(Rev January 2020)

POSTMARK DATE JUL 1 4 2020

SCANNED AUG 1 8 2021

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www irs.gov/Form990for instructions and the latest information

OMB No 1545-0047 Open to Public Inspection

A	or the	2019 calendar year, or tax year beginning		and ending				, 20	
Br	hock if a	C Name of organization THE BEATR	ICE AND JEFF BIENVENU	CHARITA	BLE	D Employeride	ntification	number	
_	_	TRUST 1553-1045000077							
	Addre	Doing business as	·			72-619			
<u>_</u>	Name	Number and street (or PO box if mail is	Room/suite		E Telephone nu				
	Initial	701 POYDRAS ST., STE				504 58	<u>6-742:</u>	l	
	Final termi	return/ City or town, state or province, country, a	and ZIP or foreign postal code						
	Amer		9 <u>-7727</u>			G Gross receipts	\$	813	<u>,182</u>
	Appli pendi	F Name and address of principal officer		_/	2	H(a) Is this a grou subordinates		Yes	X No
						H(b) Are all subords		7 Yes	No.
<u> </u>	Tax-ex	empt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1)	or 527		If "No," att	ach a list (se	ee instructions)	
J	Websi	te ► N/A				H(c) Group exemp	tion numbe	•	
K	Form	of organization Corporation X Trust	Association Other	L Year of	format	ion 1997 M	State of leg	al domicile	LA
Pá	art I	Summary							
	1	Briefly describe the organization's mission or	most significant activities	T					
ė		SEE SCHEDULE O							
Jan									
/err	2	Check this box If the organization d	iscontinued its operations or disposed	of more tha	n 25%	of its net assets	s		
Governance	3	Number of voting members of the governing	body (Part VI, line 1a)				3		1
ŏ	4	Number of independent voting members of t					4		1
Activities	5	Total number of individuals employed in cale	ndar year 2019 (Part & Inf Za)				5		NONE
ţ	6	Total number of volunteers (estimate if neces	sary	⊼.			6		NONE
Ąċ	7a	Total unrelated business revenue from Part V		φ			7a		NONE
	Ь	Net unrelated business taxable income from	Form 950 T. Jules 2 4 ZUZU	Ö.L			7b		NONE
			9	8		Prior Year		Current Ye	ar
4.	8	Contributions and grants (Part VIII, line 1h).	OGDEN; UT	11					
Revenue	9	Program service revenue (Part VIII, line 2g) .	OGDEN, OT	رزز لبب					
eve	10	Investment income (Part VIII, column (A), line	es 3, 4, and 7d)			55,4	59	85	,471
œ	11	Other revenue (Part VIII, column (A), lines 5,				8,6			,893
	12	Total revenue - add lines 8 through 11 (must				64,0			,364
	13	Grants and similar amounts paid (Part IX, col				33,9			,834
	14	Benefits paid to or for members (Part IX, colu							
s	15	Salaries, other compensation, employee bene				21,4	20	30	,323
Expenses	16a	Professional fundraising fees (Part IX, column				•			
ē	Ь	Total fundraising expenses (Part IX, column (•			
û	17	Other expenses (Part IX, column (A), lines 11	***************************************			2	83		
	18	Total expenses Add lines 13-17 (must equal				55,6		83	,157
	19	Revenue less expenses Subtract line 18 from				8,4		13	,207
5 8					Begin	ning of Current Y	'ear	End of Year	,
ets or	20	Total assets (Part X, line 16)				1,865,9	60.	1,897	,859
Ass J Ba	21	Total liabilities (Part X, line 26)				47,0			,171
Net Asse Fund Bala	22	Net assets or fund balances Subtract line 21				1,818,9	17.	1,849	,688
	rt II	Signature Block	·-····						
Une	der pe	nalties of perjury, I declare that I have examined the ect, and complete. Declaration of preparer (other tha	nis return, including accompanying schedu	les and staten	nents, a	nd to the best of	my know	ledge and be	lief, it is
true	e, corre	ect, and complete. Declaration of preparer (other tha	n officer) is based on all information of whi	ch preparer ha	s any kr	nowledge			
	•					06/2	2/2020)	
Sig		Signature of officer				Date			
Hei	re	► HANCOCK WHITNEY BANK,	TRUSTEE						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date		Check	if PTIN	***	
Paic					self-employ	ed			
	parer	Firm's name		•		Fırm's EIN ▶			
Use	Only	Firm's address		_		Phone no			
Ma	y the	IRS discuss this return with the preparer	shown above? (see instructions)			<i></i>		Yes	X No
_		work Reduction Act Notice, see the separat						Form 990	



For	rm 990 (2019)	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission.	· A
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
	services?	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	ured by others,
4a	a (Code) (Expenses \$ 44,909. including grants of \$ 44,909.) (Revenue \$)	
	ST MARTIN DE TOURS CATHOLIC CHURCH - BEAUTIFICATION AND IMPROVEMENT	
	OF CHURCH BUILDING AND GROUNDS	·
4b	(Code) (Expenses \$7, 925 . including grants of \$7, 925 .) (Revenue \$)	
	NOTRE DAME CATHOLIC CHURCH - FUNDS TO BE USED AS DETERMINED BY THE	
	PASTOR	
4c	c (Code) (Expenses \$including grants of \$) (Revenue \$)	
	, 	
		
		<u> </u>
40	d Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses > 52,834.	

	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<u> </u>	
1	complete Schedule A	1	X	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
			 	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		├ ^
	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I	6		X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		8		X
	complete Schedule D, Part III	-		 ^
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		١.,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			İ
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
ı	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ļ
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	···	-	
	· · · · · · · · · · · · · · · · · · ·	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	116		_ ^
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			l v
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			ļ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
•	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
		145		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		V
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e7 If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
		20b	 	^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	l	X
000			990	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	•	240		Х
L	through 24d and complete Schedule K. If "No," go to line 25a			_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ŀ		
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	$\overline{}$		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24		31		_ <u>^</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
•-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ا .۔. ا		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		لما
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> X</u>
b	If "Yes," enter the name of the foreign country ▶			_
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? $\dots \dots	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots \dots$	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? \dots	6b		
	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		v
	and services provided to the payor?	7a 7b		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
_	required to file Form 8282?	7.		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	-	Χ
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
	Sponsoring organizations maintaining donor advised funds Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	12a		-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year	120		
	11 100, Officer the difficult of tax exempt interest received of desired during the year 1 1 1 1	ł		
		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			
L	Enter the amount of reserves the organization is required to maintain by the states in which		,	
D	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			(X)
Sect	ion A. Governing Body and Management		· · ·	141
0000	on A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year			Ι.
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			;
b	Enter the number of voting members included on line 1a, above, who are independent			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		١,,
	one or more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		v
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a b	The governing body?	8b	**	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	1.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_	
12a	· · · · · · · · · · · · · · · · · · ·	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		-
C		12c		
	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			· -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available Check all that apply Own website Another's website X Upon request Other (explain on Schedule O)	(Sect	ion 5	01(c)
10		f into	oct -	o li ori
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year	, miler	esi p	σιιόγ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s Þ		
	HANCOCK WHITNEY BANK TRUST DEPT TEL: (504)586-7421			
JSA	701 POYDRAS ST., STE 3200; NEW ORLEANS, LA 70139-7727	Form	990	(2019)

Page	

Form	990	120	101

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	nntr	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	ed organization compensated any current officer, director, or trustee										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b of lndividu	unle	Pos neck ss pe	rson	hand Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) HANCOCK WHITNEY BANK TRUSTEE (2)	1.00		Х					NONE	NONE	30,323		
(3)			_									
(4)					ļ							
(5)												
(6)					_							
(8)												
(9)												
(10)										· · · ·		
(11)												
(12)												
(14)									,			
	1	1	ı	1	ı	ı	1	I	(

Part VII Section A. Officers, Directors, Tru	stees, Key	<u>Em</u>	ploy	/ee	s, a	nd Hi	igh	est Compensate	d Employe	es (co	ntınued	<u> </u>
					C)							
(A)	(B)	Position (do not check more than or						(D)	(E) Reportable			(F) ed amount
Name and title	Average hours	box,	unle	ss pe	erson	is both or/trust	an	Reportable compensation	compensa			other
	per week	-			~			from the organization	from relati organizati			ensation m the
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nple	Former	(W-2/1099-MISC)	(W-2/1099-I		organi	zation and
	related organizations	dividual 1	tion		l de	st co	-				related o	rganizations
	below	rust	2		yee	mpe						
	dotted line)	ee	stee	ŀ		Highest compensated employee						
145)			<u> </u>		1	<u> </u>						
(15)		-		1								
(16)			-	_	┼							
												
(17)												
		<u> </u>										
(18)												
						_						
(19)		}										
(20)				-				-				
(20)		1										
(21)		-	 -				_					
(22)												
				<u> </u>	ـــــ							
(23)	-	ł										
(24)			ļ	-			_					
(24)		1								•		
(25)			 		+							
		1								}		
1b Subtotal							▶					
c Total from continuation sheets to Part VII, S	Section A .						>					
d Total (add lines 1b and 1c)							<u> </u>	NONE		NONE		30,323
2 Total number of individuals (including but n		o tho		iste	d al	bove)	wh	o received more t	han \$100,00	00 of		
reportable compensation from the organization	DII ▶		0									Yes No
3 Did the organization list any former of	etiaan dara		*		_	م بدما		alougo or highes	t compone	atad		165 140
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheil											3	Х
4 For any individual listed on line 1a, is the												
organization and related organizations g	reater that	n \$1	50,0	000	7	lf "Ye	s,"	complete Sched	ule J for	such		
ındıvidual											4	X
5 Did any person listed on line 1a receive o								-			_	
for services rendered to the organization? If " Section B. Independent Contractors	res," compi	ete S	cnec	uie	JTO	or sucr	1 ре	erson	<u> </u>	••	5	X
1 Complete this table for your five high	est compe	nsate	d	ınde	ener	ndent	CO	ontractors that re	ceived mo	re tha	n \$10	0.000 of
compensation from the organization Repor	t compensa	ation	for	the	cal	endar	ye	ar ending with or	within the	organi	zation's	tax year.
(A)								(B)			(C)	-
Name and business add	ress							Description of ser	vices	. (Compensa	ation
							<u> </u>					
							\downarrow					
			_				+					
							+					
2 Total number of independent contractors	s (includes	a bi	ıt n	not	lim	uted 1	LL to	those listed abo	ve) who			
received more than \$100,000 of compensati									.5, 11110			
								F			Form	990 (2019)

_	990 (2					Page 9
Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to	o any line in this Part			<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	D	-		
Program Service Revenue	2a b c d e f	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	► 56,553. ► .			56,553
	6a b c	Gross rents 6a 11,296 Less rental expenses 6b 403 Rental income or (loss) 6c 10,893 Net rental income or (loss)	→ 10,893.			10,893
enne	d 7a b	Net rental income or (loss)				23,02
Re	d	Net gain or (loss)	▶ 28,918.			28,918
Other	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	23,310.			23,32
	b	Less direct expenses 8b		<u> </u>		
	ga 9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 199a				
	b	Less direct expenses 9b				
	10a	Net income or (loss) from gaming activities				
	b c	Less cost of goods sold	>			
<u>s</u>		Business Co.	de	ļ		
aneous enue	11a b					

96,364.

1553-1045000077

e Total Add lines 11a-11d · · ·

Dart IV	Statement	of Functional	Fynenses
rait ix i	Statement	oi runcuonai	EXPENSES

section	501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a response				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	nts and other assistance to domestic organizations				
and	domestic governments See Part IV, line 21	52,834.	52,834.		
	ints and other assistance to domestic viduals See Part IV, line 22				
3 Gra	ints and other assistance to foreign				
org	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
	mpensation of current officers, directors, stees, and key employees	30,323.		30,323.	
6 Cor	npensation not included above to disqualified				
per	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(8)				
7 Oth	ner salaries and wages				
	nsion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions)				
9 Oth	ner employee benefits				
10 Pay	roll taxes				
11 Fee	es for services (nonemployees)				
a Ma	nagement				
b Leg	gal				
c Acc	counting				
d Lot	obying			-	
	fessional fundraising services. See Part IV, line 17.				
f Inv	estment management fees				
g Oth	18r (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule 0)				
	vertising and promotion				
	ice expenses				
	ormation technology				
	yalties				
	cupancy				
17 Tra					
for	ments of travel or entertainment expenses any federal, state, or local public officials				
	nferences, conventions, and meetings				
	erest			· ·	
	ments to affiliates				
	preciation, depletion, and amortization				
	urance				
	er expenses Itemize expenses not covered live (List miscellaneous expenses on line 24e If				
	e 24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O)				
	·				· · · · · · · · · · · · · · · · · · ·
			-		· · · · ·
	other expenses				
	tal functional expenses Add lines 1 through 24e	83,157.	52,834.	30,323.	NONI
26 Joi org froi fun	nt costs Complete this line only if the anization reported in column (B) joint costs m a combined educational campaign and draising solicitation Check here				
foll	owing SOP 98-2 (ASC 958-720)				5. 000 (0040)

	ar V	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	31,260.	1	23,293.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 226, 224.			
	b	Less accumulated depreciation 10b	226,224.	10c	226,224.
	11	Investments - publicly traded securities	1,608,476.	11	1,648,342.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 33)	1,865,960.	16	1,897,859.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	47,043.	18	48,171.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			i
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ieb		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X		_=	
		of Schedule D	47 042	25	40 171
	26	Total liabilities. Add lines 17 through 25	47,043.	26	48,171.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions	1,818,917.	28	1,849,688.
둳	20	Organizations that do not follow FASB ASC 958, check here ▶	1,010,917.	20	1,049,000.
or Fund Balances		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,818,917.	32	1,849,688.
_	33	Total liabilities and net assets/fund balances	1,865,960.	33	1,897,859.
					Form 990 (2019)

Page 12 Form 990 (2019) Part XI **Reconciliation of Net Assets** X Check if Schedule O contains a response or note to any line in this Part XI 96,364. 83,157. 2 2 13,207. 3 1,818,917 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 ĸ 7 7 8 17,564. Other changes in net assets or fund balances (explain on Schedule O). 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 1,849,688. **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII. Yes Nο Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the X 3a b if "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ ► Go to www irs gov/Form990for instructions and the latest information

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

1'HI			<u>LENVENU CHAR.</u>					194409
Par	t I Reason	for Public Cha	rity Status (All o	rganizations must c	omplete	this pa	rt.) See instructions	<u></u>
The	organization is	not a private four	ndation because it	is (For lines 1 through	12, che	eck only	one box)	. 1
1	A church,	convention of chi	urches, or associat	ion of churches descri	bed in s	ection 1	70(b)(1)(A)(i).	17
2	A school of	described in sectio	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	0 or 990)-EZ).)	1/
3	A hospital	or a cooperative	hospital service or	ganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4				onjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
5		name, city, and st		a college or unwerest		d or one	rated by a governme	ntal unit described in
9		70(b)(1)(A)(iv) (C		a conege or universit	y Owner	o or ope	rated by a governme	mai unit described in
6				nmental unit described	l in secti	ion 170(b)(1)(A)(v).	
7								om the general public
·			(1)(A)(vi). (Comple			J -		
8)(1)(A)(vi) (Complete	Part II)			
9		•		d in section 170(b)(1			in conjunction with a	land-grant college
				riculture (see instruction				
	university							
10	receipts fr support fr acquired b	rom activities relat om gross investm by the organization	ted to its exempt fu ent income and ur n after June 30, 19	ore than 331/3% of its unctions - subject to correlated business taxa 375 See section 509	ertain ex ble incor (a)(2) (C	ceptions ne (less Complete	, and (2) no more thai section 511 tax) from Part III)	n 33 1/3% of its
11	├	•	•	sively to test for publi				
12		•	•	•				arry out the purposes
								ee section 509(a)(3).
	_		-					nes 12e, 12f, and 12g.
а				, supervised, or contro				
		J	•	regularly appoint or el		jority of	the directors or truste	es of the
L		• •	•	e Part IV, Sections A		unth ita	aupported organizate	antal by baying
b				ed or controlled in co				
				rganization vested in	tne sam	e person	s that control or man	age the supported
_			•	, Sections A and C . ng organization opera	tad a		with and functional	ly integrated with
С				ns) You must complet				iy integrated with,
d		_		porting organization o				ted organization(s)
u				nization generally mus				
		•	•	mplete Part IV, Section	•		· · · · · · · · · · · · · · · · · · ·	an attentiveness
е				written determination				I Tyne III
·				onally integrated supp				,, , , po
f			organizations					
g			=	orted organization(s)				
_					(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see matructions))	Yes	No	man denona)	matractiona _j
(A)							•	
	SEE PAR	T VI						
(B)								
	<u>.</u>				-			
(C)								
(D)		*****						
(E)								
Tota							-	

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Pa	rt I or if t	he organizatio	n failed to qua	
Sect	ion A. Public Support							N/A
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(4	2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge			ļ				
4	Total Add lines 1 through 3				.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support Subtract line 5 from line 4	\ 	<u> </u>			<u> </u>	<u> </u>	<u> </u>
	tion B. Total Support	 :	<u> </u>	-T		1	1	1
Cale	ndar year (orfiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c	2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 · · · · · · · · · · · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources · · · · · · · · · · · · · · · · · · ·							
9	Net income from unrelated business activities, whether or not the business is regularly carried on				\perp			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support Add lines 7 through 10 .					<u> </u>		
12	Gross receipts from related activities, etc. (s						12	_
13	First five years If the Form 990 is f	or the organiza	tion's first, seco	nd, thi	rd, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Saat	organization, check this box and stop here tion C. Computation of Public Sup		•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Public support percentage for 2019 (li			11 0	oluma (t))		14	%
14	Public support percentage from 2018							%
15	331/3% support test - 2019 If the or							
100	box and stop here. The organization q							
h	331/3% support test - 2018 If the org							
~	this box and stop here. The organization							
17a	10%-facts-and-circumstances test							
	10% or more, and if the organization Part VI how the organization meets to	meets the "fa	icts-and-circums	tances	" test, c	eck this box a	nd stop here	Explain in
	organization							
b	10%-facts-and-circumstances test -		_					
	15 is 10% or more, and if the organization in Part VI how the organization	on meets the	"facts-and-circui	mstand	es" test	The organization	on qualifies as	a publicly
18	supported organization Private foundation. If the organization							

GYZ529 302T 06/22/2020 16:00:12

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	if you checked	the box on line 1	10 of Part I c	or if the org	anızatıon failed	to qualify	under Part II
		ify under the test					

Sect	ion A. Public Support				!_			N/A
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017		(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					-		
	received (Do not include any "unusual grants ")				_			
2	Gross receipts from admissions, merchandise	<u></u>						
	sold or services performed, or facilities							
	furnished in any activity that is related to the				- []			
	organization's tax-exempt purpose · · · ·							
3	Gross receipts from activities that are not an	-			<u> </u>			
	unrelated trade or business under section 513 .							
4	Tax revenues levied for the				- [
	organization's benefit and either paid to				-			
	or expended on its behalf				_i\			
5	The value of services or facilities				- []			
	furnished by a governmental unit to the							
	organization without charge							. <u>-</u>
6	Total Add lines 1 through 5		_		_ !			
7 a	Amounts included on lines 1, 2, and 3				-			
	received from disqualified persons							
Ь	Amounts included on lines 2 and 3 received from other than disqualified		}		İ			
	persons that exceed the greater of \$5,000		İ		- i		1	
	or 1% of the amount on line 13 for the year				- 			
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from				[]			
C4	line 6)		<u></u>					<u></u>
	ion B. Total Support	(a) 2015	(b) 2016	(c) 2017	, 	(d) 2018	(e) 2019	(f) Total
_	dar year (or fiscal year beginning in)	(8) 2013	(6) 2010	(0, 201,	+	(4) 2010	(0, 20.0	(1) 10101
9 10a	Amounts from line 6				-++			
104	payments received on securities loans,				- []			
	rents, royalties, and income from similar				-			
L	Sources				-11	.		
D	Unrelated business taxable income (less section 511 taxes) from businesses				- 11			
	acquired after June 30, 1975				- 11			
_	Add lines 10a and 10b				++			
11	Net income from unrelated business		_		11			
• •	activities not included in line 10b, whether				1			
	or not the business is regularly carried on							
4.2	• • • • • • • • • • • • • • • • • • • •				7			
12	Other income Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI)							
13	Total support (Add lines 9, 10c, 11,				T			
	and 12)				11			
14	First five years If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fo	urth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .	-						
Sect	ion C. Computation of Public Supp							
15	Public support percentage for 2019 (line 8,		•	mn (f))			15	%
16	Public support percentage from 2018 Sched	Jule A, Part III, lin	ne 15			<u>.</u>	16	%
Sect	ion D. Computation of Investment	Income Perc	entage					
17	Investment income percentage for 2019 (lin			13, column	1))		17	_%
18	Investment income percentage from 2018 S						18	%
	331/3% support tests - 2019. If the or							, and line
	17 is not more than 331/3%, check thi							- 1
b	331/3% support tests - 2018. If the orga							
	fine 18 is not more than 331/3%, check							
20	Private foundation. If the organization of	did not check a	box on line 1	4, 19a, or	19b,			
JSA 9F122	1 1 000					S	chedule A (Form 9	90 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Par	t V.)		
Secti	on A. All Supporting Organizations			r
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	-	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		Х
b	Type I or Type II only Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	_	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X.
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		х
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		Х
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	İ	

10b

determine whether the organization had excess business holdings)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2019

2b

3a

activities but for the organization's involvement.

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns N/A	- Tage V	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organical contents.	trust or	Nov 20, 1970 (explain		
Section A - Adjusted Net Income				
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			-	
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
	1a			
a Average monthly value of securities	1b			
b Average monthly cash balances c Fair market value of other non-exempt-use assets	1c			
	1d			
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other	10		<u> </u>	
factors (explain in detail in Part VI)	1			
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	- -			
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 035	6			
7 Recoveries of prior-year distributions	17			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5	(
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting o	rganization (see	
instructions)	-	.,	-	

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	N/A
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions	<u></u>		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			•
	instructions			
	Excess distributions carryover, if any, to 2019		-	,
a	From 2014			
b	From 2015			
<u>c</u>	From 2016			· · · · · · · · · · · · · · · · · · ·
<u>d</u>	From 2017			
e	From 2018		 .	
f	Total of lines 3a through e			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2019 distributable amount			<u> </u>
	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
7	Section D, line 7 \$			
——	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			"
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j		n' -	
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
PART IV, SECT C, LINE 1
THE LAST WILL AND TESTAMENT OF DR BERNARD BIENVENU CREATED THE TRUST.
HANCOCK WHITNEY BANK BECAME SUCCESSOR TRUSTEE IN 2017. A BANK
OFFICER IS APPOINTED TO MANAGE THE TRUST. THE SUPPORTED
ORGANIZATIONS ARE HISTORICAL CHURCHES IN ST MARTINVILLE, LA GOVERNED
BY THE PRIESTS APPOINTED BY THE BISHOP OF THE DIOCESE OF LAFAYETTE.
PART IV, SECT C, LINE 1 CONT'D
THE SUPPORTING ORGANIZATION IS IN CONTACT WITH THE CHURCHES AND
ANNUAL DONATIONS ARE REQUIRED BY THE TERMS OF THE TRUST. THE TRUST
DOCUMENT REQUIRES REPORTS BY THE SUPPORTED ORGANIZATION TO THE
SUPPORTING ORGANIZATION ON USE OF THE ANNUAL GRANTS TO ENSURE
COMPLIANCE WITH THE TERMS OF THE TRUST. THE TRUST DOCUMENT ALSO
PROVIDES SPECIFIC GUIDELINES FOR THE INVESTMENT OF TRUST ASSETS.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS __________ NAME OF SUPPORTED ORGANIZATION: ST MARTIN DE TOURS CATHOLIC CHURCH EIN: 72-0511920 TYPE OF ORGANIZATION FROM PART I: 1 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 44,909. NAME OF SUPPORTED ORGANIZATION: NOTRE DAME CATHOLIC CHURCH EIN: 72-6021339 TYPE OF ORGANIZATION FROM PART I: 1 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: TOTAL SUPPORT: 52,834. TOTAL OTHER SUPPORT: NONE ===========

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

Department of the Treasury
Internal Revenue Service

Solution

Go to www irs.gov/Form990for instructions and the latest information

20**19**

Open to Public Inspection

Employer identification number Name of the organization THE BEATRICE AND JEFF BIENVENU CHARITABLE 72-6194409 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

Pa	Land, Buildings, and Equipment. Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, <u>line</u>	11a. See Form 9	90, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	226,224.			226,224
b	Buildings				
C	Leasehold improvements				
d	Equipment				
е	Other				
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	0c.) ▶	226,224

Schedule D (Form 990) 2019

No

Χ

Part VII	Investments - Other Securities. Complete if the organization answered	"Vas" on Form 990	Part IV line 11h See Form 990 I	Part X line 12
		(b) Book value	(c) Method of valuation	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market	
	al derivatives		ļ	
	held equity interests			
(A)			<u> </u>	
(B) (C)				
(D)				
(E)	·			
(F)				
(G)				
(H)	· · · · · · · · · · · · · · · · · · ·			
	n(b) must equal Form 990, Part X, col (B) line 12) .			
Part VIII	Investments - Program Related.	1		
rare viii	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	n.
(1)			,	
(2)	-			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	·		
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·	·		
(6)				
(7)				
(8)	<u> </u>			
(9)				
	ımn (b) must equal Form 990, Part X, col (B) l	ine 15)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25	"Yes" on Form 990,	Part IV, line 11e or 11f See Form	990, Part X,
1		tion of liability		(b) Book value
	al income taxes	non or nability		12) DOOK VAILE
(2)	at modifie taxes			
(3)				
(4)				
(5)				
(6)	-			
(7)				
(8)				
(9)	· · ·			
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions in Part XIII, provide the			t reports the
			gamaanana maraka atalah ah	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2019		Page 4
Part_	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments]	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)	5	-
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	{	
b	Other (Describe in Part XIII)	40	
С 5	Add lines 4a and 4b	4c 5	
_	XIII Supplemental Information.		
rovid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, P		ne 4; Part X, line
2, Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	CONTINUATION SHEET		
		-	
		-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ

For to www.irs gov/Form990for the latest information.

Open to Public Inspection

Employer identification number

72-6194409 THE BEATRICE AND JEFF BIENVENU CHARITABLE EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW HANCOCK WHITNEY BANK AS TRUSTEE AND GOVERNING BODY PREPARES AND REVIEWS THE 990 BEFORE FILING. FORM 990, PAGE 6, PART VI, LINE 19 DOCUMENTS ARE AVAILABLE UPON REQUEST. EXPLANATION FOR FORM 990, PART XI, LINE 9 ACCRUED MARKET DISCOUNT, BASIS ADJUSTMENT, CHANGE IN GRANTS PAYABLE

Name of the organization
THE BEATRICE AND JEFF BIENVENU CHARITABLE

Employer identification number

72-6194409

FORM 990, PART I - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FOR THE BEAUTIFICATION OF THE CHURCH GROUNDS AND THE RESTORATION AND EMBELLISHMENT OF THE CHURCH AND RECTORY OF ST MARTIN DE TOURS CATHOLIC CHURCH AND FOR THE SUPPORT OF NOTRE DAME CATHOLIC CHURCH AS DETERMINED BY THE PASTOR WITH THE INCOME FROM THE ASSETS OF THE TRUST.

Name of the organization
THE BEATRICE AND JEFF BIENVENU CHARITABLE

Employer identification number

72-6194409

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FOR THE BEAUTIFICATION OF THE CHURCH GROUNDS AND THE RESTORATION AND EMBELLISHMENT OF THE CHURCH AND RECTORY OF ST MARTIN DE TOURS CATHOLIC CHURCH AND FOR THE SUPPORT OF NOTRE DAME CATHOLIC CHURCH AS DETERMINED BY THE PASTOR WITH THE INCOME FROM THE ASSETS OF THE TRUST.