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2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , a	nd ending 12-31-	·2018		
Name of foundation					A Employer identification number		
WEIMER CONGEMI FOUNDATION INC					46-1611750		
		d street (or P O box number if mail is not delivered to street address) GELAKE DR APT 6A	B Telephone nu (504) 566-9388	ımber (see ınstructio	ns)		
		n, state or province, country, and ZIP or foreign postal code A 70002			application is pendin	ng, check here	
						• -	
G Cł	neck al		former public charity		ganızatıons, check he	▶ ⊔	
		☐ Final return ☐ Amended return			rganizations meeting ck here and attach co		
		☐ Address change ☐ Name change			undation status was i	· —	
_		pe of organization Section 501(c)(3) exempt private			on 507(b)(1)(A), chec		
		n 4947(a)(1) nonexempt charitable trust					
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 355,657 Date of the property of	Cash Accru		ation is in a 60-mont on 507(b)(1)(B), chec		
Pa	rt 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)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	115,012				
	2	Check ▶ ☐ If the foundation is not required to attach					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	11,468	5,905			
	5a	Gross rents					
	ь	Net rental income or (loss)					
ĭ.	6a	Net gain or (loss) from sale of assets not on line 10	3,971				
Revenue	Б 7	Gross sales price for all assets on line 6a 584,307 Capital gain net income (from Part IV, line 2)		3,971			
<u>II</u>	8	Net short-term capital gain		,			
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	38				
	12	Total. Add lines 1 through 11	130,489	<u> </u>			
	13	Compensation of officers, directors, trustees, etc	С	0		С	
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ē	16a	Legal fees (attach schedule)	05-1 050	950			
Expenses	b	Accounting fees (attach schedule)	9 850	850	 	-	
	c	Other professional fees (attach schedule)					
and Administrative	17	Interest	129	129			
<u> </u>	18	Taxes (attach schedule) (see instructions)	129	129	 		
Ē	19	Depreciation (attach schedule) and depletion					
AG	20	Occupancy					
ם	21	Travel, conferences, and meetings			<u> </u>		
	22	Other expenses (attach schedule)	15,914	15,914		0	
Operating	24	Total operating and administrative expenses.	15,914	13,914	 		
era	~~	Add lines 13 through 23	16,893	16,893]		
Ор	25	Contributions, gifts, grants paid	27,450	<u> </u>		27,450	
	26	Total expenses and disbursements. Add lines 24 and	27,130			2.,,130	
		25	44,343	16,893		27,450	
	27	Subtract line 26 from line 12 Excess of revenue over expenses and					
	a	disbursements	86,146				
	ь	Net investment income (If negative, enter -0-)		0			
	С	Adjusted net income (If negative, enter -0-)					
	D	work Deduction Ast Notice and instructions			_	000 PE /50:-	

249,375

271,051

271,051

271,051

271,051

330,646

357,197

357,197

357,197

357,197

2

3

4

5

6

271,051

86,146

357,197

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0

0

329,106

355,657

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > ____

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Grants payable

	5
	6
	7
3	8
Assets	9
A	10a
	Ь
	С

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

b c

Page **3**

Capital Callis a	na zooses for fax off ziffest					
(a) List and describe 2-story brick war	(b) How acquired P—Purchase D—Donation	Da	(c) te acquired o , day, yr)	(d) Date sold (mo , day, yr)		
1 a CAPITAL GAIN FROM K-1			P	20	017-01-01	2018-12-31
b FIDELITY -6971			P	_	018-01-01	2018-12-31
c FIDELITY -2499			P	_	018-01-01	2018-12-31
d FIDELITY -2499			P	_	017-01-01	2018-12-31
e CAPITAL GAINS DIVIDEND	os		P	-	,1, 01 01	
	(f)		(g)			1)
(e)	Depreciation allowed		other basis			r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale		(e) plus (f)	minus (g)
a				41		-41
ь 388	,628		398,7	95		-10,167
c 53	,110		53,0	99		11
d 142	,307		128,4	101		13,906
e	262					262
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
· ,	(i)	<u> </u>	(k)			n) gain minus
(i) FMV as of 12/31/69	Adjusted basis		of col (ı)	со	` ''	less than -0-) or
FM V as 01 12/31/09	as of 12/31/69	over col	(j), if any		Losses (fro	om col (h))
a						-41
b						-10,167
С						11
d						13,906
e						262
· -	or (net capital loss) ain or (loss) as defined in sections : I, line 8, column (c) (see instructions)	ons) If (loss), enter -0	Part İ, line 7	}		3,971
	nder Section 4940(e) for Re)	
	·	scion 15 to(a) tax on ne	ie invesement me	onic ,		
f section 4940(d)(2) applies, lea	ive this part blank					
f "Yes," the foundation does not	section 4942 tax on the distributal qualify under section 4940(e) Do	not complete this part			∐ Y€	es 🗹 No
<u>'''</u>	ount in each column for each year,	see instructions before	making any ent	ries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col	(d) Distribution rati (b) divided by co	
2017	38,742		271,888			0 142492
2016	19,930		289,655			0 068806
2015	32,193		247,356			0 130148
2014	22,742		268,815			0 084601
2013	17,509		297,210			0 058911
2 Total of line 1, column (d))			2		0 484958
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years						0 096992
		•		4		273,273
5 Multiply line 4 by line 3				5		26,505
	nt income (1% of Part I, line 27b)			6		0
			· · · · · —	7		26,505
	ns from Part XII, line 4 , iter than line 7, check the box in Pa			8 Ising a 19		
					Fc	rm 990-PF (2018)

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)				
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO			
on, directly or indirectly, any voter registration drive?								
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes Vo								
(4) Provide a grant to an organization other than a charitable, etc., organization described								
In section 4945(d)(4)(A)? See instructions								
	• • • • • • • • • • • • • • • • • • • •	- ·	• • • • • • • • • • • • • • • • • • • •					
L	educational purposes, or for the			∟ Yes 🖭	No			
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b			
	Organizations relying on a current n				30			
С	If the answer is "Yes" to question 5a							
٠	tax because it maintained expenditu		•					
	If "Yes," attach the statement require			· ·	No			
= -		· -		ume an				
5a	Did the foundation, during the year,			uilis oii				
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No	
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	60		NO	
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square				
	If yes, did the foundation receive an			∟ tes 🖭	No 7b			
	Is the foundation subject to the sect				/6			
,	excess parachute payment during th							
	<u> </u>			Yes 🔽	No L		<u> </u>	
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,		
1	List all officers, directors, trustee				1			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe			
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces	
ee .	Additional Data Table							
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."	
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan			
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al			
		devoted to position		compensation				
ON	E							
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019	

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pai	d Employees,
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 releva organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	structions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
11		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
		Form 990-PF (2018)

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

13.664

13.664

13.664

27,450

27.450

27.450

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3

4 5

6

1

2

3

4

5

Part XII

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Page 9

13,664

13,664

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0

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Part XIII	Undistributed Income (see instructions)					

c From 2015. . .

d From 2016. . . .

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. **b** Total for prior years

required—see instructions).

same amount must be shown in column (a))

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. .

b Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

indicated below:

Excess distributions carryover, if any, to 2018 From 2013.

b From 2014. . . .

2.254 9,519 e From 2017.

19 999 5.537 25,330 f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years

(Election required—see instructions). c Treated as distributions out of corpus (Election

9.519 19,999

5.537

25.330

13.786

(a)

Corpus

13.786

0

76,425

2.254

74,171

62,639

(b)

Years prior to 2017

(c)

2017



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
d						
	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
4 Divide	nds and interest from securities			14	11,468	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	investment income.			14	38	
	r (loss) from sales of assets other than					
invent	·			18	3,971	
	come or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory revenue a					
	al Add columns (b), (d), and (e)		0		15,477	
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	15,477	15,477
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to the	 lations) e Accomplish	ment of Exem	ot Purposes	3	
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) e Accomplish income is report	nment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	Bted importantly to	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report	nment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	Bted importantly to	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report	nment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	Bted importantly to	
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, — -								
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations							

·	r VATT	Exempt Organi	zations							
		ganization directly or in than section 501(c)(3)					on described in section 5 is?	01	Yes	No
a Tra	ansfers f	rom the reporting foun	dation to a no	ncharitable ex	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Ot	her tran	sactions								
(1) Sales	of assets to a nonchar	table exempt	organization.				1b(1)		No
-	-	ases of assets from a r						1b(2)		No
•	-	il of facilities, equipmer	•					1b(3)		No
(4) Reimbursement arrangements								1b(4)		No
(5) Loans or loan guarantees								1b(5)		No
•	•		•	_				1b(6)		No
	-	facilities, equipment, n		•			ways show the fair mark	1c		No
of	the good any tran	ds, other assets, or ser	vices given by ngement, sho	the reporting w in column (c	foundation If the f	foundation receive goods, other asse	ed less than fair market ets, or services received transfers, transactions, and	/alue	ngemen	ts
2a Is	the four	dation directly or indire	ectly affiliated	with, or relate	d to, one or more t	tax-exempt organ	ızatıons			
de	scribed	in section 501(c) (other	than section	501(c)(3)) or i	in section 527? .		□Yes	✓ No		
b If	"Yes," co	omplete the following s	chedule							
		(a) Name of organization	on	(1	Type of organizatio	n	(c) Description of re	elationship		
	of m whic		, it is true, cor				ing schedules and stater than taxpayer) is based			
Sigr Her	,	*****			2019-11-13	*****	re	ay the IRS d turn Ith the prepa		
	,	Signature of officer or t	rustee		Date		Title be		✓ Yes	□ _{No}
		Print/Type preparer's	name	Preparer's Sıgr	nature	Date	Check if self-	P0120	8405	
Paid		KAY B MILLER CPA					employed ▶ ☐			
	parer		KSEN KRENTE	EL LLP			Firm	's EIN ▶72	-05497	733
JSE	Only		27 CANAL ST	REET						
			EW ORLEANS,				Phor	ne no (504) 486-7	7275
		I					1			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation RITA W CONGEMI PRESIDENT/TREASURER 0 1 00 3901 RIDGELAKE DR UNIT 6A METAIRIE, LA 70002 RICHARD E REGAN SECRETARY 0.00 3324 N CAUSEWAY BLVD METAIRIE, LA 70002 DOMINIC G CONGEMI JR DIRECTOR O 0 00 1463 N WHITE STREET NEW ORLEANS, LA 70119 ROBERT L CONGEMI DIRECTOR 0 0.00 3216 ST CHARLES AVE NEW ORLEANS, LA 70115 CHRISTOPHER G CONGEMI DIRECTOR Ω 0.00 6242 RENOIR BATON ROUGE, LA 70816 CRAIG M CONGEMI DIRECTOR

0 00

175 COMMERCE STREET GRETNA, LA 70056

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor 5 1 1 11

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

MICCELL ANEQUIC BURLIC CHARITIES	NONE	DUDL TO	LINDEGEDICEED	F 050
ACCESS921 ARIS AVE B METAIRIE, LA 70005	NONE	PUBLIC	UNRESTRICTED	2,000
a Paid during the year				

MISCELLANEOUS PUBLIC CHARITIES-	NONE	PUBLIC	UNRESTRICTED	5,050
ALL 500 OR LESS				
3901 RIDGELAKE DRIVE UNIT 6A				
METAIRIE, LA 70002				

METAIRIE, LA 70002				
NOMA1 COLLINS DIBOLL CIR NEW ORLEANS, LA 70124	NONE	PUBLIC	UNRESTRICTED	1,500

27,450

NOMA1 COLLINS DIBOLL CIR NEW ORLEANS, LA 70124	NONE	PUBLIC	UNRESTRICTED	1,50

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

· ·	or substantial contributor			
a Paid during the year				
SALVATION ARMY 4526 S CLAIBORNE AVE NEW ORLEANS LA 70125	NONE	PUBLIC	UNRESTRICTED	1,000

NEW ORLEANS, LA 70125				
SECOND HARVEST FOOD BANK 700 EDWARDS AVE NEW ORLEANS, LA 70123	NONE	PUBLIC	UNRESTRICTED	1,000

SECOND HARVEST FOOD BANK 700 EDWARDS AVE NEW ORLEANS, LA 70123	NONE	PUBLIC	UNRESTRICTED	1,000
ST CLEMENT OF ROME PARISH 33978 W ESPLANADE AVE METAIRIE. LA 70002	NONE	PUBLIC	UNRESTRICTED	11,350

700 EDWARDS AVE NEW ORLEANS, LA 70123				_,
ST CLEMENT OF ROME PARISH 33978 W ESPLANADE AVE METAIRIE, LA 70002	NONE	PUBLIC	UNRESTRICTED	11,350
Total			▶ 3a	27,450

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

	or substantial contributor			
a Paid during the year				
ST JOSEPH'S ABBEY75376 RIVER RD ST BENEDICT, LA 70457	NONE	PUBLIC	UNRESTRICTED	1,000

ST BENEDICT, LA 70457	NONE	TOBLIC	OMNESTRICTED	1,000
WOMEN'S NEW LIFE CENTER 4612 S CLAIBORNE AVE NEW ORLEANS, LA 70125	NONE	PUBLIC	UNRESTRICTED	2,200

WOMEN'S NEW LIFE CENTER 4612 S CLAIBORNE AVE NEW ORLEANS, LA 70125	NONE	PUBLIC	UNRESTRICTED	2,200
AUDUBON ZOO6500 MAGAZINE ST	NONE	PUBLIC:	UNRESTRICTED	600

NEW ORLEANS, LA 70125				
AUDUBON ZOO6500 MAGAZINE ST	NONE	PUBLIC	UNRESTRICTED	600

NEW ORLEANS, LA 70125				
AUDUBON ZOO6500 MAGAZINE ST NEW ORLEANS, LA 70118	NONE	PUBLIC	UNRESTRICTED	600

ALIBURAN ZOOGEOO MAGAZINE GE	NONE	DUDLIC.	LINDEGEDICEED	
AUDUBON ZOO6500 MAGAZINE ST	NONE	PUBLIC	UNRESTRICTED	600
NEW ORLEANS, LA 70118				

NEW ORLEANS, LA 70118	HONE	TOBLIC	OMESTRICIES	00
Total			▶ 3a	27,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total.

	or substantial contributor			
a Paid during the year				
NEW ORLEANS MEDICAL MISSION 625 DISTRIBUTORS ROW ELMWOOD, LA 70123	NONE	PUBLIC	UNRESTRICTED	1,000

recipient

750

27,450

ELMWOOD, LA 70123				
POWER TO CAREPO BOX 24568	NONE	PUBLIC	UNRESTRICTED	7

ELMWOOD, LA 70123				
POWER TO CAREPO BOX 24568	NONE	PUBLIC	UNRESTRICTED	

efile GRAPHIC print - DO NOT P	ROCESS As	s Filed Data -		DI	LN: 93491318024679	
TY 2018 Accounting Fees Schedule						
Name: WEIMER CONGEMI FOUNDATION INC EIN: 46-1611750						
Category	Amoun	nt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

JAMES E RYDER, JR CPA 850

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318024679
TY 2018 Investments - Other	Schedule	
Name:	WEIMER CONGEM	I FOUNDATION INC
EIN:	46-1611750	

EIN: 46-1611/50						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
GIRARD SECURITIES	AT COST	322,651	321,111			

AT COST

7,995

7,995

CARTER VALIDUS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491318024679		
TY 2018 Other Expenses Schedule						
Name: WEIMER CONGEMI FOUNDATION INC						
EIN: 46-1611750						
Other Expenses Schedule						
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for		

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	1,902	1,902		0

14,012

CORRECT BEGINNING BALANCES

14,012

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318024679				
TY 2018 Other Income Schedule						

38

38

Name: WEIMER CONGEMI FOUNDATION INC

OTHER K-1 INCOME

EIN	: 46-1611750
Other Tagence Cabedula	

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			

38

efile GRAPHIC print - DO NOT PR	ROCESS As Filed Data	-	DL	N: 93491318024679		
TY 2018 Taxes Schedule						
Name: WEIMER CONGEMI FOUNDATION INC EIN: 46-1611750 Category Amount Net Investment Adjusted Net Disbursements						
		Income	Income	for Charitable Purposes		
EXCISE TAX	91	91		0		
FOREIGN TAXES	38	38		0		

efile GRAPHIC print - DO	NOT PROCESS As Filed	d Data -		DLN: 93491318024679	
Schedule B	Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF ► Go to www irs gov/Form990 for the latest information		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			2018		
Name of the organizatio WEIMER CONGEMI FOUND			Emplo	yer identification number	
Organization type (chec	(one)		46-161	1750	
	·				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter nu	umber) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
		or 990-PF that received, during ibutor. Complete Parts I and II			
Special Rules					
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), i	c)(3) filing Form 990 or 990-EZ that checked Schedule A (For year, total contributions of the 1 Complete Parts I and II	m 990 or 990-EZ), Part II, lin	e 13, 16a, or 16b, and that	
during the year, to	tal contributions of more than	c)(7), (8), or (10) filing Form 99 in \$1,000 <i>exclusively</i> for religional complete P	ous, charitable, scientific, liter		
during the year, could be during the year, could be during the year, could be during the year.	ontributions exclusively for re ked, enter here the total contr mplete any of the parts unles	c)(7), (8), or (10) filing Form 99 eligious, charitable, etc., purpo tributions that were received d ss the General Rule applies to g \$5,000 or more during the ye	ses, but no such contribution uring the year for an exclusiv o this organization because it	is totaled more than \$1,000 rely religious, charitable, etc , received <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	must answer "No" on Part IV	neral Rule and/or the Special IV, line 2, of its Form 990, or c ertify that it doesn't meet the fi	heck the box on line H of its		
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (For	m 990, 990-EZ, or 990-PF) (2018)	

Name of organization WEIMER CONGEMI FOUNDATION INC		Employer identification 46-1611750	Employer identification number 46-1611750	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	iditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	RITA W CONGEMI		Person Payroll	
	3901 RIDGELAKE DRIVE UNIT 6A METAIRIE, LA 70002	\$ 115,012		
			(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person	
-			Payroll	
		\$	Noncash	
(a)	(b)	(c)	(Complete Part II for noncash contributions) (d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
			Person	
-			Payroll	
			Noncash	
	//->	(2)	(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-			Person Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
-		 	Payroll	
			Noncash	
			(Complete Part II for noncash contributions)	

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization WEIMER CONGEMI FOU		Employer identification number	
WEINER CONCENT FOR	SADATION INC	46-16	511750
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)