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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 05-01-2018, and ending 04-30-2019

Name of foundation  
J B LEVERT FOUNDATION INC

A Employer identification number  
23-7450682

Number and street (or P O box number if mail is not delivered to street address)  
P O BOX 518

Room/suite

B Telephone number (see instructions)  
(504) 828-2950

City or town, state or province, country, and ZIP or foreign postal code  
METAIRIE, LA 70004

C If exemption application is pending, check here

G Check all that apply  

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here  
2. Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization  

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 814,685

J Accounting method  

Cash

Accrual

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

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 If the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities 9,809 9,809

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10 18,027

b Gross sales price for all assets on line 6a 187,611

7 Capital gain net income (from Part IV, line 2) 18,027

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)

12 Total. Add lines 1 through 11 27,836 27,836

Operating and Administrative Expenses

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) 7,912 7,912 0

17 Interest

18 Taxes (attach schedule) (see instructions) 2,409 332 0

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule) 2,586 0 2,586

24 Total operating and administrative expenses. Add lines 13 through 23 12,907 8,244 2,586

25 Contributions, gifts, grants paid 35,000 35,000

26 Total expenses and disbursements. Add lines 24 and 25 47,907 8,244 37,586

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements -20,071

b Net investment income (if negative, enter -0-) 19,592

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

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 . . . . .	3,633	1,777	1,777
	2 Savings and temporary cash investments . . . . .	27,910	39,047	39,047
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .		2,440	2,440
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	724,267	771,421	771,421
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ 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)	755,810	814,685	814,685	
Liabilities	17 Accounts payable and accrued expenses . . . . .	30	2,470	
	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) . . . . .	30	2,470	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <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"/> <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	755,780	812,215	
30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	755,780	812,215		
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	755,810	814,685		

**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	755,780
2 Enter amount from Part I, line 27a . . . . .	2	-20,071
3 Other increases not included in line 2 (itemize) ▶ _____	3	76,506
4 Add lines 1, 2, and 3 . . . . .	4	812,215
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	812,215

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> CAPITAL GAIN DISTRIBUTIONS 360-007	P		
<b>b</b> MORGAN STANLEY CAPITAL GAINS ACCT XX034128	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 3,177			3,177
<b>b</b> 184,434		169,584	14,850
<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) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			3,177
<b>b</b>			14,850
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	2	18,027
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	34,500	733,672	0 047024
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

  

<b>2</b> Total of line 1, column (d)	2	0 253338
<b>3</b> 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	3	0 050668
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	763,368
<b>5</b> Multiply line 4 by line 3	5	38,678
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	196
<b>7</b> Add lines 5 and 6	7	38,874
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	37,586

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 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>	392
<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>	392
<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>	392
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	2,440
<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>	0
<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>	2,440
<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>	0
<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>▶</b>	<b>9</b>	
<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>▶</b>	<b>10</b>	2,048
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 2,048 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<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>Yes</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <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>1a</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1b</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ 0 (2) On foundation managers <b>▶</b> \$ _____ 0	<b>1c</b>		<b>No</b>
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		<b>No</b>
<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>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<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? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>Yes</b>	
<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>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> 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>	<b>Yes</b>	
<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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<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>		<b>No</b>

**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? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> MONICA GARCIA 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 . . . . . <b>►</b> <input type="checkbox"/>			
	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 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</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"/>	<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 2018? . . . . .	<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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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). . . . .	<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 2018 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 2018). . . . .	<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 2018?	<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>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	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		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	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		
(5)	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<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>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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>	
<b>Total.</b> 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>	766,386
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	8,607
<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>	774,993
<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>	774,993
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	11,625
<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>	763,368
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	38,168

**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>	38,168
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	392
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	392
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	37,776
<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>	37,776
<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>	37,776

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	37,586
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	37,586
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	37,586

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				37,776
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . . 124				
<b>b</b> From 2014. . . . . 660				
<b>c</b> From 2015. . . . . 3,659				
<b>d</b> From 2016. . . . . 1,482				
<b>e</b> From 2017. . . . . 250				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	6,175			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 37,586				
<b>a</b> Applied to 2017, 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 2018 distributable amount. . . . .				37,586
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	190			190
<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	5,985			
<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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				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 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	5,985			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . . 594				
<b>b</b> Excess from 2015. . . . . 3,659				
<b>c</b> Excess from 2016. . . . . 1,482				
<b>d</b> Excess from 2017. . . . . 250				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

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

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

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

## Enter gross amounts unless otherwise indicated

[illegible]

**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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

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

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

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.

<b>Sign Here</b>	*****	2020-03-12	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<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 METAIRIE, LA 700054958				Phone no (504) 835-5522

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JANE C LEGIER	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
GABRIELLE LAMAR BROWN	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
PAMELA S TAPIE	SECRETARY 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ELIZABETH R SCHOTT	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ANNE LEE LEVERT	PRESIDENT 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
KATHERINE S EMERY	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
ELIZABETH C DOBER	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
EDWARD C LEVERT	VICE PRESIDENT FARMING OPE 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
WINSTON LEVERT GOULAS	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				
STEPHANIE MARIE LEVERT	DIRECTOR 1 00	0	0	0
PO BOX 518 METAIRIE, LA 700040518				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A CHILD'S WISH608 CLEARVIEW PKWY METAIRIE, LA 70001		PC	FOR GENERAL OPERATING SUPPORT	350
ACADIAN MEMORIAL FOUNDATION 121 S NEW MARKET STREET ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	100
ARTS COUNCIL OF GREATER BATON ROUGE 427 LAUREL STREET BATON ROUGE, LA 70801		PC	FOR GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				35,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASSUMPTION ACTIVITY CENTER P O DRAWER 1040 NAPOLEONVILLE, LA 70390		PC	FOR GENERAL OPERATING SUPPORT	300
BAYOU COUNCIL ON ALCOHOLISM AND DRUG ABUSE P O BOX 1425 THOBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
BAYOU COUNTRY CHILDREN'S MUSEUM 211 RUE BETANCOURT THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				35,000



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				
BAYOULAND FAMILIES HELPING FAMILIES P O BOX 1345 THIBODAU, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 108 ST PARTICK STREET THIBODAU, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	300
CATAHOULA VOL FIRE DEPT CATAHOULA LAKE LEVEE ROAD ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
CATHOLIC CHARITIES - NEW ORLEANS 100 HOWARD AVE STE 700 NEW ORLEANS, LA 70113		PC	FOR GENERAL OPERATING SUPPORT	470
CATHOLIC CHARITIES - THIBODAU 1220 AYCOCK STREET HOUMA, LA 70360		PC	FOR GENERAL OPERATING SUPPORT	200
COLONEL ATHLETIC ASSOCIATION PO BOX 2032 THIBODAU, LA 70310		PC	FOR GENERAL OPERATING SUPPORT	560
<b>Total . . . . . ▶ 3a</b>				35,000

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 103 RAILROAD AVENUE ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	600
COTEAU HOLMES VOL FIRE DEPT 1860 COTEAU HOLMES HWY ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
COVINGTON FOOD BANK 105 HIGHLAND PARK ROAD COVINGTON, LA 704337128		PC	FOR GENERAL OPERATING SUPPORT	670
<b>Total . . . . .</b> ► <b>3a</b>				35,000

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 555 CARDINAL DRIVE THIBODAUX, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	1,040
EVANGELINE VOL FIRE DEPTPO BOX 82 EVANGELINE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	400
FAITH BIBLE CHURCH OF COVINGTON 1148 N COLUMBIA STREET COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	600
<b>Total . . . . . ▶ 3a</b>				35,000

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 2515 CANAL STREET SUITE 201 NEW ORLEANS, LA 70119		PC	FOR GENERAL OPERATING SUPPORT	470
GEAUX HEARTS INC 600 RESWEBER HWY ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	400
GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVENUE NEW ORLEANS, LA 70130		PC	FOR GENERAL OPERATING SUPPORT	102
<b>Total . . . . .</b> ► <b>3a</b>				35,000

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 THIBODAU, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
GRETNA FOOD BANK 1400 JEFFERSON STREET GRETNA, LA 70053		PC	FOR GENERAL OPERATING SUPPORT	300
HOSPICE OF ACADIANA 2600 JOHNSON STREET SUITE 200 LAFAYETTE, LA 70503		PC	FOR GENERAL OPERATING SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
HOSPICE OF ST TAMMANY1202 S TYLER COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	610
JEFFERSON BEAUTIFICATION INC PO BOX 10658 JEFFERSON, LA 701810658		PC	FOR GENERAL OPERATING SUPPORT	500
JEFFERSON PERFORMING ARTS SOCIETY 1118 CLEARVIEW PARKWAY METAIRIE, LA 70001		PC	FOR GENERAL OPERATING SUPPORT	400
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
LAFOURCHE HERITAGE SOCIETY P O BOX 913 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
LAUREL VALLEY FOUNDATION P O BOX 1847 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
LOUISIANA YOUTH ELITE TIGERS 1258 WILFRED CHAMPAGNE ROAD ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	100
<b>Total . . . . . ▶ 3a</b>				35,000



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 P O BOX 80498 BATON ROUGE, LA 70898		PC	FOR GENERAL OPERATING SUPPORT	1,000
MAGNOLIA COMMUNITY 100 CENTRAL AVENUE JEFFERSON, LA 70121		PC	FOR GENERAL OPERATING SUPPORT	500
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809		PC	FOR GENERAL OPERATING SUPPORT	900
<b>Total . . . . . ▶ 3a</b>				35,000

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 ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	400
NICHOLLS STATE UNIVERSITY FOUNDATION P O BOX 2066 THIBODAUX, LA 70310		PC	FOR GENERAL OPERATING SUPPORT	300
NOTRE DAME IMPROVEMENT FUND P O BOX 677 ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	200
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
LOLO FOUNDATION 5000 HENNESSY BLVD BATON ROUGE, LA 70808		PC	FOR GENERAL OPERATING SUPPORT	1,000
PARKS VOLUNTEER FIRE DEPT P O BOX 2729 PARKS, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	300
PENNINGTON BIOMEDICAL 6400 PERKINS ROAD BATON ROUGE, LA 708089980		PC	FOR GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . .</b> ► <b>3a</b>				35,000

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				
PROJECT LAZARUSP O BOX 3906 NEW ORLEANS, LA 701773906		PC	FOR GENERAL OPERATING SUPPORT	470
SAFE HARBORP O BOX 1179 MANDEVILLE, LA 70470		PC	FOR GENERAL OPERATING SUPPORT	600
SLCC FOUNDATION 1101 BERTRAND DRIVE ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	600
Total . . . . . ▶ 3a				35,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ST CHARLES HUMANE SOCIETY 921 RUE LA CANNES DRIVE LULING, LA 70070		PC	FOR GENERAL OPERATING SUPPORT	100
ST CHARLES MUSEUM AND HISTORICAL FOUNDATION PO BOX 204 DESTREHAN, LA 70047		PC	FOR GENERAL OPERATING SUPPORT	100
ST CHARLES PAR SCHOOL BOARD 285 JUDGE EDWARD DUFRESNE PARKWAY LULING, LA 70070		PC	FOR GENERAL OPERATING SUPPORT	200
<b>Total . . . . . ▶ 3a</b>				35,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ST CHARLES SOC CONCERNS COMMITTEE 1601 PAUL MAILLARD ROAD LULING, LA 70070		PC	FOR GENERAL OPERATING SUPPORT	1,300
ST ELIZABETH CHURCH 1006 ST ELIZABETH STREET ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	200
ST GENEVIEVE CATHOLIC CHURCH 815 BARBIER AVE THIBODAU, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	600
<b>Total . . . . . ▶ 3a</b>				35,000

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 GENEVIEVE ELEMENTARY SCHOOL 807 BARBIER AVENUE THIBODAUX, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	500
ST GENEVIEVE MIDDLE CATHOLIC SCHOOL 91 TEURLING DRVE LAFAYETTE, LA 70501		PC	FOR GENERAL OPERATING SUPPORT	500
ST JOHN CEMETARY ASSOCIATION 718 JACKSON STREET THIBODAUX, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				35,000

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 JOHN VOLUNTEER FIRE DEPT 2072 ST MARY STREET THIBODAUX, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	300
ST JOSEPH ABBEY75376 RIVER ROAD ST BENEDICT, LA 70457		PC	FOR GENERAL OPERATING SUPPORT	400
ST JOSEPH ELEMENTARY SCHOOL 501 CARDINAL DRIVE THIBODAUX, LA 70301		PC	FOR GENERAL OPERATING SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				35,000



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 MARTIN DE TOURS TRUST FUND P O BOX 10 ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	400
ST MARTIN PARISH SHERIFF DEPT DRUG FUND 400 ST MARTIN STREET ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
ST MARTINVILLE ASSO FOR RETARDED CHILDREN P O BOX 128 ST MARTINVILLE, LA 705820128		PC	FOR GENERAL OPERATING SUPPORT	600
<b>Total . . . . . ▶ 3a</b>				35,000

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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 PAUL'S SCHOOL 917 S JAHNCKE AVENUE COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	400
ST RITA CATHOLIC CHURCH 1006 ST RITA HWY ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
ST TAMMANY ART ASSOCIATION 320 N COLUMBIA COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	300
<b>Total . . . . . ▶ 3a</b>				35,000

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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 TAMMANY ASSO FOR RETARDED CITIZENS INC 1541 ST ANN PLACE SLIDELL, LA 70460		PC	FOR GENERAL OPERATING SUPPORT	570
ST TAMMANY DEPUTIES ASSOCIATION P O BOX 1120 COVINGTON, LA 70434		PC	FOR GENERAL OPERATING SUPPORT	500
ST TERESA CENTER FOR THE WORKS OF MERCY 103 RAILROAD AVENUE ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				35,000

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 NEW ORLEANS, LA 70118		PC	FOR GENERAL OPERATING SUPPORT	470
THE ARC OF ST CHARLESPO BOX 455 BOUTTE, LA 70039		PC	FOR GENERAL OPERATING SUPPORT	100
THIBODAux VOL FIRE DEPT P O BOX 1421 THIBODAux, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	300
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
TRINITY CATHOLIC201 GARY STREET ST MARTINVILLE, LA 70582		PC	FOR GENERAL OPERATING SUPPORT	1,000
UNITED WAY OF ST CHARLES P O BOX 157 LULING, LA 70070		PC	FOR GENERAL OPERATING SUPPORT	1,700
VOLUNTEERS FOR JUVENILE JUSTICE P O BOX 586 THIBODAUX, LA 70302		PC	FOR GENERAL OPERATING SUPPORT	400
<b>Total . . . . . ▶ 3a</b>				35,000

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>				
YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON, LA 70433		PC	FOR GENERAL OPERATING SUPPORT	250
ZEUS' RESCUES 2520 NAPOLEON AVENUE NEW ORLEANS, LA 70115		PC	FOR GENERAL OPERATING SUPPORT	468
JEFFERSON DOLLARS FOR SCHOLARS 3100 RIDGELAKE DRIVE 206 METAIRIE, LA 70002		PC	FOR GENERAL OPERATING SUPPORT	400
<b>Total . . . . . ▶ 3a</b>				35,000

**TY 2018 Investments Corporate Stock Schedule**

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

**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESCO QQQ TRUST, SERIES 1	173,240	173,240
ACADIA HEALTHCARE CO INC	5,636	5,636
ADOBE SYSTEMS	24,876	24,876
ALCON INC	9,836	9,836
ALNYLAM PHARMACEUTICALS INC	1,072	1,072
ALPHABET INC	5,942	5,942
AMAZON COM INC	15,412	15,412
AMERIPRISE FINCL INC	11,742	11,742
AMGEN INC	12,373	12,373
ANSYS INC	14,881	14,881
BANCO BILBAO VIZ ARG SA ADS	8,130	8,130
BANK OF AMERICA CORP	15,779	15,779
BOK FINANCIAL CORP	5,664	5,664
CAPITAL ONE FINANCIAL CORP	10,211	10,211
CHUBB LTD	9,874	9,874
COUPA SOFTWARE INC	2,686	2,686
COCA COLA	13,442	13,442
COVETRUS INC	1,578	1,578
CULLEN FROST BANKERS	6,610	6,610
DANAHER CORP	17,747	17,747
DEXCOM	3,995	3,995
EAST WEST BANCORP	7,619	7,619
ELASTIC N V	2,395	2,395
EQUITY LIFESTYLE PROPERTIES	7,352	7,352
FACEBOOK	2,514	2,514
FARFETCH LTD CL A	2,280	2,280
GENL DYNAMICS CORP	9,830	9,830
GUARDANT HEALTH INC	2,358	2,358
HALLIBURTON CO	6,063	6,063
HOME DEPOT	13,037	13,037

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ILLUMINA INC	8,736	8,736
INTUITIVE SURGICAL INC	7,659	7,659
JOHNSON CTLS INTL	10,425	10,425
JP MORGAN CHASE	9,516	9,516
KROGER	9,049	9,049
LENNAR CORP CL B	125	125
LENNAR CORP	10,146	10,146
MARTIN MARIETTA	11,983	11,983
MEDTRONIC PLC SHS	12,966	12,966
MERCADOLIBRE INC	3,389	3,389
MICROCHIP TECHNOLOGY	14,084	14,084
MICROSOFT CORP	22,986	22,986
MITSUBISHI UF J FINCL GRP	5,139	5,139
MONGODB INC CL A	781	781
MONDELEZ INTL INC COM	4,369	4,369
NATL FUEL GAS	9,651	9,651
NETFLIX	5,558	5,558
NOVARTIS	10,772	10,772
NVIDIA CORP	2,715	2,715
OKTA INC CL A	4,473	4,473
OSHKOSH CORP	13,049	13,049
PENUMBRA INC	2,152	2,152
PARKER HANNIFIN CORP	1,811	1,811
PAYPAL	16,352	16,352
PHILLIPS 66	10,841	10,841
PIONEER NATURAL RESOURCES	7,324	7,324
PPG INDUSTRIES	11,750	11,750
SERVICE NOW INC	8,688	8,688
SHIPIFY INC	8,036	8,036
SONY CORP	11,635	11,635



## Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SPOTIFY TECHNOLOGY	7,332	7,332
SQUARE INC	5,097	5,097
SUN COMMUNITIES	5,785	5,785
TRADE DESK INC	2,436	2,436
TWILIO INC	6,720	6,720
TWITTER	20,753	20,753
UNILEVER	10,771	10,771
VEEVA SYS INC	12,029	12,029
WALGREENS BOOTS ALLIANCE	7,928	7,928
WORKDAY INC	8,020	8,020
WAYFAIR INC	4,216	4,216

**TY 2018 Other Expenses Schedule****Name:** J B LEVERT FOUNDATION INC**EIN:** 23-7450682**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC	2,586	0		2,586

**TY 2018 Other Increases Schedule**

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

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	76,506

**TY 2018 Other Professional Fees Schedule****Name:** J B LEVERT FOUNDATION INC**EIN:** 23-7450682

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	7,912	7,912		0

**TY 2018 Taxes Schedule****Name:** J B LEVERT FOUNDATION INC**EIN:** 23-7450682

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	2,087	0		0
FOREIGN TAXES PAID	322	332		0