUPPORT       | 600    |
| ST PAUL'S SCHOOL<br>917 S JAHNCKE AVENUE<br>COVINGTON, LA 70433                                          |                                                                                                                    | PC                                   | FOR GENERAL OPERATING SUPPORT       | 400    |
| ST RITA CATHOLIC CHURCH<br>1006 ST RITA HWY<br>ST MARTINVILLE, LA 70582                                  |                                                                                                                    | PC                                   | FOR GENERAL OPERATING SUPPORT       | 500    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                                    |                                      |                                     | 34,500 |

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

| Recipient                                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                                                    |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                   |                                                                                                                    |                                      |                                     |        |
| ST TAMMANY ART ASSOCIATION<br>320 N COLUMBIA<br>COVINGTON, LA 70433                    |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 300    |
| ST TAMMANY ASSO FOR RETARDED<br>CITIZENS INC<br>1541 ST ANN PLACE<br>SLIDELL, LA 70460 |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| ST TAMMANY DEPUTIES ASSOCIATION<br>P O BOX 1120<br>COVINGTON, LA 70434                 |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 500    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                  |                                                                                                                    |                                      |                                     | 34,500 |

| 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>                                                                     |                                                                                                           |                                |                                  |        |
| STAIR1545 STATE STREET<br>NEW ORLEANS, LA 70118                                                          |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 450    |
| THE ARC OF ST CHARLESPO BOX 455<br>BOUTTE, LA 70039                                                      |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 100    |
| THIBODAux VOL FIRE DEPT<br>P O BOX 1421<br>THIBODAux, LA 70302                                           |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 300    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| UNITED WAY OF ST CHARLES<br>P O BOX 157<br>LULING, LA 70070                                              |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 1,550  |
| VOLUNTEERS FOR JUVENILE JUSTICE<br>P O BOX 586<br>THIBODAUX, LA 70302                                    |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 400    |
| YOUTH SERVICE BUREAU OF ST<br>TAMMANY<br>430 N NEW HAMPSHIRE<br>COVINGTON, LA 70433                      |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 250    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                                    |                                      |                                     | 34,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                                    |                                      |                                     |        |
| ZEUS' RESCUES<br>2520 NAPOLEON AVENUE<br>NEW ORLEANS, LA 70115                                           |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 447    |
| PANCREATIC CANCER ACTION<br>NETWORK<br>1500 ROSECRANS AVENUE<br>MANHATTAN BEACH, CA 90266                |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 750    |
| WOMEN NEW LIFE CENTER<br>4612 S CLAIBORNE<br>NEW ORLEANS, LA 70125                                       |                                                                                                                    | PC                                   | FOR GENERAL OPERATING<br>SUPPORT    | 250    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                                    |                                      |                                     | 34,500 |

| 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 TERESA CENTER FOR THE WORKS OF MERCY<br>103 RAILROAD AVENUE<br>ST MARTINVILLE, LA 70582               |                                                                                                           | PC                             | FOR GENERAL OPERATING SUPPORT    | 400    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 34,500 |



**TY 2017 Investments Corporate Stock Schedule**

**Name:** J B LEVERT FOUNDATION  
**EIN:** 23-7450682

| Name of Stock               | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------|------------------------|-------------------------------|
| POWERSHARES INVESTMENT      | 150,640                | 150,640                       |
| ABBVIE INC COM              | 11,103                 | 11,103                        |
| ACADIA HEALTHCARE CO INC    | 7,756                  | 7,756                         |
| ACTIVISION BLIZZARD INC     | 7,299                  | 7,299                         |
| ADOBE SYSTEMS               | 24,376                 | 24,376                        |
| AES CORP                    | 6,402                  | 6,402                         |
| ALNYLAM PHARMACEUTICALS INC | 1,134                  | 1,134                         |
| ALPHABET INC                | 8,139                  | 8,139                         |
| AMAZON COM INC              | 15,661                 | 15,661                        |
| AMERIPRISE FINCL INC        | 11,217                 | 11,217                        |
| AMGEN INC                   | 12,039                 | 12,039                        |
| ANSYS INC                   | 12,286                 | 12,286                        |
| ARCHER DANIELS MIDLAND      | 7,533                  | 7,533                         |
| ATHENHEALTH INC COM         | 4,654                  | 4,654                         |
| BANCO BILBAO VIZ ARG SA ADS | 10,760                 | 10,760                        |
| BANK OF AMERICA CORP        | 15,439                 | 15,439                        |
| BERKSHIRE HATHAWAY          | 5,231                  | 5,231                         |
| BOK FINANCIAL CORP          | 6,544                  | 6,544                         |
| CAPITAL ONE FINANCIAL CORP  | 9,968                  | 9,968                         |
| CHUBB LTD                   | 9,226                  | 9,226                         |
| COCA COLA                   | 7,951                  | 7,951                         |
| CULLEN FROST BANKERS        | 6,981                  | 6,981                         |
| DANAHER CORP                | 13,443                 | 13,443                        |
| DEXCOM                      | 3,000                  | 3,000                         |
| DOWDUPONT                   | 9,296                  | 9,296                         |
| EAST WEST BANCORP           | 9,860                  | 9,860                         |
| EDITAS MEDICINE INC         | 345                    | 345                           |
| EQT CORP COM NEW            | 6,374                  | 6,374                         |
| EXPEDIA GROUP               | 3,915                  | 3,915                         |
| FACEBOOK                    | 7,396                  | 7,396                         |

| Name of Stock                  | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| GENL DYNAMICS CORP             | 11,072                 | 11,072                        |
| HALLIBURTON CO                 | 8,054                  | 8,054                         |
| HOME DEPOT                     | 14,784                 | 14,784                        |
| ILLUMINA INC                   | 7,951                  | 7,951                         |
| INTELLIA                       | 340                    | 340                           |
| INTREXON CORP COM              | 418                    | 418                           |
| INTUIT                         | 2,217                  | 2,217                         |
| INTUITIVE SURGICAL INC         | 3,526                  | 3,526                         |
| JOHNSON CTLS INTL              | 9,416                  | 9,416                         |
| JP MORGAN CHASE                | 8,920                  | 8,920                         |
| KROGER                         | 8,842                  | 8,842                         |
| LENNAR CORP CL B               | 128                    | 128                           |
| LENNAR CORP                    | 10,314                 | 10,314                        |
| LVMH MOET HENNESSY LOUIS VUITT | 6,318                  | 6,318                         |
| MARTIN MARIETTA                | 12,855                 | 12,855                        |
| MEDTRONIC PLC SHS              | 11,699                 | 11,699                        |
| MERCADOLIBRE INC               | 2,038                  | 2,038                         |
| MICROCHIP TECHNOLOGY           | 11,796                 | 11,796                        |
| MICROSOFT CORP                 | 16,460                 | 16,460                        |
| MITSUBISHI UF J FINCL GRP      | 6,920                  | 6,920                         |
| MONDELEZ INTL INC COM          | 8,058                  | 8,058                         |
| NATL FUEL GAS                  | 8,370                  | 8,370                         |
| NEKTAR                         | 251                    | 251                           |
| NOVARTIS                       | 8,206                  | 8,206                         |
| NVIDIA CORP                    | 1,574                  | 1,574                         |
| OSHKOSH CORP                   | 11,401                 | 11,401                        |
| PAYPAL                         | 10,818                 | 10,818                        |
| PHILLIPS 66                    | 12,801                 | 12,801                        |
| PIONEER NATURAL RESOURCES      | 8,868                  | 8,868                         |
| PPG INDUSTRIES                 | 10,588                 | 10,588                        |

| Name of Stock            | End of Year Book Value | End of Year Fair Market Value |
|--------------------------|------------------------|-------------------------------|
| SALES FORCE              | 8,832                  | 8,832                         |
| SERVICE NOW INC          | 5,483                  | 5,483                         |
| SNAP INC                 | 2,064                  | 2,064                         |
| SPOTIFY TECHNOLOGY       | 808                    | 808                           |
| STARBUCKS                | 7,484                  | 7,484                         |
| TENCENT HLDGS            | 2,063                  | 2,063                         |
| TWITTER                  | 9,002                  | 9,002                         |
| UNILEVER                 | 10,167                 | 10,167                        |
| UNION PACIFIC CORP       | 7,617                  | 7,617                         |
| VEEVA SYS INC            | 9,958                  | 9,958                         |
| VULCAN MATERIALS         | 2,122                  | 2,122                         |
| WALGREENS BOOTS ALLIANCE | 9,835                  | 9,835                         |
| WORKDAY INC              | 5,243                  | 5,243                         |
| ZILLOW GROUP             | 2,618                  | 2,618                         |

**TY 2017 Other Decreases Schedule**

**Name:** J B LEVERT FOUNDATION  
**EIN:** 23-7450682

| Description                    | Amount |
|--------------------------------|--------|
| UNREALIZED LOSS ON INVESTMENTS | 33,083 |

**TY 2017 Other Professional Fees Schedule****Name:** J B LEVERT FOUNDATION**EIN:** 23-7450682

| <b>Category</b>            | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT MANAGEMENT FEES | 6,945         | 6,945                            |                                | 0                                                    |

**TY 2017 Taxes Schedule****Name:** J B LEVERT FOUNDATION**EIN:** 23-7450682

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
| MISC     | 834    | 200                      |                        | 0                                           |