DLN: 93493319047529 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable THE GREATER NEW ORLEANS FOUNDATION □ Address change 72-0408921 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 919 ST CHARLES AVENUE ☐ Amended return ☐ Application pending (504) 598-4663 City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA  $\,$  70130  $\,$ G Gross receipts \$ 146,707,510 Name and address of principal officer H(a) Is this a group return for ANDREW KOPPLIN ☐Yes **☑**No subordinates? 919 ST CHARLES AVE H(b) Are all subordinates NEW ORLEANS, LA 70130 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GNOF ORG L Year of formation 1983 M State of legal domicile LA Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 27 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a -9,630 **b** Net unrelated business taxable income from Form 990-T, line 34 -25,890 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 22,230,886 38,167,140 Ravenua 271,090 285,702 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,329,445 15,079,075 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,033 50,162 31,881,583 53,589,950 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 24,186,529 26,188,058 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,617,696 2,894,216 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶927,194 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,952,806 3,834,749 29,757,031 32,917,023 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,124,552 20,672,927 Net Assets or Fund Balances Beginning of Current Year End of Year 324,999,143 318,231,552 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 6,477,355 5,410,846 22 Net assets or fund balances Subtract line 21 from line 20 . 318,521,788 312,820,706 Signature Block 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 officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here ERIC SELING VP OF FINANCE AND OPERATIONS Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01222673 Paid self-employed Firm's name LAPORTE APAC Firm's EIN ► 72-1088864 Preparer Use Only Firm's address ▶ 111 VETERANS MEMORIAL BLVD 600 Phone no (504) 835-5522 METAIRIE, LA 700054958 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form | 990 (2018)             |                         |                  |                             |  | Page <b>2</b>          |
|------|------------------------|-------------------------|------------------|-----------------------------|--|------------------------|
| Pa   | ort III Statement      | of Program Servi        | ce Accomplis     | hments                      |  |                        |
|      | Check if Sche          | edule O contains a resp | onse or note to  | any line in this Part III . |  | 🗹                      |
| 1    |                        | organization's mission  |                  |                             |  |                        |
| SEE  | SCHEDULE O             |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
| 2    |                        |                         |                  | vices during the year wh    |  |                        |
|      | the prior Form 990 o   | or 990-EZ?              |                  |                             |  | 🗌 Yes 🗹 No             |
|      |                        | ese new services on Sc  |                  |                             |  |                        |
| 3    | Did the organization   | cease conducting, or r  | nake significant | changes in how it condu     | cts, any program   |                        |
|      |                        |                         |                  |                             |  | 🗌 Yes 🛮 No             |
|      | If "Yes," describe the | ese changes on Schedu   | ıle O            |                             |  |                        |
| 4    | Section 501(c)(3) ar   |                         | ons are required | I to report the amount of   | argest program services, as measi<br>f grants and allocations to others, t |                        |
| 4a   | (Code                  | ) (Expenses \$          | 30,822,058       | including grants of \$      | 26,188,058 ) (Revenue \$   | 287,394 )              |
|      | See Additional Data    |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
| 4b   | (Code                  | ) (Expenses \$          |                  | including grants of \$      | ) (Revenue \$  | )                      |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
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|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
| 4c   | (Code                  | ) (Expenses \$          |                  | including grants of \$      | ) (Revenue \$  | )                      |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      |                        |                         |                  |                             |  |                        |
|      | <u> </u>               |                         |                  |                             |  |                        |
| 4d   | Other program serv     | ices (Describe in Sched | ule O)           |                             |  |                        |
|      | (Expenses \$           | ınc                     | luding grants of | \$                          | ) (Revenue \$  | )                      |
| 4e   | Total program ser      | vice expenses >         | 30,822,0         | 58                          |  |                        |
|      |                        |                         |                  |                             |  | Form <b>990</b> (2018) |

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 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? 4 Yes 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? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Yes

21

| Form | 990 (2018)  |     |     | Page <b>4</b> |
|------|---|-----|-----|---------------|
| Pai  | Checklist of Required Schedules (continued)   |     |     |               |
|      |   |     | Yes | No            |
| 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? <i>If "Yes," complete Schedule J</i>   | 23  | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |               |
| c    | 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 |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |               |
| 25a  | 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 I   | 25a |     | No            |
| 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 |     | No            |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |     | No            |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No            |
| 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No            |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No            |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒  | 29  | Yes |               |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |     | No            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes |               |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No            |
| b    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2   | 35b |     |               |

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🥦

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

All Form 990 filers are required to complete Schedule O . . .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Nο

No

No

36

37

38

79

0

1a

1b

Yes

Yes

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36

37

38

Part V

13a

14a

14b

15

No

No

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13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page **6** Innes

| Par  | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions   |               |     |          |  |  |  |  |  |
|------|--|---------------|-----|----------|--|--|--|--|--|
| Se   | Check if Schedule O contains a response or note to any line in this Part VI  | • •           | • • | <b>✓</b> |  |  |  |  |  |
| - 50 | ction A. Governing Body and Management   |               | Yes | No       |  |  |  |  |  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year and 1a 27  |               |     |          |  |  |  |  |  |
|      | 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 in Schedule O   |               |     |          |  |  |  |  |  |
| b    | Enter the number of voting members included in line 1a, above, who are independent  1b 27  |               |     |          |  |  |  |  |  |
| 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             | Yes |          |  |  |  |  |  |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •.   | 3             |     | No       |  |  |  |  |  |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4             |     | No       |  |  |  |  |  |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5             |     | No       |  |  |  |  |  |
| 6    | Did the organization have members or stockholders?   | 6             |     | No       |  |  |  |  |  |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a            |     | No       |  |  |  |  |  |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b            |     | No       |  |  |  |  |  |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |               |     |          |  |  |  |  |  |
| а    | The governing body?  | 8a            | Yes |          |  |  |  |  |  |
| Ь    | Each committee with authority to act on behalf of the governing body?  | 8b            | Yes |          |  |  |  |  |  |
|      | 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 in Schedule O   | 9             |     | No       |  |  |  |  |  |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | <u>e Code</u> |     |          |  |  |  |  |  |
|      |  | 40            | Yes | No       |  |  |  |  |  |
|      | Did the organization have local chapters, branches, or affiliates?   | 10a           |     | No       |  |  |  |  |  |
| D    | 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?   | 10ь           |     |          |  |  |  |  |  |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a           | Yes |          |  |  |  |  |  |
| Ь    | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |               |     |          |  |  |  |  |  |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a           | Yes |          |  |  |  |  |  |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b           | Yes |          |  |  |  |  |  |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c           | Yes |          |  |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?  | 13            | Yes |          |  |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?   | 14            | Yes |          |  |  |  |  |  |
| 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           | Yes |          |  |  |  |  |  |
| b    | Other officers or key employees of the organization  | 15b           | Yes |          |  |  |  |  |  |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |               |     |          |  |  |  |  |  |
|      | 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           |     | No       |  |  |  |  |  |
| 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           |     |          |  |  |  |  |  |
|      | ction C. Disclosure  |               |     |          |  |  |  |  |  |
| 17   | List the States with which a copy of this Form 990 is required to be filed AL , AK , AZ , AR , CA , CT , FL , GA , IL , , MI , MN , MS , NH , NJ , NM , NY , NC , N , RI , SC , TN , UT , VA , WA , WV , WI  |               |     |          |  |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply   |               |     | •        |  |  |  |  |  |
|      | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)   |               |     |          |  |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |               |     |          |  |  |  |  |  |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records<br>►ERIC SELING 919 ST CHARLES AVENUE NEW ORLEANS, LA 70130 (504) 598-4663  |               |     |          |  |  |  |  |  |

| 101111 330 (2           | 010)   |  |  |                       |         |              |                              |        |  |  | Page /   |
|-------------------------|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Part VII                | Compensation of Officer and Independent Contra   |  | Truste                                     | es,                   | Key     | En           | nploy                        | ees    | , Highest Comp   | ensated Employ   | ees,   |
|                         | Check if Schedule O contains a   | response or no   | te to an                                   | y line                | ≘ ın t  | hıs          | Part VI                      | ١.     |  |  | 🗆  |
| Section                 | A. Officers, Directors, Tru  | ıstees, Key E  | mploy                                      | ees                   | , an    | d F          | lighe                        | st (   | Compensated En   | nployees   |  |
| year .                  | this table for all persons requir<br>of the organization's current of                                      |  | ·  |                       |         |              |                              |        | , ,  |  | •  |
| of compensa             | tion Enter -0- in columns (D), (<br>if the organization's <b>current</b> key                               | E), and (F) if no                                      | compe                                      | nsatı                 | on w    | vas į        | paid                         |        | - ,,   |  |  |
| • List the who received | organization's five <b>current</b> high<br>direportable compensation (Box<br>and any related organizations | est compensate   | d emplo                                    | yees                  | (oth    | ner t        | than a                       | n off  | icer, director, truste   | e or key employee)   | 1  |
| • List all o            | of the organization's <b>former</b> office compensation from the organization                              |  |  |                       |         |              | pensat                       | ed e   | employees who rece   | ived more than \$10  | 0,000  |
|                         | f the organization's <b>former dir</b> e<br>, more than \$10,000 of reportat                               |  |  |                       |         |              |                              |        |  |  | e  |
| compensated             | in the following order individual demployees, and former such p  | ersons   |  |                       |         |              |                              |        |  |  |  |
| ☐ Check tl              | nis box if neither the organization  | n nor any relate                                       | ed organ                                   | nizatio               | on co   | omp          | ensate                       | d ar   | ny current officer, di   | rector, or trustee   | Т  |
|                         | (A)<br>Name and Title  | (B) Average hours per week (list any hours for related | (B) Average hours per week (list any hours |                       |         |              |                              | on     | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                         |  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director          | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI3C)   | (W- 2/1099-<br>MISC)   | related organizations  |
| See Additiona           | al Data Table  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |
|                         |  |  |  |                       |         |              |                              |        |  |  |  |

|                           | นธโลล | Trustee | ee<br>e | npensated |  |  |
|---------------------------|-------|---------|---------|-----------|--|--|
| See Addıtıonal Data Table |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |
|                           |       |         |         |           |  |  |

| 1b Sub-Total                             |  |  |         |       |      |        |     |                     |        |         |
|--|--|--|---------|-------|------|--------|-----|---------------------|--------|---------|
| d Total (add lines 1b and 1c)            |  |  | <u></u> |       |      | ▶      |     | 1,032,284           | 0      | 146,858 |
| 2 Total number of individuals (including |  |  | e liste | ed al | bove | e) who | rec | eived more than \$1 | 00,000 |         |

of reportable compensation from the organization  $\triangleright$  6

Yes No

3

4

5

(B)

Description of services

STRATEGIC PLANNING

FINANCIAL TRAINING

RACIAL EQUITY TRAINING

Yes

Nο

Nο

312,150

136,000

102,418

(C)

Compensation

Form 990 (2018)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

individual .

CONVERGE CONSULTING LLC

4411 CANAL STREET NEW ORLEANS, LA 70119 FMA - NEW YORK

440 PARK AVE S 3 NEW YORK, NY 10016 RACIAL EQUITY INSTITUTE LLC

454 GORRELL STREET GREENSBORO, NC 27406

Section B. Independent Contractors

compensation from the organization ▶ 3

1d

| ? '≣                                | e Government grants (cor                                      | ntributions) 1e                        |                  |            |            |        |                        |
|-------------------------------------|---|--|------------------|------------|------------|--------|------------------------|
| Contributions, G<br>and Other Simil | f All other contributions, quant similar amounts not          | gifts, grants,<br>i included <b>1f</b> | 38,167,140       |            |            |        |                        |
| Other                               | above  g Noncash contribution                                 |  |                  |            |            |        |                        |
| Contr<br>and O                      | ın lines 1a - 1f \$   | 8,204                                  |                  |            |            |        |                        |
| <u>ة د</u>                          | h Total. Add lines 1a-1                                       |  |                  | 38,167,140 |            |        |                        |
| 3                                   | - 4044447677047745  |  | Business C       |            | 4,226 204, | 226    |                        |
| N-S-V                               | 2a ADMINISTRATIVE FEES  |  | 51               | 61000      | ,          | 476    |                        |
| oğ l                                | <b>Ь</b> TRAINING FEES  |  | 5-               | 41610      | -,         |        |                        |
| Z G                                 | с ———   |  |                  |            |            |        |                        |
| જુ                                  | d ————  |  |                  |            |            |        |                        |
| Program Service Revenue             | <b>e f</b> All other program serv                             |  |                  |            |            |        |                        |
| δ.                                  | gTotal. Add lines 2a-2f                                       |  | 28               | 5,702      |            |        |                        |
|                                     | 3 Investment income (inc                                      |  | rest, and other  |            |            |        |                        |
|                                     | sımılar amounts)  |  | <u>▶</u>         | 5,261,202  |            | -9,630 | 5,270,832              |
|                                     | 4 Income from investmen                                       | •                                      | · -              | 14,760     |            |        | 14,760                 |
|                                     | <b>5</b> Royalties  | (ı) Real                               | (II) Personal    | 14,700     |            |        | 14,700                 |
|                                     | <b>6a</b> Gross rents   | (i) iteal                              | (ii) i ci soilai |            |            |        |                        |
|                                     | <b>h</b> Less rental expenses                                 | 41,581                                 |                  |            |            |        |                        |
|                                     | <b>b</b> Less Tental expenses                                 |  |                  |            |            |        |                        |
|                                     | c Rental income or (loss)                                     | 41,581                                 |                  |            |            |        |                        |
|                                     | d Net rental income or  | (loss)                                 |                  | 41,581     |            |        | 41,581                 |
|                                     | Γ   | (ı) Securities                         | (II) Other       |            |            |        |                        |
|                                     | <b>7a</b> Gross amount from sales of                          | 102,935,433                            |                  |            |            |        |                        |
|                                     | assets other<br>than inventory                                |  |                  |            |            |        |                        |
|                                     | <b>b</b> Less cost or   |  |                  |            |            |        |                        |
|                                     | other basis and sales expenses                                | 93,117,560                             |                  |            |            |        |                        |
|                                     | C Gain or (loss)  | 9,817,873                              |                  |            |            |        |                        |
|                                     | <b>d</b> Net gain or (loss) . <b>8a</b> Gross income from ful |  | <u> </u>         | 9,817,873  |            |        | 9,817,873              |
| <u>ə</u>                            | (not including \$   | of                                     |                  |            |            |        |                        |
| E E                                 | contributions reported<br>See Part IV, line 18                |  |                  |            |            |        |                        |
| Other Revenue                       | <b>b</b> Less direct expenses                                 |  |                  |            |            |        |                        |
| e                                   | <b>c</b> Net income or (loss) f                               | rom fundraising event                  | s ▶              |            |            |        |                        |
| o<br>₽                              | 9a Gross income from ga<br>See Part IV, line 19               |  |                  |            |            |        |                        |
|                                     |   | a                                      |                  |            |            |        |                        |
|                                     | <b>b</b> Less direct expenses                                 |  |                  |            |            |        |                        |
|                                     | c Net income or (loss) f                                      |  | · · •            |            |            |        |                        |
|                                     | 10aGross sales of invento<br>returns and allowance            |  |                  |            |            |        |                        |
|                                     | _   | a                                      |                  |            |            |        |                        |
|                                     | <b>b</b> Less cost of goods so                                | L                                      |                  |            |            |        |                        |
|                                     | C Net income or (loss) f  Miscellaneous R                     |  | Business Code    |            |            |        |                        |
|                                     | 11aSETTLEMENT INCOME  | <b>=</b>                               | 999999           | 1,401      | 1,401      |        |                        |
|                                     |   |  |                  |            |            |        |                        |
|                                     | b MEMBERSHIP FEES   |  | 900099           | 291        | 291        |        |                        |
|                                     |   |  |                  |            |            |        |                        |
|                                     | с   |  |                  |            |            |        |                        |
|                                     |   |  |                  |            |            |        |                        |
|                                     | d All other revenue .   |  |                  |            |            |        |                        |
|                                     | e Total. Add lines 11a-                                       |  | · · •            | 1,692      |            |        |                        |
|                                     | <b>12 Total revenue.</b> See I                                | nstructions                            | · · •            | 53,589,950 | 287,394    | -9,630 | 15,145,046             |
|                                     |   |  |                  |            |            |        | Form <b>990</b> (2018) |

| Form 990 (2018)   |                        |  |                                    | Page <b>10</b>             |
|---|------------------------|--|------------------------------------|----------------------------|
| Part IX Statement of Functional Expenses  |                        |  |                                    |                            |
| Section 501(c)(3) and 501(c)(4) organizations must complete all co  | -                      | ·  | , ,                                |                            |
| Check if Schedule O contains a response or note to any  | line in this Part IX . |  | (C)                                | <u> ⊔</u>                  |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | ( <b>B)</b><br>Program service<br>expenses | Management and<br>general expenses | (D)<br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and<br>domestic governments See Part IV, line 21  | 26,180,558             | 26,180,558                                 |                                    |                            |
| 2 Grants and other assistance to domestic individuals See<br>Part IV, line 22   | 7,500                  | 7,500                                      |                                    |                            |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16  |                        |  |                                    |                            |
| 4 Benefits paid to or for members   |                        |  |                                    |                            |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 1,032,284              | 405,901                                    | 356,328                            | 270,055                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                        |  |                                    |                            |
| 7 Other salaries and wages  | 1,318,987              | 788,705                                    | 277,955                            | 252,327                    |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 168,093                | 85,403                                     | 45,345                             | 37,345                     |
| 9 Other employee benefits   | 220,908                | 112,237                                    | 59,592                             | 49,079                     |
| <b>10</b> Payroll taxes   | 153,944                | 78,214                                     | 41,528                             | 34,202                     |
| 11 Fees for services (non-employees)  |                        |  |                                    |                            |
| a Management  |                        |  |                                    |                            |
| b Legal   | 15,942                 |  | 15,942                             | _                          |
| c Accounting  | 53,800                 |  | 53,800                             |                            |
|   | 40,500                 | 40,500                                     |                                    |                            |
| · · · · · -   | 10,300                 | 10,555                                     |                                    |                            |
| e Professional fundraising services See Part IV, line 17  | 674,323                | 674,323                                    |                                    |                            |
| f Investment management fees  | · ·                    |  | 16.051                             | 22.042                     |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 1,602,475              | 1,562,812                                  | 16,851                             | 22,812                     |
| 12 Advertising and promotion  | 355,752                | 298,039                                    | 23,888                             | 33,825                     |
| 13 Office expenses  | 41,929                 | 21,271                                     | 11,568                             | 9,090                      |
| 14 Information technology   | 138,742                | 63,954                                     | 28,577                             | 46,211                     |
| 15 Royalties  |                        |  |                                    |                            |
| <b>16</b> Occupancy   | 155,314                | 67,990                                     | 59,879                             | 27,445                     |
| <b>17</b> Travel  | 61,200                 | 55,058                                     | 2,374                              | 3,768                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                        |  |                                    |                            |
| 19 Conferences, conventions, and meetings   |                        |  |                                    |                            |
| <b>20</b> Interest  |                        |  |                                    |                            |
| 21 Payments to affiliates   |                        |  |                                    |                            |
| 22 Depreciation, depletion, and amortization  | 263,040                | 131,520                                    | 73,651                             | 57,869                     |
| 23 Insurance  | 73,872                 |  | 73,872                             |                            |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) |                        |  |                                    |                            |
| a DEVELOPMENT/PR  | 147,600                | 63,640                                     | 16,441                             | 67,519                     |
| b BANK & CREDIT CARD FEES   | 113,973                | 103,793                                    | 10,180                             |                            |
| c COMMUNITY MEETINGS  | 96,287                 | 80,640                                     |                                    | 15,647                     |
| d   |                        |  |                                    |                            |
| e All other expenses  |                        |  |                                    |                            |
|   | 1                      | 1  |                                    | l                          |

32,917,023

30,822,058

1,167,771

927,194

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

|                                 |  | 🗀   |
|---------------------------------|--|---|
| <b>(A)</b><br>Beginning of year |  | (B)<br>End of year                            |
| 4,088,986                       | 1  | 3,977,122                                     |
| 13,698,806                      | 2  | 23,135,422                                    |
| 4,377,510                       | 3  | 3,899,519                                     |
| 63,169                          | 4  | 64,905  |
|                                 | 5  |   |
|                                 | (A) Beginning of year 4,088,986 13,698,806 4,377,510 | 4,088,986 1 13,698,806 2 4,377,510 3 63,169 4 |

13,970,872

590,086

6

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10c

11 12

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19 20

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22 23

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31 32

33

34

13,380,786

273,402,761

371.037 318.231.552

378.781

2.030.098

3.001.967

5.410.846

302.648.945

10,171,761

312,820,706

318,231,552

Form **990** (2018)

13,619,923

357.380

313.782

2.745.831

3.417.742

6.477.355

308.203.260

10,318,528

318,521,788

324,999,143

324.999.143

288.793.369

| Assets |
|--------|
|        |

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Form 990 (2018)

| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  |  |
|--|--|
| Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |  |
| Notes and loans receivable, net  |  |

10a

10b

3a

3b

Nο

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

# **Additional Data**

### Software ID: **Software Version:**

**EIN:** 72-0408921

Name: THE GREATER NEW ORLEANS FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer from the week (list from related compensation and a director/trustee) organizations from the organization

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|                 | any hours   |                                   |                       |    |              |                                  |        | organizations        | from the             |  |
|-----------------|---|-----------------------------------|-----------------------|----|--------------|----------------------------------|--------|----------------------|----------------------|--|
|                 | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | 10 | key employee | ee voldwe<br>Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| CHERYL R TEAMER | 2 00  | Х                                 |                       |    |              |                                  |        | 0                    | C                    | 0  |
| DIRECTOR        |   | ^                                 |                       |    |              |                                  |        |                      | 3                    |  |
| GAYLE BENSON    | 2 00  | ×                                 |                       |    |              |                                  |        | 0                    | 0                    | 0  |
| DIRECTOR        |   | ^                                 |                       |    |              |                                  |        |                      | 3                    |  |
| ROBERT S BOH    | 2 00  | ×                                 |                       |    |              |                                  |        | 0                    | 0                    | 0  |
| DIRECTOR        |   | ,,                                |                       |    |              |                                  |        | Ĭ                    | · ·                  | · ·  |

| GAYLE BENSON    | 2 00 | ×   |  |  | 0 |  |
|-----------------|------|-----|--|--|---|--|
| DIRECTOR        |      | _ ^ |  |  |   |  |
| ROBERT S BOH    | 2 00 | ×   |  |  | 0 |  |
| DIRECTOR        |      | ^   |  |  |   |  |
| ARNOLD W DONALD | 2 00 | l   |  |  | 0 |  |
| DIRECTOR        |      | ^   |  |  | ľ |  |

2 00

2 00

2 00

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

CONRAD N HILTON III

PATRICIA S LEBLANC

WALTER L LEGER JR

DIRECTOR (RESIGNED 08/2018)

| DIRECTOR       |      |              |  |  |   |   |   |
|----------------|------|--------------|--|--|---|---|---|
| DAVID EDWARDS  | 2 00 | <sub>v</sub> |  |  | 0 | O | 0 |
| DIRECTOR       |      | ^            |  |  | 0 | 0 |   |
| MONICA EDWARDS | 2 00 |              |  |  |   | 0 | 0 |
| DIRECTOR       |      | ^            |  |  | 0 | 0 | O |
| RITA GUE       | 2 00 | ×            |  |  | 0 | C | 0 |

0

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|   | ally llours   | ا مانان                           | a uii                 | ecti |              | usice,              | '      | Organization         | organizations        | overnment and                                |  |
|---|---|-----------------------------------|-----------------------|------|--------------|---------------------|--------|----------------------|----------------------|--|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |      | key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| MONIKA MCKAY DIRECTOR                         | 2 00  | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |
| R KING MILLING DIRECTOR                       | 2 00  | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |
| ELIZABETH S NALTY DIRECTOR (RESIGNED 08/2018) | 2 00  | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |
| LYNES R SLOSS<br>DIRECTOR                     | 2 00  | ×                                 |                       |      |              |                     |        | 0                    | 0                    | 0  |  |
| VERA B TRIPLETT                               | 2 00  |                                   |                       |      |              |                     |        |                      |                      |  |  |

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| LYNES R SLOSS   |
|-----------------|
| DIRECTOR        |
| VERA B TRIPLETT |
| DIRECTOR        |

GEORGE V YOUNG

LUIS ZERVIGON

DAVID BARKSDALE

MADELINE D WEST

LYNNE BURKHART

DIRECTOR (RESIGNED 08/2018)

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

CHAIRMAN

VICE CHAIR

**TREASURER** 

**SECRETARY** 

LEANN O MOSES

ROBERT A BORIES

CHARLES L RICE JR

WARNER THOMAS

CHRISTIAN T BROWN

| !                          |   |   | organizations         |              |                              |        |                      |                      |  |
|----------------------------|---|---|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                            | for related<br>organizations<br>below dotted<br>line) |   | Institutional Trustee | key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| ALEX GERSHANIK<br>DIRECTOR | 2 00  | x |                       |              |                              |        | 0                    | 0                    | 0  |
| ARTHUR ROGER DIRECTOR      | 2 00  | × |                       |              |                              |        | 0                    | 0                    | 0  |
| STEVE USDIN DIRECTOR       | 2 00  | x |                       |              |                              |        | 0                    | 0                    | 0  |

| ARTHUR ROGER   | 2 00 | x |  |  | 0 | 0 |
|----------------|------|---|--|--|---|---|
| DIRECTOR       |      | , |  |  | Ů |   |
| STEVE USDIN    | 2 00 |   |  |  | _ |   |
| DIRECTOR       |      | X |  |  | 0 | O |
| CATHY ISAACSON | 2 00 | × |  |  | 0 | 0 |
| DIRECTOR       |      | ^ |  |  |   | Ĭ |

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|----------------|------|----|--|--|---|------|----|---|
| DIRECTOR       |      |    |  |  |   |      | J  |   |
| STEVE USDIN    | 2 00 |    |  |  |   |      | 0  |   |
| DIRECTOR       |      | *  |  |  |   | 0    | U  |   |
| CATHY ISAACSON | 2 00 | V  |  |  |   |      | 0  |   |
| DIRECTOR       |      | *  |  |  |   | 0    | U  |   |
| JIMMIE WOODS   | 2 00 |    |  |  |   |      |    |   |

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and Independent Contractors (A) Name and Title

CARMEN JAMES RANDOLPH

VP ORGANIZATIONAL EFFECTIV

ERIN MCQUADE-WRIGHT

VP DONOR RELATIONS

JESSICA VINTURELLA

CONTROLLER

VP PROGRAMS JOANN RICCI

| ANDREW KOPPLIN         |
|------------------------|
| PRESIDENT & CEO        |
| RYAN CRESPINO          |
| VP FINANCE             |
| CADMEN JAMES DANIDOLDH |

|      | tec<br>tioi | l<br>ns |
|------|-------------|---------|
| <br> | 40          | 00      |
|      | 5           | 00      |
| <br> | 40          | 00      |
| <br> | 2           | 00      |
|      | 40          |         |
| <br> | ••••        | •••     |
|      | 40          | 00      |

40 00

40 00

(B)

Average

hours per

week (list

| pers<br>and        | on<br>a c             |
|--------------------|-----------------------|
| Individual trustee | Institutional Trustee |
|                    |                       |
|                    |                       |
|                    |                       |
|                    |                       |
|                    |                       |
|                    |                       |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

Officer

Former

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W-2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

42,734

29,523

23,507

23,730

18.399

8,965

| efile        | e GRA                       | APHIC pri  | nt - DO NOT PROCESS  | As Filed Data -  |  |                                     | DLN: 9                  | 3493319047529                |  |  |  |  |  |
|--------------|-----------------------------|--|--|--|--|-------------------------------------|-------------------------|------------------------------|--|--|--|--|--|
| SCI          | lED                         | ULE A  | Public   | Charity Statu  | e and Dul  | hlic Sunn                           | ort                     | OMB No 1545-0047             |  |  |  |  |  |
|              | m 990                       |  | Complete if the o  | rganization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form                 | ion 501(c)(3) o<br>empt charitable<br>990 or Form 99                     | organization of<br>trust.<br>10-EZ. | r a section             | 2018                         |  |  |  |  |  |
| •            |                             | the Treasury   | ► Go to  | www.irs.gov/Form   | <u>990</u> for the late  | est information                     | •                       | Open to Public<br>Inspection |  |  |  |  |  |
| Name         | of th                       | ne organiza  | <b>tion</b><br>IS FOUNDATION   |  |  |                                     | Employer identific      | ation number                 |  |  |  |  |  |
|              |                             |  | C. D. H.C. Ch. C. C.   | - / 0 !! !   |  | 1 - 1 1 \ /                         | 72-0408921              |                              |  |  |  |  |  |
| Pai<br>The o |                             |  | <b>for Public Charity Stat</b><br>a private foundation because   |  |  |                                     | see instructions.       |                              |  |  |  |  |  |
| 1            |                             |  | onvention of churches, or a  | •  | •  |                                     | (A)(i).                 |                              |  |  |  |  |  |
| 2            |                             | ·  | scribed in <b>section 170(b)</b>   |  |  |                                     |                         |                              |  |  |  |  |  |
| 3            |                             | A hospital o   | or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   |  |  |                                     |                         |                              |  |  |  |  |  |
| 4            |                             | A medical r  | medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's ame, city, and state |  |  |                                     |                         |                              |  |  |  |  |  |
| 5            |                             | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II) |  |  |  |                                     |                         |                              |  |  |  |  |  |
| 6            |                             | A federal, s   | state, or local government o   | r governmental unit de   | escribed in <b>sectio</b>  | on 170(b)(1)( <i>t</i>              | ۱)(v).                  |                              |  |  |  |  |  |
| 7            | <b>✓</b>                    | section 17   | ation that normally receives<br>'O(b)(1)(A)(vi). (Complete   | e Part II )  |  | _                                   | ınıt or from the gener  | al public described in       |  |  |  |  |  |
| 8            |                             |  | ty trust described in <b>sectio</b>  |  |  | ,                                   |                         |                              |  |  |  |  |  |
| 9            |                             |  | ural research organization d<br>rant college of agriculture S  |  |  |                                     |                         | ege or university or a       |  |  |  |  |  |
| 10           |                             | from activit   | ation that normally receives<br>ties related to its exempt fui<br>income and unrelated busing<br>See section 509(a)(2). (Co                                    | nctions—subject to cer<br>ness taxable income (le                              | taın exceptions,   | and (2) no more                     | than 331/3% of its s    | upport from gross            |  |  |  |  |  |
| 11           |                             | An organiza  | ation organized and operate  | d exclusively to test fo   | r public safety S  | ee section 509                      | (a)(4).                 |                              |  |  |  |  |  |
| 12           |                             | more public  | ation organized and operate<br>ly supported organizations<br>i through 12d that describes  | described in <b>section 5</b>  | <b>09(a)(1)</b> or <b>se</b>   | ction 509(a)(2                      | ). See section 509(a    |                              |  |  |  |  |  |
| a            |                             | Type I. A so   | supporting organization open<br>n(s) the power to regularly<br>Part IV, Sections A and B   | rated, supervised, or c<br>appoint or elect a majo                             | ontrolled by its s   | upported organi                     | zation(s), typically by |                              |  |  |  |  |  |
| b            |                             | manageme   | supporting organization sup<br>nt of the supporting organiz<br>plete Part IV, Sections A   | ation vested in the sar  |  |                                     |                         |                              |  |  |  |  |  |
| С            |                             | Type III f   | unctionally integrated. A organization(s) (see instruct  | supporting organizatio   |  |                                     |                         | ited with, its               |  |  |  |  |  |
| d            |                             | Type III n   | on-functionally integrated integrated integrated The organization You must complete Pa   | ed. A supporting organ<br>on generally must satis                              | ization operated<br>fy a distribution                                    | in connection wi                    | th its supported orgai  | <b>1</b> , 7,                |  |  |  |  |  |
| e            |                             | Check this   | box if the organization recei<br>or Type III non-functionally  | ved a written determir   | nation from the I  |                                     | pe I, Type II, Type II  | I functionally               |  |  |  |  |  |
| f            | Enter                       |  | of supported organizations   |  |  |                                     | _                       |                              |  |  |  |  |  |
| g            |                             |  | ing information about the s  |  | T'   |                                     | ı                       | (vi) Amount of               |  |  |  |  |  |
|              | (i) Name of su<br>organizat |  |  | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | n in your governing document? monetary support others (see instructions) |                                     |                         |                              |  |  |  |  |  |
|              |                             |  |  |  | Yes  | No                                  |                         |                              |  |  |  |  |  |
|              |                             |  |  |  |  |                                     |                         |                              |  |  |  |  |  |
| T            |                             |  |  |  |  |                                     |                         |                              |  |  |  |  |  |
| Total        |                             | uauli Badii -  | tion Act Notice, see the I   | notauctions for  | Cat No 11285   |                                     | <br>Cabadula A /Eass: 0 | <br>90 or 990-EZ) 2018       |  |  |  |  |  |

Page 2

|   | (Complete only if you ch<br>III. If the organization fa   |            |                 |            |                 |            | y under Part     |
|---|---|------------|-----------------|------------|-----------------|------------|------------------|
| _ | Section A. Public Support   |            |                 | ,,         |                 |            |                  |
|   | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2014   | <b>(b)</b> 2015 | (c) 2016   | (d) 2017        | (e) 2018   | (f) Total        |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")   | 23,481,540 | 18,720,699      | 28,592,225 | 22,230,886      | 38,167,140 | 131,192,490      |
| 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   |            |                 |            |                 |            |                  |
| 4 | Total. Add lines 1 through 3  | 23,481,540 | 18,720,699      | 28,592,225 | 22,230,886      | 38,167,140 | 131,192,490      |
| 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) |            |                 |            |                 |            | 20,510,781       |
| 6 | <b>Public support.</b> Subtract line 5 from line 4  |            |                 |            |                 |            | 110,681,709      |
| • | Section B. Total Support  |            |                 |            |                 |            |                  |
|   | Calendar year<br>(or fiscal year beginning in) ▶  | (a)2014    | <b>(b)</b> 2015 | (c)2016    | <b>(d)</b> 2017 | (e)2018    | <b>(f)</b> Total |
| 7 |   | 23,481,540 | 18,720,699      | 28,592,225 | 22,230,886      | 38,167,140 | 131,192,490      |
| 8 | Gross income from interest,   |            |                 |            |                 |            |                  |

|     | line 1 that exceeds 2% of the amount shown on line 11, column   |                      |                       |                      |                      |           |              |                  |
|-----|---|----------------------|-----------------------|----------------------|----------------------|-----------|--------------|------------------|
|     | (f)   |                      |                       |                      |                      |           |              |                  |
| 5   | Public support. Subtract line 5 from line 4   |                      |                       |                      |                      |           |              | 110,681,709      |
| 9   | Section B. Total Support  |                      |                       |                      |                      |           |              |                  |
|     | Calendar year<br>(or fiscal year beginning in) ▶  | (a)2014              | <b>(b)</b> 2015       | (c)2016              | <b>(d)</b> 2017      | (e)2      | 2018         | <b>(f)</b> Total |
| 7   | Amounts from line 4   | 23,481,540           | 18,720,699            | 28,592,225           | 22,230,886           | 3         | 8,167,140    | 131,192,490      |
| 8   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources | 5,562,810            | 6,344,824             | 4,483,878            | 4,451,648            | 5,298,267 |              | 26,141,427       |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on                                      |                      |                       |                      |                      |           |              |                  |
| 10  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                      |                       |                      |                      |           |              |                  |
| 11  | 10  |                      |                       |                      |                      |           |              | 157,333,917      |
| 12  | Gross receipts from related activities,   | etc (see instruction | ons)                  |                      |                      | 12        |              | 1,425,097        |
| 13  | First five years. If the Form 990 is fo   | or the organization  | 's first, second, thi | rd, fourth, or fifth | tax year as a sect   | ion 501   | (c)(3) organ | iization,        |
|     | check this box and <b>stop here</b>   |                      |                       |                      |                      |           | ▶ 🗆          |                  |
| 5   | Section C. Computation of Publi   |                      |                       |                      |                      |           |              |                  |
| 14  | Public support percentage for 2018 (li  | ne 6, column (f) di  | vided by line 11, c   | olumn (f))           |                      | 14        |              | 70 350 %         |
| 15  | Public support percentage for 2017 So   | hedule A, Part II,   | line 14               |                      |                      | 15        |              | 63 290 %         |
|     | 33 1/3% support test—2018. If the   |                      |                       | on line 13, and line | e 14 is 33 1/3% or   |           | heck this bo |                  |
|     | and <b>stop here.</b> The organization qual   |                      |                       |                      | ,                    | ,         |              | ▶ 🗸              |
| ŀ   | 33 1/3% support test—2017. If the   |                      |                       |                      | ind line 15 is 33 1/ | 3% or n   | nore, check  | · —              |
| •   | box and <b>stop here.</b> The organization  | -                    |                       | •                    | ,                    |           | •            | ightharpoons     |
| 17: | 10%-facts-and-circumstances tes   |                      |                       |                      | e 13, 16a, or 16b,   | and line  | 14           | ·                |

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

20

| P   | (Complete only if you cl  |                        |                      |                       |                    | l to qualify un  | der Part II. If |
|-----|---|------------------------|----------------------|-----------------------|--------------------|------------------|-----------------|
|     | the organization fails to   |                        |                      |                       |                    |                  |                 |
| Se  | ection A. Public Support  | •                      |                      | , ,                   |                    |                  |                 |
|     | Calendar year   | (a) 2014               | <b>(b)</b> 2015      | (c) 2016              | (d) 2017           | (e) 2018         | (f) Total       |
|     | (or fiscal year beginning in) ►<br>Gifts, grants, contributions, and      | (-,                    | (-,                  | (-,                   | (-,                | (-,              | (1)             |
| 1   | membership fees received (Do not  |                        |                      |                       |                    |                  |                 |
|     | include any "unusual grants")   |                        |                      |                       |                    |                  |                 |
| 2   | Gross receipts from admissions,   |                        |                      |                       |                    |                  |                 |
|     | merchandise 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 unrelated trade or business  |                        |                      |                       |                    |                  |                 |
| 4   | under section 513 Tax revenues levied for the                             |                        |                      |                       |                    |                  |                 |
| 7   | organization's benefit and either paid                                    |                        |                      |                       |                    |                  |                 |
|     | to or expended on its behalf  |                        |                      |                       |                    |                  |                 |
| 5   | The value of services or facilities                                       |                        |                      |                       |                    |                  |                 |
|     | furnished by a governmental unit to the organization without charge       |                        |                      |                       |                    |                  |                 |
| 6   | <b>Total.</b> Add lines 1 through 5                                       |                        |                      |                       |                    |                  |                 |
| 7a  | Amounts included on lines 1, 2, and                                       |                        |                      |                       |                    |                  |                 |
|     | 3 received from disqualified persons                                      |                        |                      |                       |                    |                  |                 |
| b   | Amounts included on lines 2 and 3 received from other than disqualified   |                        |                      |                       |                    |                  |                 |
|     | persons that exceed the greater of  |                        |                      |                       |                    |                  |                 |
|     | \$5,000 or 1% of the amount on line                                       |                        |                      |                       |                    |                  |                 |
|     | 13 for the year   |                        |                      |                       |                    |                  |                 |
|     | Add lines 7a and 7b   |                        |                      |                       |                    |                  |                 |
| 8   | <b>Public support.</b> (Subtract line 7c from line 6)                     |                        |                      |                       |                    |                  |                 |
| Se  | ection B. Total Support   |                        | I                    |                       |                    |                  |                 |
|     | Calendar year   | (-) 2014               | (I-) 2015            | (-) 2016              | (4) 2017           | (-) 2010         | (6) T-1-1       |
|     | (or fiscal year beginning in) ▶   | (a) 2014               | <b>(b)</b> 2015      | (c) 2016              | (d) 2017           | (e) 2018         | (f) Total       |
| 9   | Amounts from line 6   |                        |                      |                       |                    |                  |                 |
| .0a | Gross income from interest,   |                        |                      |                       |                    |                  |                 |
|     | dividends, payments received on securities loans, rents, royalties and    |                        |                      |                       |                    |                  |                 |
|     | income from similar sources   |                        |                      |                       |                    |                  |                 |
| b   | Unrelated business taxable income   |                        |                      |                       |                    |                  |                 |
|     | (less section 511 taxes) from   |                        |                      |                       |                    |                  |                 |
|     | businesses acquired after June 30,<br>1975                                |                        |                      |                       |                    |                  |                 |
| С   | Add lines 10a and 10b   |                        |                      |                       |                    |                  |                 |
| 11  | Net income from unrelated business  |                        |                      |                       |                    |                  |                 |
|     | activities not included in line 10b,                                      |                        |                      |                       |                    |                  |                 |
|     | whether or not the business is regularly carried on                       |                        |                      |                       |                    |                  |                 |
| 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, and 12)                             |                        |                      |                       |                    |                  |                 |
| ۱4  | First five years. If the Form 990 is for                                  | the organization       | 's first, second, th | nird, fourth, or fift | h tax year as a se | ction 501(c)(3)  | organization,   |
|     | check this box and <b>stop here</b>                                       |                        |                      |                       |                    |                  | ▶ □             |
| Se  | ection C. Computation of Public S   | Support Perce          | ntage                |                       |                    |                  |                 |
| 15  | Public support percentage for 2018 (lin                                   | e 8, column (f) d      | ıvıded by line 13,   | column (f))           |                    | 15               |                 |
| ۱6  | Public support percentage from 2017 S                                     | chedule A, Part I      | II, line 15          |                       |                    | 16               |                 |
| Se  | ection D. Computation of Investr  | nent Income            | Percentage           |                       |                    |                  |                 |
| ١7  | Investment income percentage for 201                                      |                        |                      | line 13, column (f    | ))                 | 17               |                 |
|     | Investment income percentage from 20                                      | <b>D17</b> Schedule A, | Part III, line 17    | •                     |                    | 18               |                 |
| 18  |   | ·                      |                      |                       |                    |                  | no 17 io not    |
|     | 331/3% support tests—2018. If the   | organization did r     | not check the box    | on line 14, and lir   | ie 15 is more than | i 33 1/3%, and I | ne 17 is not    |
| 19a | 331/3% support tests—2018. If the   | =                      |                      |                       |                    |                  | • □             |
|     | · · ·   | stop here. The o       | rganızatıon qualıfı  | es as a publicly su   | ipported organizat | tion             | ▶ □             |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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 )

| S | Section A. All Supporting Organizations  |  |     |    |  |  |
|---|--|--|-----|----|--|--|
|   |  |  | Yes | No |  |  |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, |  |     |    |  |  |

| If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,  |   |
|---|---|
| describe the designation If historic and continuing relationship, explain   | 1 |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described |   |
| in section 509(a)(1) or (2)   |   |

|    | describe the designation If historic and continuing relationship, explain   | 1  |  |
|----|---|----|--|
| 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 <b>Part VI</b> how the organization determined that the supported organization was described |    |  |
|    | ın section 509(a)(1) or (2)   | 2  |  |
| 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 |  |
|    |   |    |  |

|    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |    |  |
|----|---|----|--|
|    | ın section 509(a)(1) or (2)   | 2  |  |
| 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 |  |
| 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 <b>Part VI</b> when and how the organization made the |    |  |
|    | determination   | 3b |  |
| _  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?   |    |  |

|    | below  | 3a         |  |
|----|--|------------|--|
| 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 <b>Part VI</b> when and how the organization made the |            |  |
|    | determination  | 3b         |  |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |            |  |
|    | ," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | <b>3</b> c |  |
| 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   |            |  |
|    |  |            |  |

|    | determination   | 3b | '             |  |
|----|---|----|---------------|--|
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  |    |               |  |
| 1r | Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c |               |  |
| 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  |    |               |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   |    |               |  |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b |               |  |
| c  | 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 <b>Part VI</b> 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  | _  | $\overline{}$ |  |

| U  | Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported  |    |  |
|----|--|----|--|
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b |  |
| С  | old the organization support any foreign supported organization that does not have an IRS determination under sections 01(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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   | 4c |  |
| 5а | 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 <b>Part VI</b> , 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 |  |
| 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 |  |
|    |  | _  |  |

| С | 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 <b>Part VI.</b>  | 6  |  |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in  |    |  |

| 6 | 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 <b>Part VI.</b>  | 6 |  |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a        |   |  |

|    | 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 |  |  |
| 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)  |   |  |  |
| 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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Pa | rt IV Supporting Organizations (continued)   |          |         |          |  |
|----|--|----------|---------|----------|--|
|    |  |          | Yes     | No       |  |
| 11 | Has the organization accepted a gift or contribution from any of the following persons?  |          |         |          |  |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a      |         |          |  |
| h  | A family member of a person described in (a) above?  | 11b      |         | $\vdash$ |  |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | 11c      |         |          |  |
|    | ection B. Type I Supporting Organizations  | 110      |         |          |  |
|    | cetion b. Type I supporting organizations  |          | Yes     | No       |  |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Par VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | !        |         |          |  |
|    |  | 1        |         |          |  |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization   | 2        |         |          |  |
|    | askian C. Tuna II Sunnaukina Ousaninakina  |          |         |          |  |
| 3  | ection C. Type II Supporting Organizations   |          | Yes     | No       |  |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees o   | f        | 103     | 110      |  |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)   |          |         |          |  |
| S  | ection D. All Type III Supporting Organizations  |          |         |          |  |
|    |  |          | Yes     | No       |  |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | e        |         |          |  |
|    |  | 1        |         |          |  |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)   |          |         |          |  |
|    |  | 2        |         |          |  |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard   |          |         |          |  |
| _  |  |          |         |          |  |
| 1  | ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc  | tions)   |         |          |  |
|    | The organization satisfied the Activities Test. Complete <b>line 2</b> below   | tions)   |         |          |  |
|    | b  |          |         |          |  |
|    |  |          |         |          |  |
| •  | The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (se  | e instru | ctions) |          |  |
| 2  | Activities Test Answer (a) and (b) below.  |          | Yes     | No       |  |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  | 2a       |         |          |  |
|    | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement   | 2b       |         |          |  |
| 3  | Parent of Supported Organizations Answer (a) and (b) below.  |          |         |          |  |
| ;  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.   | 3a       |         |          |  |
|    | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard  | 3b       |         |          |  |
|    |  | ,        | 1       | 1        |  |

instructions)

|   | Type III Non-i unctionally integrated 303(a)(3) Supporting of  | , gain   | Editions                 |                                |
|---|--|----------|--------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |          |                          |                                |
|   | Section A - Adjusted Net Income  |          | (A) Prior Year           | (B) Current Year<br>(optional) |
| 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<br>(optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1        |                          |                                |
| a | Average monthly value of securities  | 1a       |                          |                                |
| b | Average monthly cash balances  | 1b       |                          |                                |
| С | Fair market value of other non-exempt-use assets   | 1c       |                          |                                |
| d | Total (add lines 1a, 1b, and 1c)   | 1d       |                          |                                |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |          |                          |                                |
| 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   | 7        |                          |                                |
| 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 | <b>Distributable Amount.</b> 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-in  | ntegrate | d Type III supporting or | ganızatıon (see                |

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

#### **Additional Data**

### Software ID:

Software Version: Fin: 72-0408921

72 0 100321

Name: THE GREATER NEW ORLEANS FOUNDATION

Page 8

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)

Facts And Circumstances Test

**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493319047529

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

| f the | Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or ixy Tax) (see separate instructions | n Form 990, Part IV, Line 4, or Form 9<br>t have filed Form 5768 (election under s<br>t have NOT filed Form 5768 (election ui<br>n Form 990, Part IV, Line 5 (Proxy Ta:<br>s), then | s I-A and C below<br>190-EZ, Part VI, Irr<br>section 501(h)) Conder section 501(h | ne <b>47 (Lobbying Activit</b><br>Implete Part II-A Do not<br>I)) Complete Part II-B D | iles), then<br>complete Part II-B<br>to not complete Part II-A |
|-------|--|---|---|--|--|
|       | Section 501(c)(4), (5), or (6) organized me of the organization  | zations Complete Part III   |   | Employer id  | entification number  |
|       | E GREATER NEW ORLEANS FOUNDATION   |   |   | ' '  | entification number  |
| Deve  | t I-A Complete if the organ  | nization is exempt under section  | n F01/c) or ic  | 72-0408921   | nization   |
|       |  | <del>-</del>  |   |  |  |
| 1     | Provide a description of the organ<br>"political campaign activities")   | nization's direct and indirect political car  | mpaign activities ir  | n Part IV (see instruction   | s for definition of  |
| 2     | Political campaign activity expend   | litures (see instructions)  |   | <b>&gt;</b>  | \$   |
| 3     | Volunteer hours for political camp   | paign activities (see instructions)   |   |  |  |
| Par   | t I-B Complete if the organ  | nization is exempt under section  | on 501(c)(3).   |  |  |
| 1     | Enter the amount of any excise ta  | ax incurred by the organization under se  | ection 4955   | <b>&gt;</b>  | \$   |
| 2     | Enter the amount of any excise ta  | ax incurred by organization managers u  | nder section 4955   | <b>&gt;</b>  | \$   |
| 3     | If the organization incurred a sect  | tion 4955 tax, did it file Form 4720 for t  | this year?  |  | ☐ Yes ☐ No   |
| 4a    | Was a correction made?   |   |   |  | ☐ Yes ☐ No   |
| b     | If "Yes," describe in Part IV  |   |   |  | □ les □ No   |
|       |  | nization is exempt under section  | on 501(c), exce   | ept section 501(c)(  | 3).  |
| 1     |  | ed by the filing organization for section   |   |  | \$   |
| 2     |  | anization's funds contributed to other o  |   |  | · -  |
|       | function activities  |   | -   | •  | \$   |
| 3     | Total exempt function expenditure  | es Add lines 1 and 2 Enter here and o   | n Form 1120-POL,  | line 17b ►   | \$   |
| 4     | Did the filing organization file For   | m 1120-POL for this year?   |   |  | ☐ Yes ☐ No   |
| 5     | organization made payments For of political contributions received   | employer identification number (EIN) of<br>each organization listed, enter the am-<br>that were promptly and directly deliver<br>see (PAC) If additional space is needed,           | ount paid from the<br>ed to a separate p  | e filing organization's fun<br>colitical organization, suc                             | ds Also enter the amount                                       |
|       | (a) Name   | (b) Address   | (c) EIN   | (d) Amount paid fron<br>filing organization's<br>funds If none, enter<br>-0-           | contributions received   |
| 1     |  |   |   |  |  |
| 2     |  |   |   |  |  |
| 3     |  |   |   |  |  |
| 1     |  |   |   |  |  |
| 5     |  |   |   |  |  |
| 5     |  |   |   |  |  |
| or P  | Paperwork Reduction Act Notice, see t  | the instructions for Form 990 or 990-EZ.  | Cat   | No 50084S Schedule   | C (Form 990 or 990-EZ) 2018                                    |

| 11.0                 | ne amount on time 1e, column (a) or (b) is.              | The lobbying noncaxable amount is.                |   |         |  |
|----------------------|--|---|---|---------|--|
| Not over \$500,000 2 |  | 20% of the amount on line 1e                      |   |         |  |
| Over                 | \$500,000 but not over \$1,000,000                       | \$100,000 plus 15% of the excess over \$500,000   |   |         |  |
| Over                 | \$1,000,000 but not over \$1,500,000                     | \$175,000 plus 10% of the excess over \$1,000,000 |   |         |  |
| Over                 | \$1,500,000 but not over \$17,000,000                    | \$225,000 plus 5% of the excess over \$1,500,000  |   |         |  |
| Over                 | \$17,000,000   | \$1,000,000                                       |   |         |  |
|                      |  |   | - |         |  |
| Gras                 | ssroots nontaxable amount (enter 25% of line 1f          | )   |   | 250,000 |  |
| Sub                  | tract line 1g from line 1a  If zero or less, enter -(    | )-  |   | 0       |  |
| Sub                  | Subtract line 1f from line 1c If zero or less, enter -0- |   |   | 0       |  |
|                      |  |   |   |         |  |

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

(b) 2016

(c) 2017

(d) 2018

1,000,000

40,500

250,000

40,500

Schedule C (Form 990 or 990-EZ) 2018

☐ Yes ☐ No

(e) Total

1,000,000

1,500,000

40,500

250,000

375,000

40,500

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Calendar year (or fiscal year

beginning in)

activity

Volunteers?

1

b

(b)

Amount

(a)

No

Schedule C (Form 990 or 990EZ) 2018

Yes

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**SCHEDULE D** 

For Paperwork Reduction Act Notice, see the Instructions for 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.

OMB No 1545-0047

DLN: 93493319047529

2018

Open to Public

Department of the Treasury

(Form 990)

| terna | il Revenue Service                                  | ► Go to <u>www.irs</u>  | <u>.gov/Form990</u> for the latest information.   |                          | Inspection        |
|-------|---|---|---|--------------------------|-------------------|
|       | ne of the organizatio<br>GREATER NEW ORLEANS F      |   |   | Employer identific       | cation number     |
|       |   |   |   | 72-0408921               |                   |
| Pa    |   |   | vised Funds or Other Similar Funds of<br>'es" on Form 990, Part IV, line 6.   | r Accounts.              |                   |
|       | Complete ii t                                       | ne organization answered  | (a) Donor advised funds   | (b)Funds and o           | other accounts    |
|       | Total number at end of                              | year  | 451   |                          | 532               |
| 2     | Aggregate value of con                              | tributions to (during year)   | 25,075,992  |                          | 13,031,856        |
| 3     | Aggregate value of gra                              | nts from (during year)  | 13,630,063  |                          | 12,557,995        |
| ļ     | Aggregate value at end                              | l of year   | 194,010,178   |                          | 118,819,334       |
| 5     |   | nform all donors and donor advisy, subject to the organization's o    | sors in writing that the assets held in donor advexclusive legal control?   | vised funds are the      | ✓ Yes 🗌 No        |
| i     |   |   | donor advisors in writing that grant funds can l<br>or or donor advisor, or for any other purpose c   |                          | ole  Ves No       |
| Pai   | t III Conservatio                                   | n Easements. Complete if  | the organization answered "Yes" on Form   | າ 990, Part IV, line     | 7.                |
| •     | Purpose(s) of conserv                               | ation easements held by the org                                       | anızatıon (check all that apply)  |                          |                   |
|       | Preservation of la                                  | and for public use (e g , recreati                                    | on or education)  | historically important   | land area         |
|       | Protection of nat                                   | ural habitat  | $\square$ Preservation of a $lpha$  | ertified historic struct | ure               |
|       | Preservation of o                                   | pen space   |   |                          |                   |
| 2     | Complete lines 2a throeasement on the last          |   | a qualified conservation contribution in the fori   |                          | End of the Year   |
| а     | Total number of conse                               | rvation easements   |   | 2a                       |                   |
| b     | Total acreage restricte                             | d by conservation easements   |   | 2b                       |                   |
| С     | Number of conservation                              | n easements on a certified histo                                      | ric structure included in (a)   | 2c                       |                   |
| d     | Number of conservation structure listed in the l    |   | uired after 7/25/06, and not on a historic  | 2d                       |                   |
| 3     | Number of conservation tax year                     | on easements modified, transfer                                       | red, released, extinguished, or terminated by t   | :he organization durin   | g the             |
| ļ     | Number of states whe                                | re property subject to conservat                                      | ion easement is located <b>&gt;</b>   |                          |                   |
| 5     |   | have a written policy regarding<br>e conservation easements it hol    | the periodic monitoring, inspection, handling o   | ·                        |                   |
|       |   |   |   |                          |                   |
| •     | >   | urs devoted to monitoring, insp                                       | ecting, handling of violations, and enforcing co  | nservation easement      | s during the year |
| •     | Amount of expenses in   \$ \bigseleft\$             | ncurred in monitoring, inspecting                                     | g, handling of violations, and enforcing conserv  | ation easements duri     | ng the year       |
| 3     | Does each conservation and section 170(h)(4)        | · · · · · · · · · · · · · · · · · · ·                                 | d) above satisfy the requirements of section 17   |                          | ∕es □ No          |
| )     | balance sheet, and inc                              |   | nservation easements in its revenue and exper<br>ne footnote to the organization's financial state  |                          |                   |
| ar    | Organizatio   | ns Maintaining Collection   | s of Art, Historical Treasures, or Otho<br>'es" on Form 990, Part IV, line 8.   | er Similar Assets        | •                 |
| .a    | If the organization ele<br>art, historical treasure | cted, as permitted under SFAS :<br>s, or other similar assets held fo | 116 (ASC 958), not to report in its revenue sta<br>or public exhibition, education, or research in fu<br>ancial statements that describes these items |                          |                   |
| b     |   | other similar assets held for pu                                      | L16 (ASC 958), to report in its revenue statemblic exhibition, education, or research in furthe   |                          |                   |
| (     | i) Revenue included on                              | Form 990, Part VIII, line 1   |   | ▶ \$                     |                   |
| (i    | i)Assets included in For                            | m 990, Part X   |   | <b>▶</b> \$              |                   |
| 2     | If the organization rec                             | eived or held works of art, histo                                     | rical treasures, or other similar assets for finar<br>5 116 (ASC 958) relating to these items   |                          |                   |
| а     | -   | Form 990, Part VIII, line 1   |   | <b>▶</b> \$              |                   |
| b     | Assets included in For                              |   |   | <b>▶</b> \$              |                   |

Cat No 52283D

Schedule D (Form 990) 2018

| Part       |                  | Organizations Ma                                      | <u>aintain</u> ing Coll      | ections of Ar                | t, Histori    | cal T    | reası   | ires, o   | r Other      | <u>Similar</u> A | ssets (cont | inued)    |          |
|------------|------------------|---|------------------------------|------------------------------|---------------|----------|---------|-----------|--------------|------------------|-------------|-----------|----------|
|            |                  | the organization's acq<br>(check all that apply)      |                              |                              |               |          |         |           |              |                  |             |           |          |
| а          |                  | Public exhibition                                     |                              |                              | d             |          | Loan    | or exch   | ange prog    | ırams            |             |           |          |
| b          |                  | Scholarly research                                    |                              |                              | е             |          | Othe    | r         |              |                  |             |           |          |
| С          |                  | Preservation for future                               | generations                  |                              |               |          |         |           |              |                  |             |           |          |
|            | Provid<br>Part X | le a description of the                               | organization's coll          | ections and expl             | aın how the   | y furtl  | her the | e organi  | zation's ex  | kempt purpo      | ose in      |           |          |
|            |                  | g the year, did the orga<br>s to be sold to raise fur |                              |                              |               |          |         |           |              | ılar             | ☐ Yes       | □ N       | o        |
| Part       | IV               | Escrow and Cust<br>Complete if the ord<br>X, line 21. |                              |                              | Form 990      | , Part   | IV, lı  | ne 9, o   | r reporte    | ed an amo        | unt on Forr | n 990,    | Part     |
|            |                  | organization an agent<br>ed on Form 990, Part )       |                              | n or other interr            | mediary for   | contri   | bution  | s or oth  | er assets i  | not              | Yes         | ☑ N       | o        |
| h          | TE "You          | s " ovplain the arrange                               | mont in Bart VIII            | and complete th              | o following   | table    |         |           |              |                  | Amount      |           | _        |
|            |                  | s," explain the arrange<br>ning balance               | ement in Part XIII           | and complete th              | e following   | table    |         |           | 1c           |                  | Millount    |           | _        |
|            | _                | •   |                              |                              |               |          |         |           | 1d           |                  |             |           | _        |
|            |                  | ons during the year                                   | _                            |                              |               |          |         |           | 1e           |                  |             |           | _        |
| _          |                  | outions during the year                               |                              |                              |               |          |         |           | 1f           |                  |             |           | _        |
|            |                  | g balance   |                              |                              |               |          |         |           |              |                  |             |           | _        |
| 2a         | Did th           | e organization include                                | an amount on Fo              | rm 990, Part X, I            | ine 21, for   | escrov   | v or cu | stodial a | account lia  | bility?          | ∐ Yes       | ∐ N       | 0        |
| b          | If "Yes          | s," explain the arrange                               |                              |                              |               |          |         | •         |              |                  |             |           |          |
| Par        | t V              | Endowment Fund  | <b>ds.</b> Complete ıf       | the organization             | on answer     | ed "Y    | es" oı  | า Form    | 990, Par     | t IV, line :     | 10.         |           |          |
|            |                  |   |                              | (a)Current year              |               | rior yea | _       |           | ears back    | (d)Three ye      |             | Four year |          |
| La B       | eginni           | ng of year balance .                                  |                              | 179,953,6                    | 575           | 161,30   | -       | 1         | 58,802,963   | 162              | ,589,502    | 152,      | 831,669  |
| ЬС         | ontrib           | utions  |                              | 2,771,5                      |               |          | 7,409   |           | 2,562,239    |                  | ,521,977    |           | 159,065  |
| c N        | let inv          | estment earnings, gair                                | ns, and losses               | -6,981,0                     | 001           | 24,36    | 7,265   |           | 7,512,594    |                  | 618,715     | 8,        | 420,748  |
| <b>d</b> G | irants           | or scholarships                                       |                              | 6,830,8                      | 352           | 6,47     | 0,645   |           | 6,457,166    | 5                | ,894,791    | 5,        | 844,609  |
|            |                  | expenditures for facilities                           | es                           |                              |               |          |         |           |              |                  |             |           |          |
|            |                  | strative expenses .                                   |                              | 1,536,6                      | 546           | 1,46     | 2,143   |           | 1,118,841    | 1                | ,032,440    |           | 977,371  |
|            |                  | year balance  |                              | 167,376,7                    |               | 179,953  |         | 1         | 61,301,789   |                  | ,802,963    |           | 589,502  |
| _          |                  | •   | ntage of the curre           |                              |               |          |         |           | ' '          |                  | <u> </u>    | · ·       | •        |
|            |                  | le the estimated perce<br>designated or quasi-e       | =                            | nt year end bala<br>95 000 % | nce (line 1   | y, colu  | mm (a   | )) neia a | 35           |                  |             |           |          |
| _          |                  |   | ndownient P                  | JJ 000 70                    |               |          |         |           |              |                  |             |           |          |
| _          |                  | nent endowment >                                      |                              | 20.04                        |               |          |         |           |              |                  |             |           |          |
| -          |                  | orarily restricted endov                              |                              | 00 %                         |               |          |         |           |              |                  |             |           |          |
|            |                  | ercentages on lines 2a                                |                              |                              |               |          | -14     | J - J     |              |                  |             |           |          |
|            |                  | ere endowment funds<br>ization by                     | not in the possess           | sion of the organ            | nzation that  | . are n  | eiu an  | u aumin   | iisterea roi | rine             |             | Yes       | No       |
|            | (i) un           | related organizations                                 |                              |                              |               |          |         |           |              |                  | 3a(i)       |           | No       |
|            | (ii) re          | elated organizations .                                |                              |                              |               |          |         |           |              |                  | 3a(ii)      |           | No       |
|            |                  | s" on 3a(II), are the rel                             |                              |                              | ed on Sche    | dule R   | ?.      |           |              |                  | . 3b        |           |          |
| 1          | Descri           | be in Part XIII the inte                              | ended uses of the            | organızatıon's er            | ndowment f    | unds     |         |           |              |                  |             |           |          |
| Part       | VI               | Land, Buildings,                                      | and Equipmen                 | ıt.                          |               |          |         |           |              |                  |             |           |          |
|            |                  | Complete of the ord                                   |                              |                              |               |          |         |           |              |                  |             |           |          |
| [          | Descrip          | otion of property                                     | (a) Cost or oth<br>(investme |                              | Cost or other | basis (  | other)  | (c) Acc   | cumulated d  | lepreciation     | (d) E       | ook valu  | e        |
| 1 2 1      | and              |   |                              |                              |               | 7 01     | 05,101  |           |              |                  |             | -         | 2,805,10 |
|            | and .            |   |                              |                              |               |          |         |           |              | 470 201          |             |           | -        |
|            | uıldıng          |   |                              |                              |               | 10,6     | 58,692  |           |              | 478,381          |             | 10        | 0,180,31 |
|            |                  | old improvements                                      |                              |                              |               |          |         |           |              |                  |             |           | 205.5-   |
|            |                  | ent   |                              |                              |               | 5        | 07,079  |           |              | 111,705          |             |           | 395,374  |
| - 0        | ٠                |   |                              | ı                            |               |          |         | Ī         |              |                  |             |           |          |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

| (a) Description of security or capacity or capacity (critical ingramed security) (critical ingramed sec |                        | Investments—Other Securities. Complete if the org                  | ganızatıc  | n answ       | vered "Yes" on    | Form 990, Pa    | art IV, line 11b. |
|--|------------------------|--|------------|--------------|-------------------|-----------------|-------------------|
|  |                        |  |            | Book         |                   |                 |                   |
| Sign of the control o |                        |  | <u>:</u>   |              |                   |                 |                   |
| Control of the control of must repeat from 200, four s, cell (a) mest 21   Linear 111. Control of must repeat from 200, four s, cell (a) mest 21   Linear 111. Control of must repeat from 200, four s, cell (a) mest 21   Linear 111. Control of must repeat from 200, four s, cell (a) mest repeat of must repeat from 200, four s, cell (a) mest repeat of must repeat from 200, four s, cell (a) mest repeat of must repeat from 200, four s, cell (a) mest | (A)                    |  |            |              |                   |                 |                   |
| Total. Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (2) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  Total. (Column (3) most equal from 990. Part X, cm (9) line 12)  | (B)                    |  |            |              |                   |                 |                   |
| Fig.   | (C)                    |  |            |              |                   |                 |                   |
| Total Colone (i) must equal form 980, Part X, col (ii) line 13)  Part XX  Other Assets, Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13, (ii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 11c. See Form 990, Part X, line 13, (iii) line 13, (iiii) line 13, (iii) line 1 | (D)                    |  |            |              |                   |                 |                   |
| 19   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 12   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 12   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (s) Totals (Column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (s) Totals (s) Totals (s) Totals (column (s)) must easel from 950, Rest x, or (8) fee 13   Totals (s) Totals ( | (E)                    |  |            |              |                   |                 |                   |
| Interest (Colorer (5) must equal from 990, Part X, and (8) for 12)  Trought ments — Program Related (b) Book value  (a) Description of investments  (b) Book value  (c) Method of valuation (Cost or end of vyear market value)  (d) Becompton of investments  (e) Book value  (f) Method of valuation (Cost or end of vyear market value)  (g) Cost or end of vyear market value)  (g) Book value)  (g) Book value)  (g) Book value)  (h) Book value  (g) Book value  (g) Book value  (g) Book value  (g) Book value  (h) Book value  (g) Book value  (h) Book value  | (F)                    |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal from 950, Part X, cot (b) line 12 )  Total (Column (b) must equal from 950, Part X, cot (b) line 12 )  Total. (Column (b) must equal from 950, Part X, cot (b) line 13 )  (a) Description of investment:  (b) Book value  (c) Nethod of valuation  Cost of end-of-year market value  Cost of end-of-year market value  (d) Description  (d) Description  (e) Description  (f) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Book value   | (G)                    |  |            |              |                   |                 |                   |
| Investments  | (H)                    |  |            |              |                   |                 |                   |
| Complete if the organization answered "Yes" on Form 990, Part X, line 11.5. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) of the trud of valuation   |                        | n (b) must equal Form 990, Part X, col (B) line 12 )               | <b>•</b>   |              |                   |                 |                   |
| (a) Description of investment (b) Book via us (c) Method of valuation Cost or end-of-year market value (c) cost or end-of- | Part VIII              |  | 990, Pai   | rt IV, lıı   | ne 11c. See Fo    | orm 990, Part   | X, line 13.       |
| (3) (3) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10   |                        | <u> </u>   |            |              |                   | (c) Method of v | /aluation         |
| (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Labilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (c) Description (c) Description (d) Description (e) Book value (form 990, Part X, col (g) line 15) Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. (a) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (d) Description of liability (e) Description of liability (f) Book value (a) Description of liability (b) Book value (c) Description of liability (d) Book value (e) Book value (f) Description of liability (f) Book value (f) Description of liability (g) Description of liability (h) Book value (g) Description of liability (h) Book value (h) | (1)                    |  |            |              |                   | , ,             |                   |
| (4) (5) (6) (7) (8) (9) (9) Total. (Column (5) must equal Form 990, Part X, col (3) line 12 )  | (2)                    |  |            |              |                   |                 |                   |
| (6)  (7)  (8)  (9)  Total. (Column (b) most equal Form 990, Part X, col (a) Ince 13)  (a) Description  (b) Book value  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (e)  (f)  (f)  (f   | (3)                    |  |            |              |                   |                 |                   |
|  | (4)                    |  |            |              |                   |                 |                   |
| (a) Description  (b) Book value  (c) Description  (b) Book value  (c) Description  (c) Description  (b) Book value  (c) Description  (c) Description  (d) Description  (e) Description  (f) Book value  (f) Description  (g) Description  (h) Book value  (g) Description of liability  (g) D | (5)                    |  |            |              |                   |                 |                   |
| 10   | (6)                    |  |            |              |                   |                 |                   |
| Total. (Column (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, Part X, line 15 (b) Book value (column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, col (B) line 15 )  L (a) Description of liability (b) Book value (column (b) must equal Form 990, Part X, col (B) line 15 )  L (a) Description of liability (b) Book value (column (b) must equal Form 990, Part X, col (B) line 15 )  Adapting the part X (b) Book value (column (b) must equal Form 990, Part X, col (B) line 15 )  L (a) Description of liability (b) Book value (column (b) must equal Form 990, Part X, col (B) line 25 )  J (a) J  | (7)                    |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  (a) Description (b) Book value  (b) Book value  (c) (c) Book value  (c) Book value  (d) Book value  (e) Book value  (f) Book value  (g) (g) Book value  (h) | (8)                    |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, line 15  (a) Description  (b) Book value  (c)  (c)  (d)  (d)  (e)  (d)  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f  | (9)                    |  |            |              |                   |                 |                   |
| (a) Description (b) Book value (c) Sook value (c)   |                        |  |            | 000 B        | 1777              |                 |                   |
| (4)   (5)   (6)   (7)   (8)   (9)   (9)   (9)   (1)    | Part IX                |  | on Form    | 990, Pa      | rt IV, line IId   | see Form 990, F |                   |
| 33   44   55   56   57   57   58   58   59   59   59   59   50   50   50   50  | (1)                    |  |            |              |                   |                 |                   |
| (6)  (7)  (8)  (9)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967 (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Potal. (Column (b) must equal Form 990, Part X, col (B) line 25)  | (2)                    |  |            |              |                   |                 |                   |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967 (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Interest Agreement A | (3)                    |  |            |              |                   |                 |                   |
| (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   | (4)                    |  |            |              |                   |                 |                   |
| (8)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  | (5)                    |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  |                        |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   (1) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   (2)   |                        |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  | (8)                    |  |            |              |                   |                 |                   |
| Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes  |                        |  |            |              |                   |                 |                   |
| 1. (a) Description of liability (b) Book value  (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT 3,001,967  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | Total. (Colu<br>Part X |  | ered 'Yes  | on Fo        | rm 990, Part I    |                 |                   |
| (1) Federal income taxes  LIABILITIES UNDER SPLIT INTEREST AGREEMENT  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   | 1.                     |  |            | <b>(b)</b> B | ook value         |                 |                   |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  |                        | ncome taxes  |            |              |                   |                 |                   |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | (2)                    | UNDER SPLIT INTEREST AGREEMENT                                     |            |              | 3,001,967         |                 |                   |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | (3)                    |  |            |              |                   |                 |                   |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                        |  |            |              |                   |                 |                   |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  |                        |  |            |              |                   |                 |                   |
| (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                        |  |            |              |                   |                 |                   |
| (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                        |  |            |              |                   |                 |                   |
| (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  |                        |  |            |              |                   |                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   ■ 3,001,967  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                        |  |            |              |                   |                 |                   |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  |                        | n (b) must squal Four 200 Pert V a 1/0 1 1 25 1                    |            |              | 2 001 545         |                 |                   |
| organization's liability for uncertain tay positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.  | 2. Liability fo        | or uncertain tax positions In Part XIII, provide the text of the f | footnote t |              | ganızatıon's fına |                 | _                 |

Part XI

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с 5

1

2

а

c

d

е 3

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5

Part XIII

4

Part XII

Schedule D (Form 990) 2018

1

40

2e

3

4c

5

-25,786,792

2.502.990

182,312

3.032.406

Page 4

-27,722,175

51,086,960

2,502,990

53,589,950

30,066,929

182,312

29,884,617

3,032,406

32.917.023

Schedule D (Form 990) 2018

#### 

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . .

Donated services and use of facilities . . . . . .

Other (Describe in Part XIII ) . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . . .

Subtract line **2e** from line **1** . . . . .

**Supplemental Information** 

Other (Describe in Part XIII ) . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Add lines **4a** and **4b** . . . . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

4a 4b

2a

2b

2c

2d

4a 4b

Explanation

| Schedule D (Form 990) 2018 Pag |                    |  |  |
|--------------------------------|--------------------|--|--|
| Part XIII Supplemental Info    | mation (continued) |  |  |
| Return Reference               | Explanation        |  |  |
|                                |                    |  |  |
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Schedule D (Form 990) 2018

## Additional Data

Software Version:

EIN: 72-0408921

Name: THE GREATER NEW ORLEANS FOUNDATION

Supplemental Information

Return Reference

Explanation

PART V, LINE 4

THE GREATER NEW ORLEANS FOUNDATION SERVES THE COMMUNITY BY PARTNERING WITH INDIVIDUALS WHO
WANT TO INVEST IN THEIR COMMUNITY BY HOLDING DONOR ADVISED AND ENDOWED FUNDS FOR INDIV

Software ID:

WANT TO INVEST IN THEIR COMMUNITY BY HOLDING DONOR ADVISED AND ENDOWED FUNDS FOR INDIVID UALS AND NONPROFITS, THE FOUNDATION HELPS CHARITABLE INDIVIDUALS MULTIPLY THEIR GIVING THESE ENDOWED FUNDS HELP INDIVIDUALS GIVE AS A COLLECTIVE, MAXIMIZING A SINGLE DONATION TO ITS FULLEST EXTENT THE FOUNDATION ALSO ACTIVELY RAISES FUNDING FOR ITS OWN ENDOWMENT, WHICH HALLOWS IT TO MAKE PROACTIVE AND RESPONSIVE DISCRETIONARY GRANTS TO ORGANIZATIONS MEETING THE EVER-CHANGING NEEDS OF THE REGION

| applemental information |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
| Return Reference        | Explanation  |  |  |  |  |
| PART X, LINE 2          | ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDED ACCOUNTI NG AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGH T BE UNCERTAIN THE FOUNDATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS T AKEN, AND MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT ARE MAT ERIAL TO THE COMBINED FINANCIAL STATEMENTS PENALTIES AND INTEREST ASSESSED BY INCOME TAXI |  |  |  |  |

NG AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INCOME TAX EXPENSE

Supplemental Information

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -587,216 INCOME REPORTED ON SEPARATE RETURNS ADJUSTMENTS FOR SUPPORT ORGANIZATIONS 1,605,418 INTERCOMPANY FEES NETTED -38,850 UNREALIZED GAINS F LOSSES) REPORTED FOR SUPPORT ORGANIZATIONS -2,199,709 CUSTODIAL FEES -715,026

Supplemental Information Return Reference Explanation PART XI, LINE 4B - OTHER FASB 136 AGENCY ADJUSTMENTS 2,427,854 INTERFUND GRANTS FROM SUPPORT ORGANIZATIONS 75,136 LADJUSTMENTS

| Supplemental Information                 |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Return Reference                         | Explanation  |  |  |  |  |  |  |  |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | EXPENSES REPORTED ON SEPARATE RETURNS FOR SUPPORT ORGANIZATIONS 936,188 INTERCOMPANY FEES NETTED -38,850 CUSTODIAL FEES -715,026 |  |  |  |  |  |  |  |

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER FASB 136 AGENCY ADJUSTMENT 2,957,270 INTERFUND GRANTS FROM SUPPORT ORGANIZATIONS 75,136 LADJUSTMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319047529 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE GREATER NEW ORLEANS FOUNDATION 72-0408921 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) SEE PART V 0 0 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n

| chedule F (Form 990) 2018                       |                                   |                          |                                 |                                    |   |  | Page <b>3</b>  |
|---|-----------------------------------|--------------------------|---------------------------------|------------------------------------|---|--|--|
|   |                                   |                          |                                 | ed States. Complete if             | f the organization ar                   | nswered "Yes" to Form S                      | 990, Part IV, line 16.   |
| Part III can be  a) Type of grant or assistance | duplicated if addit<br>(b) Region | (c) Number of recipients | eeded. (d) Amount of cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|   |                                   |                          |                                 |                                    |   |  |  |
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|   |                                   |                          |                                 |                                    |   |  |  |

| Sche | dule F (Form 990) 2018  |              | Page <b>4</b> |
|------|---|--------------|---------------|
| Par  | t IV Foreign Forms  |              |               |
| 1    | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes          | <b>☑</b> No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | ☐Yes         | <b>☑</b> No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)  | Yes          | ✓ No          |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | ☐Yes         | <b>✓</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | <b>✓</b> Yes | □No           |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)  | Yes          | <b>☑</b> No   |

| Schedule F (Form 990)  | 18 Page <b>5</b>   |  |  |
|--|--|--|--|
| Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting n amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to p any additional information (see instructions).  990 Schedule F, Supplemental Information |  |  |  |
| Return Reference   | Explanation  |  |  |
| SCHEDULE F. PART   | ALL FOREIGN INVESTMENTS ARE INDIRECTLY HELD THROUGH PASS-THROUGH ENTITIES THAT ARE |  |  |

DOMICILED IN THE UNITED STATES

DLN: 93493319047529 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE GREATER NEW ORLEANS FOUNDATION 72-0408921 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 578 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

THE GREATER NEW ORLEANS FOUNDATION ("GNOF") IS A COMMUNITY FOUNDATION THAT MANAGES THE PROCESS OF MAKING DISTRIBUTIONS TO VARIOUS CHARITIES. AS REFLECTED IN SCHEDULE I. PART II GNOF CONDUCTS A PRE-GRANT INOUIRY TO ENSURE THAT THE GRANTEE IS APPROPRIATE. SUCH AS HAVING A

Schedule I (Form 990) 2018

TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OR BEING A GOVERNMENTAL ENTITY GNOF EXECUTES A WRITTEN AGREEMENT WITH THE GRANTEE THAT SPECIFIES THE CHARITABLE PURPOSE OF THE GRANT AND INCLUDES PROVISIONS THAT PROHIBIT THE USE OF THE FUNDS FOR NON-CHARITABLE PURPOSES. POLITICAL CAMPAIGN ACTIVITY, OR LOBBYING ACTIVITIES GRANTEES ARE REQUIRED TO SUBMIT REPORTS ON THE USE OF FUNDS AND THE CHARITABLE ACTIVITIES SUPPORTED BY THE GRANT DURING THE GRANT PERIOD IN ADDITION. THE GRANTEE IS REQUIRED TO RETURN ANY FUNDS NOT USED FOR THE

(6)

Return Reference

PART 1. LINE 2 - PROCEDURES

FOR MONITORING USE OF GRANTS FUNDS IN U.S.

**Explanation** 

DESIGINATED PURPOSE

Schedule I (Form 990) 2018

## **Additional Data**

BLACK MOUNTAIN

CATO INSTITUTE

AVENUE

PRESBYTERIAN CHURCH

117 MONTREAT ROAD BLACK MOUNTAIN, NC 28711

1000 MASSACHUSETTS

WASHINGTON, DC 20001

## Software ID: **Software Version:**

56-1452137

23-7432162

**EIN:** 72-0408921

Name: THE GREATER NEW ORLEANS FOUNDATION

5,000

5,000

| (a) Name and address of organization  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash (book, FMV, applicable |  |
|---|--|

| Form 990,Schedule I, Part                          | II, Grants and | Other Assistance to              | Domestic Organiza           | tions and Domest                         | ic Governments.   |
|--|----------------|----------------------------------|-----------------------------|--|---|
| (a) Name and address of organization or government | (b) EIN        | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuati<br>(book, FMV, appraise<br>other) |

(g) Description of

501C3

501C3

non-cash assistance

(h) Purpose of grant or assistance

PUBLIC/SOCIETY

PUBLIC/SOCIETY

BENEFIT

BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CENTED FOR BIOLOGICAL 27-20/2866 E0103 5 0001 LENI/TRONMENT

BENEFIT

| DIVERSITY PO BOX 710 TUSCON, AZ 85702 | 27-3943666 | 501C3 | 5,000 |  | ENVIRONMENT    |
|---------------------------------------|------------|-------|-------|--|----------------|
| CENTER FOR RESILIENCE                 | 81-5416904 | 501C3 | 5.000 |  | PUBLIC/SOCIETY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2603 BARONNE STREET

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1976304 501C3 5.000 EDUCATION CITY KIDS TO WILDERNESS PROJECT INC 2437 15TH STREET NW WASHINGTON, DC 20009

ENVIRONMENT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

COASTAL CONSERVATION

ASSOCIATION OF LA 701 POYDRAS ST SUITE 4500 NEW ORLEANS, LA 70139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 501C3 5.000 PUBLIC/SOCIETY COMMUNITY FOUNDATION 13-4316755 FOR NANTLICKET BENEFIT

ANIMALS

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

| TOR NANTOCKET          |            |   |
|------------------------|------------|---|
| 117 ORANGE STREET      |            | l |
| NANTUCKET, MA 02554    |            |   |
| COMPANION PET ADOPTION | 33-1062935 |   |

610 N HENNESSEY NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CRESCENT CITY CARNIVAL 13-4347357 501C3 5.000 ARTS/CULTURE

ARTS/CULTURE

5,000

| MUSEUM FOUNDATION          |  |  |  |  |
|----------------------------|--|--|--|--|
| 3525 PRYTANIA STREET SUITE |  |  |  |  |
| 602                        |  |  |  |  |
| NEW ORLEANS, LA 70115      |  |  |  |  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

11-3760648

CRIPPLE CREEK THEATRE

1913 GOVERNOR NICHOLLS NEW ORLEANS, LA 70116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance DA VINCI SCHOOLS 26-3405843 501C3 5.000 EDUCATION 201 N DOUGLAS STREET EL SEGUNDO, CA 90245

IENVIRONMENT

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

DUCKS UNLIMITED

125 SOUTHPARK RD LAFAYETTE, LA 70508

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 85-0266258 501C3 5.000 EDUCATION EASTERN NEW MEXICO UNIVERSITY

UNIVERSITY
STATION 20 1500 S AVE K
PORTALES, NM 88130

EPISCOPAL HIGH SCHOOL OF 72-0650540 501C3 5,000

BATON ROUGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 70816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2633439 501C3 5.000 COMMUNITY FAUBOURG ST JOHN NEIGHBORHOOD IMPROVEMENT ASSOCIATION

PUBLIC/SOCIETY

BENEFIT

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PO BOX 19101

NEW ORLEANS, LA 70179

4600 CLEARVIEW PKWY

METAIRIE, LA 70006

FELLOWSHIP BIBLE CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FELLOWSHIP FOR 52-1739276 501C3 5.000 ARTS/CULTURE

PERFORMING ARTS 630 NINTH AVE SUITE 1409 NEW YORK, NY 10036 GLOBALGIVING 30-0108263 501C3 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

PUBLIC/SOCIETY 1110 VERMONT AVE NW SUITE BENEFIT 550

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **IEFFERSON SCHOLARS** 31-1755873 50103 5 0001 FOLICATION

6640 RIVERSIDE DR SUITE

DUBLIN, OH 43017

200

| FOUNDATION<br>112 CLARKE CT     | 31-1/330/3 | 30103 | 3,000 |  | EBOCATION                 |
|---------------------------------|------------|-------|-------|--|---------------------------|
| CHARLOTTESVILLE, VA 22903       |            |       |       |  |                           |
| KAPPA KAPPA GAMMA<br>FOUNDATION | 31-6049792 | 501C3 | 5,000 |  | PUBLIC/SOCIETY<br>BENEFIT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-6393377 501C3 5.000 PUBLIC/SOCIETY LAKEVIEW PRESBYTERIAN CHURCH BENEFIT 5914 CANAL BOULEVARD NEW ORLEANS, LA 70124 72-0945008 501C3 5.000 ENVIRONMENT

LOUISIANA UNIVERSITIES MARINE CONSORTIUM 8124 HIGHWAY 56 CHAUVIN, LA 70344

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1314968 501C3 5,000 ENVIRONMENT LOUISIANA WILDLIFE AND FIGURDIEC FOUNDATION

| PO BOX 80378 BATON ROUGE, LA 70898                           |            |       |       |  |           |
|--|------------|-------|-------|--|-----------|
| MOUNT HOLYOKE COLLEGE<br>OFFICE OF ADVANCEMENT 50<br>COLLEGE | 04-2103578 | 501C3 | 5,000 |  | EDUCATION |

STREET

SOUTH HADLEY, MA 01075

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 85-0170157 501C3 5.000 NEW MEXICO STATE EDUCATION UNIVERSITY AT LAS CRUCES PO BOX 30001 LAS CRUCES, NM 88003

ARTS/CULTURE

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PARTNERSHIP FOR ACTION

601 POYDRAS ST 12TH FLOOR NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-0895408 501C3 5.000 EDUCATION RIVERSIDE SCHOOL INC NORTH CHESTERFIELD, VA

RECREATION

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

2110 MCRAE ROAD 23235 SPECIAL OLYMPICS

LOUISIANA 1000 E MORRIS AVE HAMMOND, LA 70301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1283316 501C3 5.000 NO PROGRAM AREA ST BERNARD PARISH 4-H FOUNDATION

8201 W JUDGE PEREZ DR CHALMETTE, LA 70043 ST BERNARD VOLUNTEERS 27-3100079 501C3 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHALMETTE, LA 70044

COMMUNITY FOR FAMILY AND COMMUNITY IMPROVEMENT PO BOX 1505

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST CHARLES PUBLIC SCHOOL 26-0506108 501C3 5,000 EDUCATION

| P O BOX 389<br>LULING, LA 70070                                       |            |       |       |  |           |
|---|------------|-------|-------|--|-----------|
| UNIVERSITY OF THE SOUTH<br>THOMPSON UNION 735<br>UNIVERSITY<br>AVENUE | 62-0475697 | 501C3 | 5,000 |  | EDUCATION |

SEWANEE, TN 37383

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HOUSING, SHELTER

| VIRGINIA EPISCOPAL SCHOOL<br>400 VES ROAD<br>LYNCHBURG, VA 24503 | 54-0506431 | 501C3 | 5,000 |  | EDUCATION |
|--|------------|-------|-------|--|-----------|
|  |            |       |       |  |           |

5.024

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

ST JUDE COMMUNITY CENTER

NEW ORLEANS, LA 70112

400 N RAMPART

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0551255 501C3 5.086 EDUCATION CHRISTIAN BROTHERS SCHOOL 8 FRIEDFRICHS AVE

ARTS/CULTURE

5.116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70124 FRENCH QUARTER FESTIVAL

400 N PETERS ST SUITE 205 NEW ORLEANS, LA 70130

INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1499442 501C3 5.237 ECONOMIC GOOD WORK NETWORK 2028 ORETHA CASTLE HALEY DEVELOPMENT BI VD

PUBLIC/SOCIETY

BENEFIT

5.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70113 FIRST BAPTIST CHURCH OF

NORCO

PO BOX 57 NORCO, LA 70079

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LAST CALL 06-1522546 501C3 5.250 PUBLIC/SOCIETY PO BOX 56698 BENEFIT NEW ORLEANS, LA 70156

ARTS/CULTURE

5.399

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

MOSCOW NIGHTS INC

116 VALENTINE DRIVE AVONDALE, LA 70094

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-0491089 501C3 5.421 HEALTH BRAIN INJURY ASSOCIATION LOUISIANA CHAPTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 50306

NEW ORLEANS, LA 70150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1281067 501C3 5.479 ENVIRONMENT ORLEANS PARISH 4-H

FOUNDATION 2022 ST BERNARD AVENUE NEW ORLEANS, LA 70116 CHILD ADVOCACY SERVICES 72-1262466 501C3 5.500 SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INC

1504 WEST CHURCH STREET HAMMOND, LA 70401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 72-1115391 501C3 5.500 HEALTH LSU HEALTH SCIENCE CENTER-NEW ORLEANS 433 BOLIVAR STREET 72-1402876 501C3 5.508 SOCIAL SERVICES

NEW ORLEANS, LA 70112 LOUISIANA APPLESEED CENTER FOR LAW AND JUSTICE 1615 POYDRAS STREET SUITE 1000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1333207 501C3 5.539 ARTS/CULTURE MUSICAL ARTS SOCIETY OF NEW ORLEANS

YOUTH DEVELOPMENT

5.567

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PO BOX 750698 NEW ORLEANS, LA 70175 APEX COMMUNITY ADVANCEMENT INC

2039 TOLEDANO ST NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance LYRICA BAROOUE 47-5272289 501C3 5,587 ARTS/CULTURE

| PO BOX 750524<br>NEW ORLEANS, LA 70175                        |            |       | •     |  |           |
|---|------------|-------|-------|--|-----------|
| UNIVERSITY OF VIRGINIA<br>DEVELOPMENT OFFICE PO BOX<br>400807 | 54-1682176 | 501C3 | 5,600 |  | EDUCATION |

CHARLOTTESVILLE, VA 22904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 38-3990621 501C3 5.610 SUGAR ROOTS FARM FOOD/NUTRITION

10701 WILLOW DR NEW ORLEANS, LA 70131

RIVER REGION DRAMA GUILD 72-1253934 501C3 5,735 ARTS/CULTURE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 845

DESTREHAN, LA 70047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 23-7136411 501C3 5,768 PUBLIC/SOCIETY CHILD EVANGELISM FELLOWSHIP OF NEW BENEFIT ODLEANC

| PO BOX 7532<br>METAIRIE, LA 70002                                 |            |       |       |  |                           |
|---|------------|-------|-------|--|---------------------------|
| COMMUNITY WORKS OF<br>LOUISIANA<br>3900 GENERAL TAYLOR STE<br>206 | 26-4472656 | 501C3 | 5,790 |  | PUBLIC/SOCIETY<br>BENEFIT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| WOMEN WITH A VISION INC<br>1226 N BROAD STREET<br>NEW ORLEANS, LA 70119 | 72-1202185 | 501C3 | 5,807 |  | HUMAN SERVICES |
|---|------------|-------|-------|--|----------------|
| MUSIC INSIDE OUT  | 06-1522546 | 501C3 | 5.884 |  | HEALTH         |

PO BOX 56698

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0973161 501C3 5.884 HOUSING, SHELTER NEW ORLEANS AREA HABITAT FOR HUMANITY

2900 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70122 72-0921695 501C3 5.978 HABITAT FOR HUMANITY ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MANDEVILLE, LA 70471

HOUSING, SHELTER TAMMANY WEST 1400 NORTH LANE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0408937 501C3 5.999 JEWISH COMMUNITY CENTER HUMAN SERVICES 5342 ST CHARLES AVENUE NEW ORLEANS, LA 70115

BAYOU COUNCIL BEHAVIORAL 72-0797092 501C3 6.000 HEALTH HEALTH SERVICES INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

504 SAINT LOUIS ST THIBODAUX, LA 70301

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 59-3473384 501C3 6.000 PUBLIC/SOCIETY COMMUNITY FOUNDATION OF NORTH FLORIDA INC BENEFIT 3600 MACLAY BLVD SOUTH SUITE 200 TALLAHASSEE, FL 32312 501C3 6,000 LOUD 58-1318198 ARTS/CULTURE 1270 CAROLINE STREET SUITE

D120-353 D120-353

ATLANTA, GA 30307

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW SCHOOLS FOR NEW 02-0773717 501C3 6,000 EDUCATION

401 SPRUCE STREET DESTREHAN, LA 70079

| 781<br>NEW ORLEANS, LA 70112<br>SACRED HEART OF JESUS | 72-0538180 | 501C3 | 6,000 |  | COMMUNITY   |
|---|------------|-------|-------|--|-------------|
| CHURCH  | /2-0538180 | 501C3 | 6,000 |  | IMPROVEMENT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0717127 501C3 6.125 STRIVE INCORPORATED HUMAN SERVICES 1139 NAPOLEON AVENUE

NEW ORLEANS, LA 70115

ST LOUIS KING OF FRANCE 72-6013607 501C3 6,170 EDUCATION SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1600 LAKE AVENUE METAIRIE, LA 70005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GREATER NEW ORLEANS FAIR 72-1306717 501C3 6.179 HOUSING, SHELTER HOUSING ACTION CENTER 404 S JEFFERSON DAVIS PKWY

ARTS/CULTURE

6,250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

72-1380617

NEW ORLEANS, LA 70119

RIVER REGION BALLET

DESTREHAN, LA 70047

PO BOX 845

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance RED CHURCH COUNCIL NO 72-0795251 501C8 6.300 PUBLIC/SOCIETY BENEFIT

3634 375 SPRUCE STREET NORCO, LA 70079 GIRL SCOUTS LOUISIANA 72-0453615 501C3 6.301 YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EAST

841 S CLEARVIEW PARKWAY NEW ORLEANS, LA 70121

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 95-3750694 501C3 6.381 PARENTS FAMILIES FRIENDS-EDUCATION LESBIANSGAYS PO BOX 15515

EDUCATION

6.411

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

72-1444579

NEW ORLEANS, LA 70175
HOLY NAME OF JESUS SCHOOL

6325 CROMWELL PLACE NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0992051 501C3 6.427 GULF COAST TEACHING HUMAN SERVICES FAMILY SERVICES 2400 EDENBORN

COMMUNITY

IMPROVEMENT

6.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

METAIRIE, LA 70001
CENTER FOR PLANNING

100 LAFAYETTE STREET BATON ROUGE, LA 70801

EXCELLENCE INC

20-3827040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 90-0803841 501C3 6.500 HUMAN SERVICES JACOB'S LADDER 501 CAVANESS DR

NEIGHBORHOODS 35-2281054 501C3 6,500 COMMUNITY IMPROVEMENT (NPN) 3900 GENERAL TAYLOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408935 501C3 6.561 EDUCATION BREAKTHROUGH NEW ORLEANS-SUMMERBRIDGE 1903 JEFFERSON AVENUE NEW ORLEANS, LA 70115

ARTS/CULTURE

6.602

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

72-1202296

SYMPHONY CHORUS OF NEW

NEW ORLEANS, LA 70150

ORLEANS PO BOX 50542

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-1756360 501C3 6,624 EDUCATION JEFFERSON DOLLARS FOR CCHOLARC

| 3100 RIDGELAKE DR SUITE<br>206<br>METAIRIE, LA 70002 |            |       |       |  |           |
|--|------------|-------|-------|--|-----------|
| ARC OF GREATER NEW                                   | 72-0456903 | 501C3 | 6,645 |  | HUMAN SER |

METAIRIE, LA 70001

**ERVICES** ORLEANS 925 S LABARRE RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance SCHOLARSHIP FOUNDATION 72-1052017 501C3 6,867 EDUCATION

| OF NEW ORLEANS<br>PO BOX 871812<br>NEW ORLEANS, LA 70187 |            |       |       |  |                |
|--|------------|-------|-------|--|----------------|
| MERCY ENDEAVORS  | 26-0502228 | 501C3 | 6,895 |  | HUMAN SERVICES |

457 JACKSON AVENUE NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-2910626 501C3 6.970 ARTS/CULTURE PRESERVATION HALL FOUNDATION

726 SAINT PETER STREET NEW ORLEANS, LA 70116 THE WALDORF PARENTS 72-1483008 501C3 6.977

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION ASSOCIATION 517 SORAPARU ST NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0538180 501C3 7.000 EDUCATION SACRED HEART OF JESUS

SCHOOL 453 SPRUCE STREET NORCO, LA 70079

ATLANTA, GA 30309

SHEPHERD CENTER 20-1238224 501C3 7.000 HEALTH FOUNDATION 2020 PEACHTREE RD NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501C3 7.000 ST ANTHONY OF PADUA 72-1444579 EDUCATION SCHOOL

4601 CLEVELAND AVENUE NEW ORLEANS, LA 70119

THE PRO BONO PROJECT 72-1194167 501C3 7.082 PUBLIC/SOCIETY 935 GRAVIER ST SUITE 1340 BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST FRANCIS VEGETABLE 47-2785490 501C3 5.000 FOOD/NUTRITION GARDEN

218 RIENZI DRIVE
THIBODAUX, LA 70301

YOUNG AUDIENCES INC 72-6027054 501C3 7,222

ARTS/CULTURE
3900 GENERAL TAYLOR SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

201

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4503674 501C3 7.250 ARTS/CULTURE COMMON EDGE COLLABODATIVE

| 2016 ORETHA CASTLE HALEY<br>BOULEVARD<br>NEW ORLEANS, LA 70113 |            |       |       |  |                           |
|--|------------|-------|-------|--|---------------------------|
| NEW ORLEANS ROTARY FUND<br>1013 N CAUSEWAY BLVD                | 72-0820665 | 501C3 | 7,250 |  | PUBLIC/SOCIETY<br>BENEFIT |

SUITE 100 METAIRIE, LA 70001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 27-1822983 501C3 7.266 JEFFERSON CHAMBER EDUCATION FOUNDATION ACADEMY PO BOX 384

GRETNA, LA 70054 MONDO BIZARRO 72-1499547 501C3 7.284 ARTS/CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

609 SAINT FERDINAND ST NEW ORLEANS, LA 70117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CHILDREN'S ADVOCACY 72-1271514 501C3 7.291 YOUTH DEVELOPMENT

CENTER - HOPE HOUSE PO BOX 1852 COVINGTON, LA 70434 20-5899827 501C3 7.357 NEW ORLEANS PHOTO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70130

ARTS/CULTURE ALLIANCE 1111 ST MARY STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0882569 501C3 7.390 HEALTH

RONALD MCDONALD HOUSE 72-0882569 501C3 7,390 HEALTH 4403 CANAL ST NEW ORLEANS, LA 70119

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70179

 NEW ORLEANS, LA 70119
 PUBLIC/SOCIETY

 THE ORCHID SOCIETY PO BOX 792866
 27-5540340
 501C3
 7,434
 PUBLIC/SOCIETY BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0423889 501C3 7.470 EDUCATION ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND

6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118 72-1444579 501C3 7.500 ARCHDIOCESE OF NEW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70125

HUMAN SERVICES ORLEANS 7887 WALMSLEY AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 94-3006966 501C3 7.500 BERKELEY ATHLETIC FUND RECREATION PO BOX 11525 BERKELEY, CA 94712 81-2899404 501C3 7.500 EDUCATION

## MD WRIGHT ACADEMIC CENTER 701C HICKORY STREET

THIBODAUX, LA 70301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0456906 501C3 7.500 PUBLIC/SOCIETY ST PAUL'S EPISCOPAL CHURCH 6249 CANAL BOULEVARD BENEFIT 06-1715268 501C3 7.534 EDUCATION

NEW ORLEANS, LA 70124 LSU MEDICAL ALUMNI ASSOCIATION INC 2020 GRAVIER STREET 5TH FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance LTH

| FUNNY BONES IMPROV<br>3436 MAGAZINE STREET 528<br>NEW ORLEANS, LA 70115 | 27-2678626 | 501C3 | 7,578 |  | HEALT    |
|---|------------|-------|-------|--|----------|
| NORTHSHORE FOOD BANK  | 72-1028530 | E01C3 | 7 584 |  | DI IRI T |

COVINGTON, LA 70433

|PUBLIC/SOCIETY NURTHSHURE FOUD BANK /2-1028539 201631 7,584 BENEFIT 840 N COLUMBIA ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0877422 501C3 7.712 SOUTHEAST LOUISIANA LEGAL HUMAN SERVICES SERVICES CORPORATION

1340 POYDRAS ST SUITE 600 NEW ORLEANS, LA 70112

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

300 N BROAD SUITE 125 NEW ORLEANS, LA 70119

BOYS TOWN LOUISIANA 47-0376606 501C3 7.722 YOUTH DEVELOPMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-4627275 501C3 7,762 HOUSING, SHELTER PROVIDENCE COMMUNITY HOUSING

| 1050 S JEFFERSON DAVIS<br>PKWY SUITE<br>301<br>NEW ORLEANS, LA 70125 |            |       |       |  |        |
|--|------------|-------|-------|--|--------|
| VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE VU                       | 62-0476822 | 501C3 | 7,772 |  | EDUCAT |

NASHVILLE, TN 37235

CATION STATION B 357727

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 71-1028434 501C3 7.987 YOUTH REBUILDING NEW YOUTH DEVELOPMENT ORLEANS 1933 HOPE STREET PUBLIC/SOCIETY

NEW ORLEANS, LA 70119

MONTREAT CONFERENCE 56-0532142 501C3 8,000
CENTER PO BOX 969 DBA MOUNTAIN RETREAT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATION MONTREAT, NC 28757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 81-4223953 501C3 8.000 ARTS/CULTURE WHOLE VILLAGE ART THERAPY INC

HEALTH

8.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

2321 VALMONT STREET NEW ORLEANS, LA 70115 WIGGED OUT

4024 E COOLIDGE STREET PHOENIX, AZ 85018

45-2496316

(a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government if applicable grant cash non-cash assistance or assistance other) assistance

8,140

IEDUCATION

| THE NOLA PROJECT      | 20-2166597 | 501C3 | 8,056 |  | ARTS/CULTURE |
|-----------------------|------------|-------|-------|--|--------------|
| 2716 MAGAZINE ST      |            |       |       |  |              |
| NEW ORLEANS, LA 70130 |            |       |       |  | 1            |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

27-0588087

EDUCATORSFORQUALITYALTERNATIVES|

9325 STROFLITZ ST NEW ORLEANS, LA 70118

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4528787 501C3 8,142 ANIMALS CATNIP (CARE AND TREATMENT OF NECLECTER

| AND INDIGENT PETS)<br>15442 JACK FORK RD<br>FOLSOM, LA 70437 |            |       |       |  |           |
|--|------------|-------|-------|--|-----------|
| ACLU FOUNDATION OF   | 13-6213516 | 501C3 | 8,166 |  | PUBLIC/SO |

NEW ORLEANS, LA 70156

SOCIETY LOUISIANA IRFNELLI PO BOX 56157

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-1502728 501C3 8.183 ARTS/CULTURE A STUDIO IN THE WOODS 13401 PATTERSON ROAD

IENVIRONMENT

8.232

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

13401 PATTERSON ROAD
NEW ORLEANS, LA 70131

ALLIANCE FOR AFFORDABLE
FNERGY
72-1057834

PO BOX 751133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0423889 501C3 8.267 ARTS/CULTURE THE SHAKESPEARE FESTIVAL AT TULANE

215 MCWILLIAMS HALL NEW ORLEANS, LA 70118 85-0488807 501C3 8.270 IENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NOLA TREE PROJECT 1509 FILMORE AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 63-0598743 501C3 8.300 PUBLIC/SOCIETY SOUTHERN POVERTY LAW CENTER BENEFIT 400 WASHINGTON AVENUE MONTGOMERY, AL 36104

HUMAN SERVICES

8.313

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

**VOLUNTEERS OF AMERICA** 

4152 CANAL STREET NEW ORLEANS, LA 70119

GNO

72-0709750

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-1474850 501C3 8.341 RESTORE OR RETREAT IENVIRONMENT PO BOX 2048-NSU THIBODAUX, LA 70310

JANE PLACE NEIGHBORHOOD 26-3909820 501C3 8.380 HOUSING, SHELTER SUSTAINABILITY INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 53011 NEW ORLEANS, LA 70153

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST MATTHIAS THE APOSTLE 74-6018777 501C3 8.400 NO PROGRAM AREA CATHOLIC CHURCH

ARTS/CULTURE

8.423

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

## 302 S MAGNOLIA BOULEVARD MAGNOLIA, TX 77355 HERMANN-GRIMA GALLIER 72-0408902 HISTORIC HOUSES PO BOX 56836

NEW ORLEANS, LA 70156

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AN SERVICES

BENEFIT

| START CORPORATION<br>420 MAGNOLIA ST<br>HOUMA, LA 70360 | 58-1687098 | 501C3 | 8,443 |  | HUMAN |
|---|------------|-------|-------|--|-------|
|   |            |       |       |  |       |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

P O BOX 386

NORCO, LA 70079

AMERICAN LEGION POST 195 72-6035381 501C19 8,500 PUBLIC/SOCIETY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

IMPROVEMENT

| CAJUN NAVY RELIEF<br>PO BOX 791632<br>NEW ORLEANS, LA 70179 | 81-3901071 | 501C3 | 8,500 |  | PUBLIC/SOCIETY<br>BENEFIT |
|---|------------|-------|-------|--|---------------------------|
| FLEUR DE QUE  | 46-2142054 | 501C3 | 8.500 |  | COMMUNITY                 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4718 ST CHARLES AVE

NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0655363 501C3 8.500 PUBLIC/SOCIETY PEACHTREE ROAD UNITED BENEFIT

METHODIST CHURCH 3180 PEACHTREE ROAD NE ATLANTA. GA 30305 26-4161479 501C3 8.545 EDUCATION MORRIS JEFF COMMUNITY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

211 S LOPEZ ST NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7188652 501C3 8.735 KALORAMA FOUNDATION IENVIRONMENT PO BOX 123

COLLINSTON, LA 71229 BASTION COMMUNITY OF 27-4383654 501C3 8.736

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70122

NO PROGRAM AREA RESTLIENCE 1901 MIRABEAU AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HUMAN SERVICES

| JEFFERSON SPCA      | 72-0694861 | 501C3 | 8,758 |  | ANIMALS |
|---------------------|------------|-------|-------|--|---------|
| 4421 JEFFERSON HWY  |            |       |       |  |         |
| JEFFERSON, LA 70121 |            |       |       |  |         |

8.794

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PEOPLE PROGRAM

2240 LAKESHORE DR NEW ORLEANS, LA 70122 72-1122258

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 52-0709497 501C3 8.900 ST PAULS SCHOOL FOR GIRLS EDUCATION

BENEFIT

11232 FALLS ROAD PO BOX 8000 BROOKLANDVILLE, MD 21022 47-1559111 501C3 8.925 PUBLIC/SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SISTERHEARTS INC. 7519 W JUDGE PEREZ DR

ARABI, LA 70032

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NUNEZ COMMUNITY COLLEGE 72-1308725 501C3 9.0001 FDUCATION

AVENUE

METAIRIE, LA 70002

| FOUNDATION<br>3710 PARIS RD<br>CHALMETTE, LA 70043                  | , 2 2000, 20 | 30100 | 2,000 |  |           |
|---|--------------|-------|-------|--|-----------|
| NAWIC CHAPTER 17<br>SCHOLARSHIP FOUNDATION<br>4027 METATRIE HEIGHTS | 72-1247446   | 501C3 | 9,120 |  | EDUCATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1957214 501C3 9.137 STAND FOR CHILDREN YOUTH DEVELOPMENT

## 2374 ST CLAUDE AVE 230 NEW ORLEANS, LA 70117

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 5661

THIBODAUX, LA 70302

WOMEN'S RESTORATION INC. 47-4248235 501C3 9.142 HEALTH

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HOPE EXTREME 20-5871523 501C3 9,188 HUMAN SERVICES

| 8910 MAIN STREET<br>BOURG, LA 70343  |            |       |       |  |           |
|--|------------|-------|-------|--|-----------|
| THE LOUISIANA ACADEMY OF<br>CONTINUING DENTAL<br>EDUCATION INC<br>1100 FLORIDA AVENUE BOX<br>142-B | 72-1482931 | 501C3 | 9,222 |  | EDUCATION |

NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance FREE NOLA 72-1191024 501C3 9.227 ARTS/CULTURE PO BOX 56506 NEW ORLEANS, LA 70156

NEW ORLEANS, LA 70156

COUNCIL ON ALCOHOL & 72-0541502 501C3 9,271

DRUG ABUSE FOR GNO 2640 CANAL ST 4TH FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501C3 9.300 SAINT JOSEPH ABBEY AND 72-1444579 EDUCATION SEMINARY COLLEGE 75376 RIVER ROAD

SAINT BENEDICT, LA 70457

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FFFDING SOUTH FLORIDA 59-2097520

PEMBROKE PARK, FL 33023

501C3 9.337 INO PROGRAM AREA 2501 SW 32 TERRACE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ENVIRONMENTAL DEFENSE 11-6107128 501C3 9,350 ENVIRONMENT

| 1875 CONNECTICUT AVENUE<br>NW 600<br>WASHINGTON, DC 20009 |            |       |       |  |                |
|---|------------|-------|-------|--|----------------|
| WORLD CENTRAL KITCHEN                                     | 27-3521132 | 501C3 | 9.437 |  | FOOD/NUTRITION |

PO BOX 392289

PITTSBURGH, PA 152519289

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0573491 501C3 9,471 ARTS/CULTURE LOUISIANA LANDMARKS

| OPTIONS FOR INDEPENDENCE                             | 72-1208898 | 501C3 | 9 493 |  | PUBLIC/SOCIETY |
|--|------------|-------|-------|--|----------------|
| SOCIETY INC<br>1440 MOSS ST<br>NEW ORLEANS, LA 70119 |            |       |       |  |                |

9,493 8326 MAIN ST BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOUMA, LA 70363

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance STEM NOLA 46-4516976 501C3 9.584 YOUTH DEVELOPMENT 4910 DREXEL DRIVE BOX 61 NEW ORLEANS, LA 70125

NEW ORLEANS, LA 70125

FAMILIES HELPING FAMILIES 72-1198440 501C3 9,661

OF GNO 700 HICKORY AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HARAHAN, LA 70123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-0646012 501C3 9.704 HEALTH ST JUDE CHILDREN'S RESEARCH HOSPITAL

501 ST JUDE PLACE MEMPHIS.TN 38105 FRIENDS OF BAYOU 81-4119180 501C3 9.765

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THIBODAUX, LA 70302

COMMUNITY LAFOURCHE INC IMPROVEMENT PO BOX 124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3633509 501C3 9.772 ARTS/CULTURE FRIENDS OF BEAUREGARD KEYES HOUSE

1113 CHARTRES ST
NEW ORLEANS, LA 70116

ALEXANDER MILNE 72-0261790 501C3 9,788

DEVELOPMENTAL SERVICES HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1065 MILNE CIRCLE COVINGTON, LA 70435

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance JUNIOR LEAGUE OF NEW 72-6000609 501C3 9.838 PUBLIC/SOCIETY ORLEANS INC BENEFIT

HUMAN SERVICES

4319 CARONDELET STREET NEW ORLEANS, LA 70115 WOMAN'S NEW LIFE CENTER 72-1475326 501C3 9.842

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4612 S CLAIBORNE AVE NEW ORLEANS, LA 70125

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ARTS/CULTURE

| ANNA'S PLACE NOLA<br>1313 ESPLANADE AVE<br>NEW ORLEANS, LA 70116 | 72-0631881 | 501C3 | 9,905 |  | 1 | COMMUNITY<br>IMPROVEMENT |
|--|------------|-------|-------|--|---|--------------------------|
|  |            |       |       |  |   |                          |

9.915

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

20-8374608

US BIENNIAL INC

PO BOX 58800 SUITE 850 NEW ORLEANS, LA 70158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1054889 501C3 9.944 CASA NEW ORLEANS HUMAN SERVICES 1340 POYDRAS STREET SUITE 2120 NEW ORLEANS, LA 70130

PUBLIC/SOCIETY

BENEFIT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70130

AUSTIN PRESBYTERIAN

THEOLOGICAL SEMINARY

100 E 27TH STREET AUSTIN, TX 78705

74-1143056

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3223661 501C3 10.000 HEALTH BEYOND BATTEN DISEASE FOUNDATION

PO BOX 50221 AUSTIN. TX 78763 COMMUNITY FOUNDATION OF 23-7290968 501C3 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JOPLIN, MO 64801

COMMUNITY THE OZARKS IMPROVEMENT 3510 E 3RD ST

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1470971 501C3 10.000 ECONOMIC DOWNTOWN DEVELOPMENT PMENT

| UNLIMITED INC<br>201 SAINT CHARLES AVE STE<br>3912<br>NEW ORLEANS, LA 70170 |            |       |        |  | DEVELOP |
|---|------------|-------|--------|--|---------|
| FOUNDATION FOR RETINAL  | 72-0949090 | 501C3 | 10,000 |  | HEALTH  |

METAIRIE, LA 70006

RESEARCH 4315 HOUMA BLVD SUITE 201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF LUBAVITCH INC 72-0791958 501C3 10.000 HUMAN SERVICES 7033 FRERET STREET NEW ORLEANS, LA 70118 FRIENDS OF THE LOUISIANA 45-2583491 501C3 10.000 CIVIC ENGAGEMENT CENTER FOR WOMEN AND

GOVERNMENT PO BOX 2062

THIBODAUX, LA 70310

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance REATION

| GLOBAL CAMPS AFRICA<br>11911 FREEDOM DRIVE 850 | 91-2191939 | 501C3 | 10,000 |  | RECR |
|--|------------|-------|--------|--|------|
| RESTON, VA 20190                               |            |       |        |  | 1    |
|  |            |       |        |  |      |

PORTLAND, OR 97209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TΗ

CIVIC ENGAGEMENT

| HAVEN INC           | 72-1233532 | 501C3 | 10,000 |  | HEALTH |
|---------------------|------------|-------|--------|--|--------|
| PO BOX 4279         |            |       |        |  |        |
| THIBODAUX, LA 70361 |            |       |        |  |        |
|                     |            |       |        |  |        |

HOOSIC RIVER REVIVAL 46-1081343 501C3 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 434

NORTH ADAMS, MA 01247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1229711 501C3 10.000 PUBLIC/SOCIETY LGBT COMMUNITY CENTER OF NEW ORLEANS BENEFIT

2727 SOUTH BROAD STREET NEW ORLEANS, LA 70125 38-3955683 501C3 10.000 LINK STRYJEWSKI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70130

PHILANTHROPY FOUNDATION 930 TCHOUPITOULAS ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-1487498 501C3 10.000 ARTS/CULTURE LOUISIANA HIMALAYA ASSOCIATION

ASSOCIATION
PO BOX 19826
NEW ORLEANS, LA 70179

MARTHA'S VINEYARD MUSEUM 04-2160642 501C3 10.000

ARTS/CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 3040

EDGARTOWN, MA 02539

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MOMS AGAINST 47-1017419 501C3 10 000 HEALTH

| FLUORIDATION<br>PO BOX 17081   | 202. 122   |       | 25,000 |  |           |
|--------------------------------|------------|-------|--------|--|-----------|
| ASHEVILLE, NC 28816            |            |       |        |  |           |
| NEURO-ACUPUNCTURE<br>INSTITUTE | 47-4648623 | 501C3 | 10,000 |  | EDUCATION |

2019 GALILEO ST SUITE C1 SANTA FE, NM 87505

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1437316 501C3 10.000 NEW LIFE COUNSELING HUMAN SERVICES CENTER INC

| PO BOX 1145<br>LAROSE, LA 70373                                   |            |       |        |  |                |
|---|------------|-------|--------|--|----------------|
| NEW ORLEANS ADVOCATES<br>FOR GLBT ELDERS<br>3502 S CARROLLTON AVE | 47-1598708 | 501C3 | 10,000 |  | HUMAN SERVICES |

SUITE C

NEW ORLEANS, LA 70118

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-1661700 501C3 10,000 PUBLIC/SOCIETY NORTH CAROLINA COMMUNITY

| FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612 |            |       |        |  | BENEFIT                   |
|---|------------|-------|--------|--|---------------------------|
| PRESBYTERIAN HERITAGE<br>CENTER                             | 56-2462726 | 501C3 | 10,000 |  | PUBLIC/SOCIETY<br>BENEFIT |

CENTER PO BOX 207

MONTREAT, NC 28757

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-4951286 501C3 10.000 RECREATION SOUTHERN SAILING FOUNDATION 2211 OCTAVIA ST NEW ORLEANS, LA 70115

PUBLIC/SOCIETY

BENEFIT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

TEXAS RIO GRANDE LEGAL

AID-AUSTIN

4920 N I-35 AUSTIN, TX 78751 74-1675230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NOITA

ARTS/CULTURE

|                      |            |       |        |  | 1       |
|----------------------|------------|-------|--------|--|---------|
| THE MATCH FOUNDATION | 04-3476160 | 501C3 | 10,000 |  | EDUCATI |
| 50 MILK ST 6TH FLOOR |            |       |        |  | ĺ       |
| BOSTON MA 02109      |            |       |        |  |         |

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

THE PUBLIC THEATER

425 LAFAYETTE NEW YORK, NY 10003 13-1844852

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance LINITY/EDCITY OF CALTEODNIA 94-2829914 501C3 10 0001 FOLICATION

| CHITCH OF CALL CALL       | J 1 202331 1 | 30103 | 10,000 |  | LDOCKTON        |
|---------------------------|--------------|-------|--------|--|-----------------|
| SAN FRANCISCO FDTN        |              |       |        |  |                 |
| UCSF BOX 1694             |              |       |        |  |                 |
| SAN FRANCISCO, CA 94143   |              |       |        |  |                 |
|                           |              |       |        |  |                 |
| WHITEHALL SCHOOL DISTRICT | 39-6005205   | 501C3 | 10,000 |  | NO PROGRAM AREA |

WHITEHALL SCHOOL DISTRICT 39-6005205 501C3

18121 HOBSON ST WHITEHALL, WI 54773

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WOMEN'S HEALTH CENTER OF 55-0559874 501C3 10.000 HEALTH WEST VIRGINIA

| PO BOX 20580<br>CHARLESTON, WV 25362                    |            |       |        |  |   |                  |
|---|------------|-------|--------|--|---|------------------|
| CATHOLIC COMMUNITY<br>CENTER<br>2779 HIGHWAY 311 PO BOX | 72-0812566 | 501C3 | 10,100 |  | I | PUBLIC<br>BENEFI |

SCHRIEVER, LA 70395

IC/SOCIETY 505

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VOVACELID OUTWARD BOLIND 41-0977450 E0103 10 100 ENVIRONMENT

BENEFIT

| SCHOOL<br>1400 ENERGY PARK DRIVE<br>SUITE 18<br>SAINT PAUL, MN 55108 | 41-06//433 | 30163 | 10,100 |  | LIVVIN   |
|--|------------|-------|--------|--|----------|
| SAINT PAUL, MN 55108   |            |       |        |  | <u> </u> |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8708 NELSON ST

NEW ORLEANS, LA 70118

501C3 JESUS PROJECT MINISTRIES 27-0413281 10.201 PUBLIC/SOCIETY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| PLAYBUILD<br>PO BOX 52871 | 46-2312257 | 501C3 | 10,213 |  | YOUTH DEVELOPMENT |
|---------------------------|------------|-------|--------|--|-------------------|
| NEW ORLEANS, LA 70113     |            |       |        |  |                   |
|                           |            |       |        |  |                   |

NEW ORLEANS, LA 70119

GOODWILL IND SE LA INC. 72-0546906 501C3 10.214 ECONOMIC DEVELOPMENT 3400 TULANE AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| CHRIST EPISCOPAL SCHOOL<br>80 CHRISTWOOD BOULEVARD<br>COVINGTON, LA 70433 | 72-0633945 | 501C3 | 10,229 |  | EDUCATION |
|---|------------|-------|--------|--|-----------|
|   |            |       |        |  |           |

COMMUNITY

IMPROVEMENT

ELECTRIC GIRLS 47-4765170 501C3 10.243 643 MAGAZINE ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-0423889 501C3 10.255 A B FREEMAN SCHOOL OF EDUCATION BUSINESS

YOUTH DEVELOPMENT

6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118 27-3341818 501C3 10.307

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PINK HOUSE INC. 5500 PRYTANIA ST 330

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-1796931 501C3 10,413 HEALTH CAMP CHALLENGE

| PO BOX 10591<br>NEW ORLEANS, LA 70181 |            |       |        |  |         |
|---------------------------------------|------------|-------|--------|--|---------|
| HUMANE SOCIETY OF<br>LOUISIANA        | 58-1795272 | 501C3 | 10,450 |  | ANIMALS |

PO BOX 740321

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **HOLY ROSARY ACADEMY &** 20-2592873 501C3 10.478 EDUCATION

| HIGH SCHOOL<br>2437 JENA STREET<br>NEW ORLEANS, LA 70115     |            |       |        |  |        |
|--|------------|-------|--------|--|--------|
| INSTITUTE OF WOMEN AND ETHNIC STUDIES 365 CANAL STREET SHITE | 72-1244155 | 501C3 | 10,485 |  | HEALTH |

1550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF PACT PLACE 81-5350255 501C3 10.500 NO PROGRAM AREA

NONPROFIT CORPORATION
710 CHURCH STREET SUITE B
LOCKPORT, LA 70374

LOUISIANA HOSPITALITY 20-4728582 501C3 10,578 YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION PO BOX 24046

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance COURT WATCH NOLA 33-1190644 501C3 10.625 PUBLIC/SOCIETY

PO BOX 750633 BENEFIT NEW ORLEANS, LA 70175

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70118

TEMPLE SINAI 72-0408925 501C3 10.682 PUBLIC/SOCIETY 6227 ST CHARLES AVE BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EΑ

| SOUTH WINGS INC<br>5500 PRYTANIA ST 532<br>NEW ORLEANS, LA 70115 | 62-1666910 | 501C3 | 10,841 |  | NO PROGRAM AREA |
|--|------------|-------|--------|--|-----------------|
| CARROLLTON BOOSTER CLUB  | 72-1117078 | 501C3 | 10.850 |  | RECREATION      |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70178

PO BOX 4165

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-1482962 501C3 10.861 CASA OF TERREBONNE YOUTH DEVELOPMENT

309 GOODE ST HOUMA, LA 70360

ST BERNARD BATTERED 58-1834566 501C3 10,876

WOMEN'S PROGRAM INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 7 ARABI, LA 70032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2831459 501C3 10.881 HEALTH 504HEALTHNET 2701 AIRLINE DR SUITE K 140

2701 AIRLINE DR SUITE K 140
METAIRIE, LA 70001

YOUNG ASPIRATIONS - YOUNG 72-1132928 501C3 10,891

ARTISTS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3322 LASALLE STREET NEW ORLEANS, LA 70115

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LOUISIANA PULMONARY 72-0897336 501C3 10,968 HEALTH

| DISEASE CAMP INC<br>PO BOX 10235<br>JEFFERSON, LA 70181 |            |       |        |  |           |
|---|------------|-------|--------|--|-----------|
| FRIENDS OF KIPP NEW ORLEANS INC                         | 30-0951727 | 501C3 | 11,000 |  | EDUCATION |

SUITE 302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 53-0196617 501C3 11.046 PUBLIC/SOCIETY CATHOLIC CHARITIES DIOCESE HOUMA-THIBODAUX BENEFIT 1220 AYCOCK STREET HOUMA, LA 70360

HUMAN SERVICES

11.080

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

LAFOURCHE ARC

THIBODAUX, LA 70302

PO BOX 269

72-0595633

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MEMORIAL SLOAN-KETTERING 13-1924236 501C3 11,100 HEALTH

| CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 21741        |            |       |        |  |           |
|---|------------|-------|--------|--|-----------|
| FLETCHER TECHNICAL<br>COMMUNITY COLLEGE<br>FOUNDATION | 20-4415988 | 501C3 | 11,155 |  | EDUCATION |

1407 HIGHWAY 311 SCHRIEVER, LA 70395

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-1481855 501C3 11.293 PUBLIC/SOCIETY TEXAS ORGANIZING PROJECT EDUCATION FUND BENEFIT

HEALTH

11.294

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PO BOX 120296 SAN ANTONIO, TX 78212

LAMBETH HOUSE

150 BROADWAY ST NEW ORLEANS, LA 70118 27 2 102000

72-1267672

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF THE CABILDO 72-6027414 501C3 11.301 ARTS/CULTURE 701 CHARTRES STREET NEW ORLEANS, LA 70116 ST VINCENT DE PAUL 72-1495688 501C3 11.315 HEALTH TRIPARISH COMMUNITY

PHARMACY PO BOX 3479 HOUMA, LA 70361

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST EDWARD THE CONFESSOR 72-1444579 501C3 11,346 NO PROGRAM AREA CATHOLIC CHILDCH

| 4921 W METAIRIE AVENUE<br>METAIRIE, LA 70001   |            |       |        |  |           |
|--|------------|-------|--------|--|-----------|
| LOUISIANA ASSOCIATION OF<br>PUBLIC CHARTER SCHOOLS<br>1555 POYDRAS STREET SUITE<br>750 | 26-2946510 | 501C3 | 11,478 |  | EDUCATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance WOMEN'S NATIONAL BOOK 27-1656005 E0103 11 /102 ADTC/CITTIDE

| LIGOR FOR THE CALLES                  |            | 504.00 |        | • |  |              |
|---------------------------------------|------------|--------|--------|---|--|--------------|
| PO BOX 13926<br>NEW ORLEANS, LA 70185 |            |        |        |   |  |              |
| ASSOC OF NEW ORLEANS                  | 37-1030093 | 30103  | 11,402 |   |  | AK13/COLTOKE |

HOGS FOR THE CAUSE 501C3 11.500 PUBLIC/SOCIETY 32-0273586

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 792300 BENEFIT NEW ORLEANS, LA 70179

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0459032 501C3 11.609 PUBLIC/SOCIETY METROPOLITAN SAFETY COUNCIL OF NEW ORLEANS BENEFIT 4200 SOUTH I-10 SUITE 224 METAIRIE, LA 70001 JEWISH CHILDREN'S 72-0408936 501C3 11.685 HUMAN SERVICES

REGIONAL SERVICE PO BOX 7368 METAIRIE, LA 70010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7044742 501C3 12.000 BETHANY LUTHERAN CHURCH INO PROGRAM AREA 1340 8TH STREET

| SLIDELL, LA 70458                                     |            |       |        |  |                 |
|---|------------|-------|--------|--|-----------------|
| INNOCENCE PROJECT NEW<br>ORLEANS<br>4051 ULLOA STREET | 72-1501261 | 501C3 | 12,000 |  | NO PROGRAM AREA |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3930886 501C3 12.031 PUBLIC/SOCIETY TOP BOX FOODS 300 NORTH BROAD STREET BENEFIT

SUITE 101 NEW ORLEANS, LA 70119 YWCA OF GREATER NEW 72-0357142 501C3 12.164 HUMAN SERVICES ORLEANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 50255

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 13-5644916 501C3 12.238 HEALTH LEUKEMIA AND LYMPHOMA SOCIETY- LA CHAPTER MACDONELL CHILDREN'S 72-0459031 501C3 12.303 NO PROGRAM AREA

3636 SOUTH I-10 SERVICE ROAD SUITE 304 METAIRIE, LA 70001

SERVICES INC 8326 MAIN STREET HOUMA, LA 70363

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1240372 501C3 12.364 PUBLIC/SOCIETY 100 BLACK MEN OF METRO NEW ORLEANS BENEFIT

COMMUNITY

IMPROVEMENT

12.390

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PO BOX 871522 NEW ORLEANS, LA 70187 FILIPINO-AMERICAN LIONS 23-7030455 CLUB OF NEW ORLEANS

27 GRAND BAY CT KENNER, LA 70065

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501C3 12.415 LUSHER CHARTER SCHOOL 20-3814839 EDUCATION 5624 FRERET ST

NEW ORLEANS, LA 70115

CROSSROADS PREGNANCY 01-0722568 501C3 12,500 HEALTH RESOURCE 105 SAINT LOUIS STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THIBODAUX, LA 70301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance NORCO ELEMENTARY SCHOOL 72-6001209 501C3 12,500 EDUCATION

| 102 FIFTH STREET<br>NORCO, LA 70079 |            |       |        |  |                   |
|-------------------------------------|------------|-------|--------|--|-------------------|
| SAINT PETER CLAVER FOUNDATION       | 80-0758126 | 501C3 | 12,526 |  | COMMUN<br>IMPROVE |

NEW ORLEANS, LA 70116

UNITY VEMENT 1825 ORLEANS AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 81-3458051 501C3 12.583 PUBLIC/SOCIETY UBUNTU VILLAGE 430 N GALVEZ ST BENEFIT

430 N GALVEZ ST
NEW ORLEANS, LA 70119

ST MATTHEWS EPISCOPAL
CHURCH
PO BOX 568

BENEFIT

BENEFIT

BENEFIT

BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOUMA, LA 70361

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance .TH

ARTS/CULTURE

| PROJECT LAZARUS<br>PO BOX 3906 | 72-1154192 | 501C3 | 12,603 |  | HEALT |
|--------------------------------|------------|-------|--------|--|-------|
| NEW ORLEANS, LA 70177          |            |       |        |  |       |
|                                |            |       |        |  |       |

12.844

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

ANTENNAPRESS STREET

3718 ST CLAUDE AVE NEW ORLEANS, LA 70117 20-5154240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ADVOCATES FOR SCIENCE & 72-1210144 501C3 13.000 EDUCATION

YOUTH DEVELOPMENT

| MATH EDUCATION INC<br>5625 LOYOLA AVE<br>NEW ORLEANS, LA 70115 |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |

13.008

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

26-1662327

PLEASE FOUNDATION

PO BOX 9223 METAIRIE, LA 70055

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW ORLEANS VIDEO ACCESS 23-7453854 501C3 13.011 CIVIC ENGAGEMENT CENTER

| 532 LOUISA STREET<br>NEW ORLEANS, LA 70117                              |       |        |  |              |
|---|-------|--------|--|--------------|
| LOUISIANA ENDOWMENT FOR<br>THE HUMANITIES<br>938 LAFAYETTE STREET SUITE | 501C3 | 13,062 |  | ARTS/CULTURE |

300

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FOUNDATION FOR LOUISIANA 20-3399944 501C3 13.140 PHILANTHROPY

| 4354 S SHERWOOD FOREST<br>BLVD SUITE<br>100<br>BATON ROUGE, LA 70816 |            |       | 20,2   |  |        |
|--|------------|-------|--------|--|--------|
| MAGNOLIA COMMUNITY   | 72-0423625 | 501C3 | 13,177 |  | EDUCAT |

100 CENTRAL AVENUE JEFFERSON, LA 70121

ATION SERVICES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3588640 501C3 13.180 EDUCATION MINISTRY AGAINST THE DEATH DENALTY

| 3009 GRAND RTE ST JOHN APT<br>6<br>NEW ORLEANS, LA 70119 |            |       |        |  |        |
|--|------------|-------|--------|--|--------|
| BRIGHTFOCUS FOUNDATION                                   | 23-7337229 | 501C3 | 13,200 |  | HEALTH |

22512 GATEWAY CENTER DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLARKSBURG, MD 20871

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-4116679 501C3 13.201 COMMUNITY BACKYARD GARDENERS NETWORK IMPROVEMENT

HUMAN SERVICES

23532 CALABASAS ROAD
SUITE A
CALABASAS, CA 91302

13.274

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

04-3818262

CALABASAS, CA 91302

HOPE RESTORED FOR LIFE
P.O. BOX 20097

HOUMA, LA 70360

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0867661 501C3 13.299 UNITED WAY FOR SOUTH HUMAN SERVICES LOUISIANA

600 ACADEMY ST HOUMA, LA 70360 46-2925350 501C3 13.303 HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UPTURN ARTS 1719 TOLEDANO ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WHAT YOU GIVE WILL GROW 46-5635672 501C3 13.558 PUBLIC/SOCIETY 1340 POYDRAS STREET SUITE BENEFIT

1720
NEW ORLEANS, LA 70112

INTERNATIONAL HIGH 27-0649868 501C3 13,676

EDUCATION
SCHOOL OF NEW ORLEANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

727 CARONDELET ST NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance JTH DEVELOPMENT

| THE EIRCE TO                          | 45 0570704 | 504.00 | 12.005 |  |       |
|---------------------------------------|------------|--------|--------|--|-------|
| 1 PALM DRIVE<br>NEW ORLEANS, LA 70124 |            |        | ·      |  |       |
| LOOP NOLA                             | 47-5432248 | 501C3  | 13,704 |  | YOUTH |

NEW ORLEANS, LA 70126

PUBLIC/SOCIETY THE FIRST 72 45-0579791 501C31 13,8861 7524 MALVERN DRIVE BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-2343978 501C3 13.905 ARTS/CULTURE TIPITINA'S FOUNDATION 6601 STARS AND STRIPES

| BLVD | NEW ORLEANS, LA 70126 | DOMINICAN SISTERS OF | 26-3550703 | 501C3 | 13,947 | PUBLIC/SOCIETY | BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2837 BROADWAY STREET NEW ORLEANS, LA 70125

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 46-2647566 501C3 14.382 CYPRESS CHARTER SCHOOL EDUCATION ASSOCIATION 4238 ST CHARLES AVENUE

NEW ORLEANS, LA 70115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THRIVE NEW ORLEANS

26-1824498 501C3 14.438 HUMAN SERVICES 2025 ST CLAUDE AVE NEW ORLEANS, LA 70116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GREATER NEW ORLEANS 72-1177207 501C3 14.510 CIVIC ENGAGEMENT DEVELOPMENT FOUNDATION 1100 POYDRAS STREET SUITE 3475

NEW ORLEANS, LA 70163 501C3 14,544 BREAKOUT 95-4116679 HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

23532 CALABASAS ROAD SUITE A

CALABASAS, CA 91302

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5295500 501C3 14.891 COMMUNITY FRIENDS OF LAFITTE IMPROVEMENT CORRIDOR

| PO BOX 791727<br>NEW ORLEANS, LA 70179  |            |       |        |  |              |
|---|------------|-------|--------|--|--------------|
| GREATER NEW ORLEANS<br>YOUTH ORCHESTRA<br>7100 ST CHARLES AVENUE<br>SUITE 207 | 72-1317229 | 501C3 | 14,929 |  | ARTS/CULTURE |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3471054 501C3 14.978 PUBLIC/SOCIETY SANKOFA COMMUNITY DEVELOPMENT CORPORATION BENEFIT

5200 DAUPHINE NEW ORLEANS, LA 70117 GREATER TREME CONSORTIUM 72-1245393 501C3 15.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70116

COMMUNITY IMPROVEMENT INC 816 N ROBERTSON ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 75-1992728 501C3 15.000 JEWISH FAMILY SERVICE OF HUMAN SERVICES DALLAS INCORPORATED 5402 ARAPAHO ROAD 20-4929600 501C3 15.000 PUBLIC/SOCIETY

DALLAS, TX 75248

MARY QUEEN VIET NAM
COMMUNITY DEVELOPMENT
CORPORATION INC
4626 ALCEE FORTIER BLVD
SUITE E

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-3812096 501C3 15,000 PUBLIC/SOCIETY MUSLIM AMERICAN

| LEADERSHIP ALLIANCE<br>47 WEST DIVISION STREET<br>159<br>CHICAGO, IL 60610 |            |       |        |  | BENEFIT          |
|--|------------|-------|--------|--|------------------|
| NEIGHBORHOOD HOUSING   | 72-0801513 | 501C3 | 15,000 |  | HOUSING, SHELTER |

SERVICES OF GNO 4528 FRERET STREET NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance POWER COALITION FOR 52-1759564 501C3 15.000 PUBLIC/SOCIETY EQUITY AND JUSTICE BENEFIT 735 N WATER STREET SUITE 550

EDUCATION

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

MILWAUKEE, WI 53202

2060 TAPSCOTT AVENUE EL CERRITO, CA 94530

PROSPECT SIERRA SCHOOL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 81-4564985 501C3 15.000 SCIENCE TEACHERS HUMAN SERVICES EQUIPMENT LENDING LIBRARY 3612 FLAINE PL NEW ORLEANS, LA 70119

ARTS/CULTURE

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

THE ATLAS SOCIETY

PO BOX 7601 94614 WASHINGTON, DC 20044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0551658 501C3 15.000 TERREBONNE ARC HUMAN SERVICES

PUBLIC/SOCIETY

BENEFIT

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NO 1 MCCORD ROAD HOUMA, LA 70363 WAL-MART FOUNDATION

702 SW 8TH STREET

BENTONVILLE, AR 72716

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PEOPLE'S INSTITUTE FOR 72-1160700 501C3 15.153 PUBLIC/SOCIETY SURVIVAL & BEYOND BENEFIT 601 N CARROLLTON 72-6031425 501C3 15.204 EDUCATION

NEW ORLEANS, LA 70119 NICHOLLS STATE UNIVERSITY FOUNDATION

THIBODAUX, LA 70310

PO BOX 2074

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLEARWATER WILDLIFE 72-1162121 501C3 15,258 ANIMALS

| SANCTUARY PO BOX 2334 COVINGTON, LA 70434                       |            |       |        |  |                           |
|---|------------|-------|--------|--|---------------------------|
| BUREAU OF GOVERNMENTAL<br>RESEARCH<br>1055 ST CHARLES AVE SUITE | 72-0408914 | 501C3 | 15,293 |  | PUBLIC/SOCIETY<br>BENEFIT |

200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 45-3761886 501C3 15.401 DISCOVERY HEALTH SCIENCES EDUCATION FOUNDATION 2504 MAINE AVENUE

FOUNDATION
2504 MAINE AVENUE
METAIRIE, LA 70003

DE LA SALLE HIGH SCHOOL 72-0981487 501C3 15.504

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5300 ST CHARLES AVENUE NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| SHARED HOUSING OF NEW      | /2-1132/80 | 501C3 | 15,1/3 |  | HOUSING, SHELLE |
|----------------------------|------------|-------|--------|--|-----------------|
| ORLEANS INC                |            |       |        |  |                 |
| 3600 PRYTANIA STREET SUITE |            |       |        |  |                 |
| 43                         |            |       |        |  |                 |
| NEW ORLEANS, LA 70115      |            |       |        |  |                 |

501C3 15,721 FIRSTLINE SCHOOLS LLC 72-1409800 EDUCATION 300 N BROAD STREET SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 72-1332678 501C3 15.851 HEALTH DAUGHTERS OF CHARITY 20-3884943 501C3 15.882 HUMAN SERVICES

PO BOX 850258 NEW ORLEANS, LA 70185 PLAOUEMINES COMMUNITY CARE CENTERS FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 KEATING DRIVE BELLE CHASSE, LA 70037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 20-4914486 501C3 16.000 ARTS/CULTURE NEW ORLEANS JAZZ RESTORATION SOCIETY INC 6070 CHESTNUT STREET 72-1088036 501C3 16.020 ARTS/CULTURE

NEW ORLEANS, LA 70118

TENNESSEE WILLIAMSNEW
ORLEANS LITERARY FESTIVAL
INC
938 LAFAYETTE STREET SUITE
514

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 90-0456300 501C3 16.050 GROUNDWORK NEW ORLEANS IENVIRONMENT 2372 ST CLAUDE AVE

NEW ORLEANS, LA 70117 REBUILDING TOGETHER NEW 72-0760857 501C3 16.112 COMMUNITY ORLEANS ITMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0469314 501C3 16,232 YOUTH DEVELOPMENT JUNIOR ACHIEVEMENT OF

| 5100 ORLEANS AVENUE<br>NEW ORLEANS, LA 70124                               |            |       |        |  |                |
|--|------------|-------|--------|--|----------------|
| FAMILY SERVICE OF GREATER<br>NEW ORLEANS<br>2515 CANAL STREET SUITE<br>201 | 72-0408931 | 501C3 | 16,325 |  | HUMAN SERVICES |

CDEATED NEW ODLEANS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1461891 501C3 16.436 EDUCATION INTERNATIONAL SCHOOL OF LOUISIANA 1400 CAMP STREET NEW ORLEANS, LA 70130

ARTS/CULTURE

16.534

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

58-1702220

WWOZ

FLOOR

1008 N PETERS STREET 2ND

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BIG CLASS 47-2743923 501C3 16.552 EDUCATION 532 LOUISA STREET

NEW ORLEANS, LA 70117

NEW ORLEANS FRIENDS OF MUSIC 16,705

ARTS/CULTURE 5500 PRYTANIA STREET PMB 402

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 80-0502031 501C3 16.766 LYCOE FRANCAIS DE LA EDUCATION NOUVELLE-ORLEANS 5951 PATTON STREET NEW ORLEANS, LA 70115 46-2889310 501C3 16.909 ARTS/CULTURE COALITION OF NEW ORLEANS

MUSIC AND CULTURE 1307 ORETHA CASTLE HALEY BLVD SUITE 303L

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 33-1167415 501C3 16.931 PUBLIC/SOCIETY NEW ORLEANS WORKER CENTER FOR RACIAL JUSTICE BENEFIT

EDUCATION

17.235

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

| CENTER FOR KACIA | 4F 10211 |
|------------------|----------|
| 217 N PRIEUR ST  |          |
| NEW ORLEANS, LA  | 70112    |
| CRESCENT CITY SC | HOOLS    |

3811 NORTH GALVEZ STREET NEW ORLEANS, LA 70117

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0799587 501C3 17,296 EDUCATION SOUTHERN UNIVERSITY OF

| NEW ORLEANS 6801 PRESS DRIVE ADMINISTRATION 301 301 NEW ORLEANS, LA 70126 |            |       |        |  |           |
|---|------------|-------|--------|--|-----------|
| MOUNT CARMEL ACADEMY  | 72-0655732 | 501C3 | 17.472 |  | EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7027 MILNE BOULEVARD NEW ORLEANS, LA 70124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance BIKE FASY 80-0100169 501C3 17.598 CIVIC ENGAGEMENT 2100 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113

2100 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113

BOY SCOUTS OF AMERICA SE 72-0408954 501C3 17,922 YOUTH DEVELOPMENT LOUISIANA COUNCIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1146 METAIRIE, LA 70004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance COPS 8 INC 68-0530921 501C3 18.000 CRIME PREVENTION

| 334 ROYAL STREET<br>NEW ORLEANS, LA 70130 |            |       | ·      |  |           |
|---|------------|-------|--------|--|-----------|
| FRIENDS OF THE NEW                        | 72-6028003 | 501C3 | 18,001 |  | EDUCATION |

219 LOYOLA AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 22-2406433 501C3 20.193 THE SALVATION ARMY HUMAN SERVICES 4526 S CLAIBORNE AVE

NEW ORLEANS, LA 70125 HILLEL THE FOUNDATION FOR 72-6031116 501C3 18.512 COMMUNITY JEWISH CAMPUS LIFE ITMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

912 BROADWAY NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE LENS 27-2072772 501C3 18.588 ICIVIC ENGAGEMENT 4344 EARHART BLVD SUITE B NEW ORLEANS, LA 70125

EDUCATION

18.624

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

ST PAUL'S SCHOOL

325 PLEASANT STREET CONCORD, NH 03301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-0505977 501C3 18.750 EDUCATION WASHINGTON AND LEE

UNIVERSITY
204 W WASHINGTON ST
LEXINGTON, VA 24450

5116 MAGAZINE STREET 46-2553909 501C3 18,908
PREPARATORY HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5116 MAGAZINE ST NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ELLA PROJECT 81-2192048 501C3 19,298 ARTS/CULTURE

| 421 FRENCHMEN STREET<br>SUITE 200<br>NEW ORLEANS, LA 70116 |            |       |        |  |                |
|--|------------|-------|--------|--|----------------|
| KINSHIP CENTER   | 72-0842907 | 501C3 | 19.300 |  | HUMAN SERVICES |

921 S CARROLLTON AVE NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-1152784 501C3 19.603 LAKE PONTCHARTRAIN BASIN IENVIRONMENT FOUNDATION PO BOX 6965

EDUCATION

19.621

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PO BOX 6965 METAIRIE, LA 70009 ST PAUL'S EPISCOPAL SCHOOL

6249 CANAL BOULEVARD NEW ORLEANS, LA 70124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HUMAN SERVICES

| HOPE THE PREMIER WAY INC | 46-3449360 | 501C3 | 19,867 |  | FOOD/NUTRITION |
|--------------------------|------------|-------|--------|--|----------------|
| 13040 I-10 SERVICE ROAD  |            |       |        |  |                |
| NEW ORLEANS, LA 70128    |            |       |        |  |                |

19.977

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

RAINTREE SERVICES INC.

1233 EIGHTH STREET NEW ORLEANS, LA 70115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3474661 501C3 20.000 EDUCATION 4POINTO SCHOOLS 643 MAGAZINE STREET SUITE EDUCATION

## 206 NEW ORLEANS, LA 70130 BERKELEY HIGH SCHOOL 94-3173406 501C3 20.000 DEVELOPMENT GROUP PO BOX 519

BERKELEY, CA 94701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-8286694 501C3 20.000 EDUCATION EDUCATION'S NEXT HORIZON 412 N FOURTH STREET SUITE

104A BATON ROUGE, LA 70802 72-1260542 501C3 20.000 INTERFAITH SPONSORING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC/SOCIETY COMMITTEE BENEFIT 800 HIGH STREET HOUMA, LA 70360

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 81-4581540 501C3 20.000 MATTHEW 2535 FOOD PANTRY FOOD/NUTRITION PO BOX 693

ARTS/CULTURE

49.733

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

DESTREHAN, LA 70047 SOUTHERN REPERTORY THEATRE

2541 BAYOU RD NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501C3 20.000 SPRING HILL COLLEGE 63-0302179 INO PROGRAM AREA 4000 DAUPHIN STREET

PUBLIC/SOCIETY

BENEFIT

4000 DAOPHIN STREET

MOBILE, AL 36608

ST FRANCIS OF ASSISI 54-0505890 501C3 20,000

CATHOLIC PARISH

118 NORTH NEW STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STAUNTON, VA 24401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7133957 501C3 20,000 PUBLIC/SOCIETY ULI FOUNDATION

| WASHINGTON, DC 20036                                    |            |       |        |  | BENEFII        |
|---|------------|-------|--------|--|----------------|
| CASA JEFFERSON<br>4401 N I-10 SERVICE RD W<br>SUITE 200 | 45-5043693 | 501C3 | 20,188 |  | HUMAN SERVICES |

METAIRIE, LA 70006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 22-2882549 501C3 20,439 CITY YEAR LOUISIANA YOUTH DEVELOPMENT

| 3401 ST CLAUDE AVE 2ND<br>FLOOR<br>NEW ORLEANS, LA 70117 |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |

NEW ORLEANS, LA 70119

KID SMART 72-1437355 501C3 20.550 ARTS/CULTURE 2533 COLUMBUS STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0698657 501C3 20,675 HUMAN SERVICES JEFFERSON COUNCIL ON

| AGING<br>6620 RIVERSIDE DRIVE SUITE<br>216<br>METAIRIE, LA 70003 |            |       |        |  |           |
|--|------------|-------|--------|--|-----------|
| ST RITA SCHOOL NEW   | 72-1309802 | 501C3 | 21,000 |  | EDUCATION |

ORLEANS 65 FONTAINBLEAU DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-0634096 501C3 21.167 NEW ORLEANS COUNCIL ON HUMAN SERVICES AGING INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 19067 NEW ORLEANS, LA 70179

NEW ORLEANS, LA 70130

THE CHARTWELL CONSORTIUM 72-1442874 501C3 21.288 EDUCATION 1225 MAGAZINE STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 72-1420328 501C3 21.392 ECOLE BILINGUE DE LA EDUCATION NOUVELLE ORLEANS 821 GENERAL PERSHING

STREET NEW ORLEANS, LA 70115 72-1136068 501C3 21,410 THE NEW ORLEANS FILM ARTS/CULTURE SOCIETY 1215 PRYTANIA STREET SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

423

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-0680486 501C3 21.447 BROTHER MARTIN HIGH EDUCATION SCHOOL

4401 FLYSIAN FIFLDS AVE NEW ORLEANS, LA 70122

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70119

MID-CITY MINISTRIES 26-3476248 501C3 21.645 PUBLIC/SOCIETY 4540 SOUTH CARROLLTON BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148

| UNITED HOUMA NATION<br>20986 HWY 1<br>GOLDEN MEADOW, LA 70357 | 72-0742264 | 501C3 | 21,712 |  | ARTS/CULTURE |
|---|------------|-------|--------|--|--------------|
| UNIVERSITY OF NEW ORLEANS                                     | 72-1051326 | 501C3 | 21.764 |  | EDUCATION    |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-7336090 501C3 21.800 ARTS/CULTURE HISTORIC NEW ORLEANS COLLECTION

BENEFIT

COLLECTION
533 ROYAL STREET
NEW ORLEANS, LA 70130

ST PIUS X CHURCH
72-0460819
501C3
22.000
PUBLIC/SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6666 SPANISH FORT BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0444083 501C3 22.369 PUBLIC/SOCIETY ST GEORGE'S EPISCOPAL CHURCH BENEFIT 4600 ST CHARLES AVENUE NEW ORLEANS, LA 70115

ENVIRONMENT

22.404

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SOUTH LOUISIANA WETLANDS

DISCOVERY CENTER 7910 PARK AVENUE HOUMA, LA 70364 20-0833998

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408941 501C3 22.700 LIGHTHOUSE LOUISIANA HUMAN SERVICES 123 STATE STREET IENVIRONMENT

NEW ORLEANS, LA 70118 TEACHING RESPONSIBLE 72-1310276 501C3 22.970 EARTH EDUCATION 4714 EARHART BOULEVARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE D NEW ORLEANS, LA 70125

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408929 501C3 23.042 EDUCATION DILLARD UNIVERSITY 2601 GENTILLY BLVD

NEW ORLEANS, LA 70122

NEW ORLEANS BALLET 23-7122403 501C3 23,395

ARTS/CULTURE ASSOCIATION 935 GRAVIER STREET SUITE 800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MUNITY

BENEFIT

| NOLA4WOMEN<br>5208 MAGAZINE STREET 164<br>NEW ORLEANS, LA 70115 | 47-4069254 | 501C3 | 23,404 |  | COMMU<br>IMPRO\ |
|---|------------|-------|--------|--|-----------------|
|   |            |       |        |  |                 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 19231

NEW ORLEANS, LA 70179

OVEMENT RIDE NOLA 27-0530291 501C3 23,423 PUBLIC/SOCIETY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1444579 501C3 23.544 HUMAN SERVICES ARCHBISHOP'S COMMUNITY APPEAL

APPEAL
7887 WALMSLEY AVE
NEW ORLEANS, LA 70125

LSU HEALTH FOUNDATION 72-1115391 501C3 23,719
2000 TULANE AVENUE 4TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 46-4487461 501C3 24.012 POLICY INSTITUTE FOR THE ECONOMIC DEVELOPMENT

CHILDREN OF LA INC
PO BOX 13552
NEW ORLEANS, LA 70185

TULANE LAW SCHOOL 72-0423889 501C3 24.200

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6823 ST CHARLES AVE NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0423889

HOUSING, SHELTER

## TULANE CANCER CENTER 72-0423889 501C3 24,300 HEALTH 6823 ST CHARLES AVE NEW ORLEANS, LA 70118 HEALTH

24.760

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

ST BERNARD PROJECT

2645 TOULOUSE STREET NEW ORLEANS, LA 70119 26-2189665

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 51-0569173 501C3 24.887 ANIMALS ANIMAL RESCUE NEW

ORLEANS INC 1219 COLISEUM STREET NEW ORLEANS, LA 70130 METROPOLITAN CENTER FOR 72-1062244 501C3 24.994 HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WOMEN AND CHILDREN PO BOX 10775 JEFFERSON, LA 70181

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-6030391 501C3 25.000 PHILANTHROPY BATON ROUGE AREA FOUNDATION 100 NORTH ST STE 900 BATON ROUGE, LA 70802

ENVIRONMENT

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

CATEGORY 5 WETLANDS

4711 PALMYRA STREET NEW ORLEANS, LA 70119

WATCH

45-2819826

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 84-0423922 501C3 25.000 FOUNTAIN VALLEY SCHOOL OF EDUCATION COLORADO 6155 FOUNTAIN VALLEY SCHOOL RD COLORADO SPRINGS, CO 80911 LOUISIANA ENVIRONMENTAL 72-1051343 501C3 25.000 ENVIRONMENT ACTION NETWORK

162 CROYDON AVENUE BATON ROUGE, LA 70806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance NEW ORLEANS TALL SHIPS 82-1348946 501C3 25.000 PUBLIC/SOCIETY TRI-CENTENNIAL HOST BENEFIT COMMITTEE 1010 COMMON STREET SUITE 2950 NEW ORLEANS, LA 70112

PUBLIC/SOCIETY

BENEFIT

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

PUERTO RICO COMMUNITY

FOUNDATION INC

PO BOX 70362 SAN JUAN, PR 00936 66-0413230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW ORLEANS STARTUP FUND 27-1126668 501C3 25.010 ECONOMIC 1100 POYDRAS STREET SUITE DEVELOPMENT

3475
NEW ORLEANS, LA 70163

COLLEGE BEYOND 47-4670026 501C3 25,173
612 ANDREW HIGGINS 3RD

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-1436907 501C3 25.464 HARMONY NEIGHBORHOOD HOUSING, SHELTER

ARTS/CULTURE

DEVELOPMENT 2514 WASHINGTON AVE NEW ORLEANS, LA 70113

25.656

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

DANCING GROUNDS 3705 ST CLAUDE AVENUE

NEW ORLEANS, LA 70117

45-5084235

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1384139 26.000 NO PROGRAM AREA NATIONAL FISH AND WILDLIFE FOUNDATION

EDUCATION

1133 FIFTEENTH ST NW SUITE 1100 WASHINGTON, DC 20005

26,073

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

53-0196617

URSULINE ACADEMY

NEW ORLEANS, LA 70118

2635 STATE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-0795663 501C3 26.214 WRBH FM RADIO FOR THE SOCIAL SERVICES BLINDPRINT HANDICAPPED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3606 MAGAZINE ST NEW ORLEANS, LA 70115

SPAY-MART INC 72-1418016 501C3 26,724 PO BOX 6493 BENEFIT BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-1818723 501C3 26.735 PUBLIC/SOCIETY ANTI-DEFAMATION LEAGUE 3747 W ESPLANADE AVE BENEFIT 72-0408946 501C3 27.063 EDUCATION

METAIRIE, LA 70002 LOYOLA LAW SCHOOL 6363 ST CHARLES AVENUE CAMPUS BOX 009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF GREATER 72-0423627 501C3 27.110 PUBLIC/SOCIETY NEW ORLEANS BENEFIT

BENEFIT

NEW ORLEANS
4640 S CARROLLTON SUITE
210
NEW ORLEANS, LA 70119

WYES CHANNEL 12 72-0497926 501C3 27.500

PUBLIC/SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

916 NAVARRE AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 27-1182312 501C3 27.826 COMMUNITY COASTAL COMMUNITIES CONSULTING IMPROVEMENT 925 BEHRMAN HWY STE 15 27-0185863 501C3 27.927 ENVIRONMENT

GRETNA, LA 70056 LOWER 9TH WARD CENTER FOR SUSTAINABLE ENGAGEMENT AND DEVELOPMENT 5227 CHARTRES STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-1574723 501C3 28.118 EDUCATION LAFOURCHE EDUCATION FOUNDATION INC

PO BOX 529 THIBODAUX. LA 70302 NORTHLAKE CHRISTIAN 72-0841693 501C3 28.549 EDUCATION SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

70104 WOLVERINE DRIVE COVINGTON, LA 70433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ZEUS' RESCUES 46-1940493 501C3 28.691 ANIMALS

| 4601 FRERET STREET<br>NEW ORLEANS, LA 70115 |            |       | ,      |  |              |
|---|------------|-------|--------|--|--------------|
| BIRDFOOT CHAMBER MUSIC                      | 27-5011337 | 501C3 | 28,876 |  | ARTS/CULTURE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6055 GENERAL MEYER AVE NEW ORLEANS, LA 70131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 72-0778258 501C3 28.948 ARTS/CULTURE ARTS COUNCIL OF NEW ORLEANS 1307 ORETHA CASTLE HALEY

BOULEVARD 100 NEW ORLEANS, LA 70113 MERRIE-WOODE FOUNDATION 62-1055955 501C3 29.200 RECREATION

INC 100 MERRIE-WOODE ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAPPHIRE, NC 28774

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1444579 501C3 29.400 PUBLIC/SOCIETY ST FRANCIS OF ASSISI CHURCH BENEFIT

| 631 STATE STREET<br>NEW ORLEANS, LA 70118                |            |       |        |  |                   |
|--|------------|-------|--------|--|-------------------|
| COLLEGE TRACK NEW ORLEANS 2225 CONGRESS STREET 2ND FLOOR | 94-3279613 | 501C3 | 29,497 |  | YOUTH DEVELOPMENT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1222911 501C3 29.676 UNITY OF GREATER NEW HUMAN SERVICES ORLEANS

ORLEANS
2475 CANAL ST SUITE 300
NEW ORLEANS, LA 70119

JERICHO ROAD EPISCOPAL
HOUSING INITIATIVE

HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2919 ST CHARLES AVE NEW ORLEANS, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 46-5554558 501C3 29.954 SON OF A SAINT YOUTH DEVELOPMENT 2803 ST PHILIP NEW ORLEANS, LA 70119

2803 ST PHILIP
NEW ORLEANS, LA 70119

HANCOCK COUNTY ALLIANCE 20-2860273 501C3
FOR HEALTH
P O BOX 3371

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BAY ST LOUIS, MS 39521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 27-1373531 501C3 30.000 ECONOMIC NEW ORLEANS CHAMBER OF COMMERCE FOUNDATION DEVELOPMENT 1515 POYDRAS STREET SUITE PUBLIC/SOCIETY

1010 NEW ORLEANS, LA 70112 501C3 30,000 NORWEGIAN SEAMENS 72-0478547 CHURCH OF NEW ORLEANS BENEFIT INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1772 PRYTANIA ST NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-1641910 501C3 30.000 SOUTH LOUISIANA ECONOMIC INO PROGRAM AREA COUNCIL

PO BOX 2048 THIBODAUX, LA 70310

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2645 TOULOUSE ST NEW ORLEANS, LA 70119

LOUISIANA GREEN CORPS 27-2884715 501C3 30.096 IENVIRONMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VOICE OF THE EX-OFFENDER 16-1695266 501C3 30,414 PUBLIC/SOCIETY (MOTE) DENICETT

| PO BOX 13622<br>NEW ORLEANS, LA 70185                     |            |       |        |  | DENEFII         |
|---|------------|-------|--------|--|-----------------|
| KIPP NEW ORLEANS<br>1307 ORETHA CASTLE HALEY<br>BOULEVARD | 20-2277213 | 501C3 | 30,440 |  | NO PROGRAM AREA |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0760857 501C3 30.882 COMMUNITY PRESERVATION RESOURCE CENTER IMPROVEMENT

923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130 THE URBAN CONSERVANCY 72-1517826 501C3 31.145

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70113

CIVIC ENGAGEMENT 1307 ORETHA CASTLE HALEY SUITE 309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-1328328 501C3 31.188 EDUCATION 1EWISH COMMUNITY DAY

BENEFIT

| SCHOOL<br>3747 W ESPLANADE AVENUE<br>METAIRIE, LA 70002 |            |       | ,      |  |                |
|---|------------|-------|--------|--|----------------|
| INNOCENCE PROJECT                                       | 32-0077563 | 501C3 | 31.252 |  | PUBLIC/SOCIETY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INNOCENCE PROJECT 40 WORTH STREET SUITE 701

NEW YORK, NY 10013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 47-1514606 501C3 31.516 OPERATION SPARK EDUCATION 2539 COLUMBUS STREET

2539 COLUMBUS STREET
NEW ORLEANS, LA 70119

TOURO INFIRMARY 72-1169939 501C3 31,660
FOUNDATION HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1401 FOUCHER ST NEW ORLEANS, LA 70115

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 72-0648695 501C3 31,841 YOUTH DEVELOPMENT BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA 320 N CAPPOLITON AVE STE

| 102<br>NEW ORLEANS, LA 70119  |            |       |        |  |                |
|---|------------|-------|--------|--|----------------|
| NEW ORLEANS FAMILY JUSTICE ALLIANCE 701 LOYOLA AVE SUITE 201 PO BOX 50159 | 26-2541029 | 501C3 | 31,855 |  | HUMAN SERVICES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW ODIENNE AIDLIET 27-2705224 E0103 21 002 ADTC/CITITUDE

| 1031 PIETY STREET NEW ORLEANS, LA 70117  | 27-2795354 | 50103 | 31,983 |  | ARTS/COLTURE      |
|--|------------|-------|--------|--|-------------------|
| THE FIRST TEE OF GREATER<br>NEW ORLEANS<br>1050 S JEFFERSON DAVIS<br>PKWY SUITE<br>237 | 75-3160528 | 501C3 | 31,999 |  | YOUTH DEVELOPMENT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OD/NUTRITION

| BOUNTY & SOUL            | 46-4759362 | 501C3 | 32,000 |  | FOOD |
|--------------------------|------------|-------|--------|--|------|
| 999 OLD 70 HIGHWAY       |            |       |        |  | ł    |
| BLACK MOUNTAIN, NC 28711 |            |       |        |  | ĺ    |

PO BOX 791438

NEW ORLEANS, LA 70119

UNCOMMON CONSTRUCTION 47-3623284 501C3 32,003 YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196605 501C3 32.368 AMERICAN RED CROSS - SE LA HUMAN SERVICES CHAPTER RED CROSS DONATION MAIL CENTER PO BOX 37839 FRIENDS OF THE NEW 72-1274170 PUBLIC/SOCIETY

BENEFIT

BOONE, IA 50037 501C3 32.400

ORLEANS FIRE DEPARTMENT

317 DECATUR STREET NEW ORLEANS, LA 70130

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW ORLEANS BOTANICAL 72-1337213 501C3 32,712 ARTS/CULTURE

| GARDEN FOUNDATION<br>1 PALM DRIVE<br>NEW ORLEANS, LA 70124                  |            |       |        |  |             |
|---|------------|-------|--------|--|-------------|
| COALITION TO RESTORE<br>COASTAL LOUISIANA<br>3801 CANAL STREET SUITE<br>400 | 72-1115589 | 501C3 | 32,777 |  | ENVIRONMENT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0851575 501C3 32,870 JEWISH FAMILY SERVICE HUMAN SERVICES

| LIVE OAK WILDERNESS CAMP                                  | 47-2371850 | 501C3 | 33,640 |  | EDUCATION |
|---|------------|-------|--------|--|-----------|
| 3300 W ESPLANADE AVE S<br>SUITE 603<br>METAIRIE, LA 70002 |            |       |        |  |           |

1240 MOSS ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0689313 501C3 34.179 ARTS/CULTURE AMISTAD RESEARCH CENTER 6823 ST CHARLES AVE NEW ORLEANS, LA 70118

6823 ST CHARLES AVE
NEW ORLEANS, LA 70118

POSSE FOUNDATION 13-3840394 501C3 34,276

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-3441466 501C3 35.000 PUBLIC/SOCIETY WALTON FAMILY FOUNDATION PO BOX 2030 BENEFIT EDUCATION

BENTONVILLE, AR 72712

COMMUNITIES IN SCHOOLS 72-1317054 501C3 35,285

OF GNO INC 3400 BIENVILLE STREET SUITE B

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

900 CAMP STREET 308 NEW ORLEANS, LA 70130

| NOAIDS TASK FORCE<br>1631 ELYSIAN FIELDS<br>NEW ORLEANS, LA 70117 | 72-1059635 | 501C3 | 35,497 |  | HEALTH   |
|---|------------|-------|--------|--|----------|
| THE IDEA VILLAGE INC  | 45-0470675 | 501C3 | 35,587 |  | ECONOMIC |

DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-3380024 501C3 36,000 PUBLIC/SOCIETY FRIENDS OF THE FISHER DENIETT

IMPROVEMENT

| LOUISIANA<br>8015 PLUM STREET<br>NEW ORLEANS, LA 70118 |            |       |        |  | BENEFII   |
|--|------------|-------|--------|--|-----------|
| THE BAYOU DISTRICT                                     | 26-0833850 | 501C3 | 36,041 |  | COMMUNITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION

NEW ORLEANS, LA 70130

320 JULIA ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0449492 501C3 36.125 EDUCATION ST ANDREW'S EPISCOPAL

ARTS/CULTURE

| SCHOOL<br>8012 OAK ST<br>NEW ORLEANS, LA 70118 |  | ' |  |  |
|--|--|---|--|--|
|  |  |   |  |  |

36.213

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

72-0169334

DEUTSCHES HAUS

1700 MOSS STREET NEW ORLEANS, LA 70119

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BRIGHT SCHOOL FOR THE 72-0538259 501C3 37,008 EDUCATION

| WATER ENVIRONMENT   | 53-0225129 | 501C3 | 37,500 |  | ENVIRONMENT |
|---|------------|-------|--------|--|-------------|
| DEAF<br>141 ROBERT E LEE BLVD<br>SUITE 110<br>NEW ORLEANS, LA 70124 |            |       |        |  |             |

FEDERATION 601 WYTHE ST

ALEXANDRIA, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VIA LINK 72-0706669 501C3 37.642 PUBLIC/SOCIETY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW ORLEANS COLLEGE PREP 20-5595689 501C3 38.711 EDUCATION 2301 MARENGO ST

NEW ORLEANS, LA 70115

CENTER FOR DEVELOPMENT & 72-1221356 501C3 39,057

LEARNING
ONE GALLERIA BLVD SUITE
903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

METAIRIE, LA 70001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0443103 501C3 39.901 NEW ORLEANS SPEECH & HUMAN SERVICES HEARING CENTER

1636 TOLEDANO STREET NEW ORLEANS, LA 70115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70115

82-2723695 501C3 40.000 PUBLIC/SOCIETY HOGS RESOUE 4718 ST CHARLES AVE BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1327855 501C3 40.000 PUBLIC/SOCIETY NOLA WESLEY UNITED METHODIST BENEFIT

YOUTH DEVELOPMENT

40.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

7102 FRERET ST NEW ORLEANS, LA 70118 ASSOCIATION TO BENEFIT

419 EAST 86TH STREET NEW YORK, NY 10028

CHILDREN

13-3303089

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| ST AUGUSTINE HIGH SCHOOL<br>2600 AP TUREAUD AVE<br>NEW ORLEANS, LA 70119 | 72-1444579 | 501C3 | 40,560 |  | EDUCATION |
|--|------------|-------|--------|--|-----------|
| BRICOLAGE ACADEMY  | 45-5422748 | 501C3 | 41.497 |  | EDUCATION |

2426 ESPLANADE AVENUE NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 72-1115391 501C3 41,800 HEALTH LSU HEALTH SCIENCES CENTER FOUNDATION

| 1900 GRAVIER STREET 4TH<br>FLOOR<br>NEW ORLEANS, LA 70112 |            |       |        |  |                   |
|---|------------|-------|--------|--|-------------------|
| YOUTH RUN NOLA<br>1307 ORETHA CASTLE HALEY<br>BLVD SUITE  | 45-5359783 | 501C3 | 41,811 |  | YOUTH DEVELOPMENT |

202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-8151937 501C3 41.817 GREEN LIGHT NEW ORLEANS IENVIRONMENT

8203 JEANETTE ST
NEW ORLEANS, LA 70118

LOUISIANA CENTER FOR 20-5961971 501C3 42,011
CHI DREN'S RIGHTS

YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1100-B MILTON STREET NEW ORLEANS, LA 70122

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1151696 501C3 42.242 NEW ORLEANS MISSION HUMAN SERVICES 1134 BARONNE STREET 74-1100163 501C3 39.325 HUMAN SERVICES

NEW ORLEANS, LA 70113

PLANNED PARENTHOOD GULF 74-1100163 501C3 39,325

COAST 4636 S CLAIBORNE AVENUE SUITE 100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ELLIS MARSALIS CENTER FOR 20-4218706 501C3 42.469 YOUTH DEVELOPMENT MUSIC

1901 BARTHOLOMEW ST NEW ORLEANS, LA 70117

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BELLE CHASSE, LA 70037

WOODI ANDS CONSERVANCY 72-1506708 501C3 43.673 IENVIRONMENT PO BOX 7028

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0988860 501C3 44.464 STUART HALL SCHOOL EDUCATION 2032 S CARROLLTON AVE NEW ORLEANS, LA 70118

SOUTHERN ANIMAL 72-1324028 501C3 44.793 ANIMALS

FOUNDATION 1823 MAGAZINE ST

NEW ORLEANS, LA 70130

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 33-1159042 501C3 45.207 HEALTH HEALTH & EDUCATION ALLIANCE OF LOUISIANA 1700 JOSEPHINE STREET SUITE 200 NEW ORLEANS, LA 70113 501C3 45,715 TERREBONNE FDTN FOR 58-1983477 EDUCATION ACADEMIC EXCELLENCE IN

PUBLIC EDUCATION PO BOX 1503 HOUMA, LA 70361

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1266819 501C3 46.110 ARTS/CULTURE EFFORTS OF GRACE INC 1712 ORETHA CASTLE HALEY

BI VD NEW ORLEANS, LA 70113 26-3687178 501C3 46.500 FIRST GRACE COMMUNITY ALLIANCE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HUMAN SERVICES 3401 CANAL STREET NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0905785 501C3 46.804 YOUTH DEVELOPMENT BOYS HOPE GIRLS HOPE

PO BOX 19307
NEW ORLEANS, LA 70179

AMERICAN HEART
ASSOCIATION
110 VETERANS BLVD SUITE
160

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

METAIRIE, LA 70005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EDEN HOUSE 45-3303791 501C3 47.353 HOUSING, SHELTER

PO BOX 750386 NEW ORLEANS, LA 70175

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70115

HEARTGIFT FOUNDATION 74-2967809 501C3 48.727 HEALTH 5500 PRYTANIA 306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance **1UNITY** 

IENVIRONMENT

| SILVERBACK SOCIETY    | 46-1121643 | 501C3 | 48,979 |  | COMMUNITY   |
|-----------------------|------------|-------|--------|--|-------------|
| 401 PARK BLVD         |            |       |        |  | IMPROVEMENT |
| NEW ORLEANS, LA 70114 |            |       |        |  |             |

49.004

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

GULF RESTORATION NETWORK

1010 COMMON SUITE 902 NEW ORLEANS, LA 70112 72-1447742

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MARKET UMBRELLA 26-2477706 501C3 49.043 ECONOMIC 200 BROADWAY STREET SUITE DEVELOPMENT

| 107<br>NEW ORLEANS, LA 70118  |            |       |        |  | 220220112111   |
|---|------------|-------|--------|--|----------------|
| CHILDREN'S BUREAU OF NEW<br>ORLEANS<br>2626 CANAL STREET SUITE<br>201 | 72-0408916 | 501C3 | 49,318 |  | HUMAN SERVICES |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0635884 501C3 49.503 XAVIER UNIVERSITY OF EDUCATION LOUISIANA

1 DREXEL DRIVE
NEW ORLEANS, LA 70125

NATIONAL WWII MUSEUM INC 72-1200790 501C3 49.517

ARTS/CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NATIONAL WWII MUSEUM II 945 MAGAZINE STREET NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HEALTH

| NAMI NEW ORLEANS      | 72-0846349 | 501C3 | 49,889 |  | HEALTH |
|-----------------------|------------|-------|--------|--|--------|
| 1538 LOUISIANA AVE    |            |       |        |  |        |
| NEW ORLEANS, LA 70115 |            |       |        |  |        |

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

HEALING HANDS OF JOY

294 CLINTON STREET 2 BROOKLYN, NY 11201 27-0241638

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-3311280 501C3 50.000 EDUCATION NEW ORLEANS CULINARY & HOSPITALITY INSTITUTE EDUCATION

1527 THIRD ST NEW ORLEANS, LA 70130 NEW ORLEANS MILITARY AND 27-0868305 501C3 50.000 MARITIME ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

425 OBANNON STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0937414 501C3 50.000 SEASONS GRIEF CENTER HUMAN SERVICES 654 BROCKENBRAUGH COURT

### METAIRIE, LA 70005

TOTAL COMMUNITY ACTION 72-0599165 501C3 50,000 PUBLIC/SOCIETY BENEFIT 1420 S JEFFERSON DAVIS PKWY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRI ORGANIZATIONAL 47-3451951 50103 50 708 COMMUNITY

| SUPPORT SERVICES INC (FLOSS) P O BOX 872436 NEW ORLEANS, LA 70187 | 47-3431331 | 30103 | 30,700 |  | IMPROVEMENT |
|---|------------|-------|--------|--|-------------|
| ST TIMOTHY'S SCHOOL   | 52-0591488 | 501C3 | 51,500 |  | EDUCATION   |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8400 GREENSPRING AVENUE STEVENSON, MD 21153

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-1373378 501C3 52.811 PHILANTHROPY ST BERNARD KIWANIS

FOUNDATION INC PO BOX 212 ARABI, LA 70032

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70117

THE ROOTS OF MUSIC INC. 26-1160255 501C3 53.521 ARTS/CULTURE 2624 BURGUNDY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1178996 501C3 55.221 EDUCATION START THE ADVENTURE IN READING 1545 STATE STREET

ENVIRONMENT

56.683

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70118

NATIONAL AUDUBON SOCIETY

3801 CANAL STREET SUITE

NEW ORLEANS, LA 70119

400

13-1624102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 52-1231931 501C3 57,000 ENTERPRISE COMMUNITY HOUSING, SHELTER

| PARTNERS<br>70 CORPORATE CENTER<br>COLUMBIA, MD 21044 |            |       |        |  |           |
|---|------------|-------|--------|--|-----------|
| UNIVERSITY OF HOLY CROSS                              | 72-0642832 | 501C3 | 60,034 |  | EDUCATION |

4123 WOODLAND DRIVE NEW ORLEANS, LA 70131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 56-0615187 501C3 61.000 CHRIST SCHOOL EDUCATION 500 CHRIST SCHOOL ROAD ARDEN, NC 28704

ARDEN, NC 28704

ORLEANS PUBLIC EDUCATION 80-0378257 501C3 61,677

NETWORK 3321 TULANE AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PRO BONO PUBLICO 61-1512587 501C3 62.000 PHILANTHROPY FOUNDATION

PO BOX 531024 NEW ORLEANS, LA 70153 TULANE INSTITUTE ON WATER 72-0423889 501C3 63.108

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70118

ENVIRONMENT RESOURCES LAW & POLICY 6329 FRERET STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DELGADO COMMUNITY 72-1123204 501C3 63.236 EDUCATION

COLLEGE 615 CITY PARK AVENUE BUILDING 37

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2800 CHARTRES STREET NEW ORLEANS, LA 70117

NEW ORLEANS, LA 70119 501C3 THE NOCCA INSTITUTE 72-0972102 64,818 ARTS/CULTURE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST GEORGE'S EPISCOPAL 72-0684077 501C3 65,126 EDUCATION

TW34

| SCHOOL<br>923 NAPOLEON AVE<br>NEW ORLEANS, LA 70115               |            |       |        |  |           |
|---|------------|-------|--------|--|-----------|
| TULANE UNIVERSITY SCHOOL<br>OF MEDICINE<br>1430 TULANE AVENUE BOX | 72-0423889 | 501C3 | 65,436 |  | EDUCATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HOLY NAME OF JESUS PARISH 72-1444579 501C3 66.850 PUBLIC/SOCIETY 6220 LA SALLE PLACE BENEFIT CRIME PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance TRINITY CHRISTIAN 72-0689114 501C3 68.969 PUBLIC/SOCIETY

| COMMUNITY<br>3908 JOLIET STREET<br>NEW ORLEANS, LA 70118 |            |       | ·      |  | BENEFIT |
|--|------------|-------|--------|--|---------|
| CHILDREN'S HOSPITAL                                      | 72-0467503 | 501C3 | 69.735 |  | HEALTH  |

CHILDREN'S HOSPITAL 200 HENRY CLAY AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-6023836 501C3 70.867 EDUCATION UNIVERSITY OF LOUISIANA AT

LAFAYETTE FDTN MARTIN HALL PO BOX 41008 LAFAYETTE. LA 70504 ORLEANS PUBLIC DEFENDERS 72-0802780 501C3 72.249 CRIME PREVENTION

2601 TULANE AVENUE SUITE 700

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST CHARLES AVENUE 72-0423638 501C3 73.598 PUBLIC/SOCIETY PRESBYTERIAN CHURCH BENEFIT 1545 STATE STREET

NEW ORLEANS, LA 70118 ST MARTIN'S EPISCOPAL 72-0475552 501C3 73.686 EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOOL 225 GREEN ACRES ROAD

METAIRIE, LA 70003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LTH

HEALTH

| OPERATION SMILE          | 54-1460147 | E01C3 | 74,100 |  | HEALT |
|--------------------------|------------|-------|--------|--|-------|
| 3641 FACULTY BOULEVARD   | 34-1400147 | 501C3 | 74,100 |  | HEAL  |
| VIRGINIA BEACH, VA 23453 |            |       |        |  |       |
| VINGINIA DEACH, VA 23733 |            |       |        |  |       |

74.100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

REMOTE AREA MEDICAL INC

2200 STOCK CREEK BLVD ROCKFORD, TN 37853 58-1647546

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 20-5197170 501C3 74.236 FDTN FOR SCIENCE & EDUCATION

MATHEMATICS EDUCATION 5625 LOYOLA AVE NEW ORLEANS, LA 70115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70119

NEWCORP INC 72-1297875 501C3 75.403 ICOMMUNITY 2924 ST BERNARD AVE IMPROVEMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-2208265 501C3 76.429 EDUCATION ISIDORE NEWMAN SCHOOL FOUNDATION 1903 JEFFERSON AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

916 NAVARRE AVENUE NEW ORLEANS, LA 70124

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DOCTORS WITHOUT BORDERS 13-3433452 501C3 80.000 HEALTH

| PO BOX 5030<br>HAGERSTOWN, MD 21741   | 13 3 133 132 | 36163 | 30,000 |  | 1127                      |
|---|--------------|-------|--------|--|---------------------------|
| EMERGING PHILANTHROPISTS<br>OF NEW ORLEANS<br>1307 ORETHA CASTLE HALEY<br>BLVD SUITE<br>306 | 81-4386859   | 501C3 | 80,000 |  | PUBLIC/SOCIETY<br>BENEFIT |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance RIVER ROAD HISTORICAL 72-0762390 501C3 80.080 ARTS/CULTURE SOCIETY

| C/O DESTREHAN PLANTATION<br>PO BOX 5<br>DESTREHAN, LA 70047 |            |       |        |  |              |
|---|------------|-------|--------|--|--------------|
| LE PETIT THEATRE DU VIEUX<br>CARRE                          | 72-0423626 | 501C3 | 81,130 |  | ARTS/CULTURE |

616 ST PETER STREET NEW ORLEANS, LA 70116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2254285 501C3 81.237 ECONOMIC LIBERTY'S KITCHEN

80.679

DEVELOPMENT

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

300 NORTH BROAD STREET

72-0467513

NEW ORLEANS, LA 70119
TRINITY EPISCOPAL SCHOOL

1315 JACKSON AVENUE NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0435090 501C3 83.548 PUBLIC/SOCIETY RAYNE MEMORIAL UNITED BENEFIT

METHODIST CHURCH 3900 ST CHARLES AVE NEW ORLEANS, LA 70115 TEACH FOR AMERICA - GNO 13-3541913 501C3 85.496 EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1055 ST CHARLES AVENUE

NEW ORLEANS, LA 70130

SUITE 600

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| OZANAM INN<br>843 CAMP STREET<br>NEW ORLEANS, LA 70130 | 72-0854403 | 501C3 | 85,644 |  | HUMAN SERVICES |
|--|------------|-------|--------|--|----------------|
| JESUIT HIGH SCHOOL                                     | 72-0467510 | 501C3 | 89.572 |  | EDUCATION      |

4133 BANKS STREET NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CAFE RECONCILE 72-1341294 501C3 90.134 ECONOMIC 1631 ORETHA CASTLE HALEY DEVELOPMENT

BI VD NEW ORLEANS, LA 70113 METAIRIE PARK COUNTRY DAY 72-0259360 501C3 90.396

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION SCHOOL 300 PARK ROAD METAIRIE, LA 70005

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE FOUNDATION FIGHTING 23-7135845 501C3 93.000 HEALTH

300

| BLINDNESS<br>P O BOX 17279<br>BALTIMORE, MD 21203                |            |       |        |  |     |                           |
|--|------------|-------|--------|--|-----|---------------------------|
| COMMITTEE FOR A BETTER<br>NEW ORLEANS<br>4902 CANAL STREET SUITE | 72-0955656 | 501C3 | 93,233 |  | I . | PUBLIC/SOCIETY<br>BENEFIT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1489054 501C3 94.900 EDUCATION THE GOOD SHEPHERD NATIVITY SCHOOL 1839 AGRICULTURE STREET

NEW ORLEANS, LA 70119 20-3879970 501C3 96.555 ADVOCATES FOR ACADEMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70122

EDUCATION EXCELLENCE IN EDUC 2001 LEON C SIMON DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 72-0408940 501C3 97.065 KINGSLEY HOUSE HUMAN SERVICES 1600 CONSTANCE STREET NEW ORLEANS, LA 70130

HEALTH

98.156

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 7013
GLEASON INITIATIVE
FOUNDATION

NEW ORLEANS, LA 70184

PO BOX 24493

45-3689316

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PROPELLER A FORCE FOR 26-3223585 501C3 99.343 CIVIC ENGAGEMENT SOCIAL INNOVATION PUBLIC/SOCIETY

4035 WASHINGTON AVE NEW ORLEANS, LA 70125 36-4538203 501C3 100.000 TIGERS UNLIMITED FOUNDATION BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 351 AUBURN, AL 36831

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408946 501C3 102.324 EDUCATION LOYOLA UNIVERSITY 6363 ST CHARLES AVE

CAMPUS BOX 009 NEW ORLEANS, LA 70118 26-0859964 501C3 102.623 NEW ORLEANS WOMEN AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70113

HOUSING, SHELTER CHILDREN'S SHELTER 2020 S LIBERTY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0956468 501C3 111.035 FOOD/NUTRITION SECOND HARVEST FOOD BANK OF GNOACADIANA 700 FDWARDS AVENUE

NEW ORLEANS, LA 70123 53-0196584 501C3 112.616 GEORGE WASHINGTON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20052

EDUCATION UNIVERSITY 2033 K ST NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 58-1983477 501C3 114.270 TERREBONNE FDTN FOR EDUCATION ACADEMIC EXCELLENCE

PO BOX 1503 HOUMA, LA 70361 AUDUBON NATURE INSTITUTE 51-0157624

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70118

501C3 115.411 PUBLIC/SOCIETY 6500 MAGAZINE STREET BENEFIT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1051326 501C3 115.695 PUBLIC/SOCIETY WWNO RADIO 2000 LAKESHORE DRIVE BENEFIT

| HOMER HITT<br>ALUMNI CENTER<br>NEW ORLEANS, LA 70148 |            |       |         |  |                  |
|--|------------|-------|---------|--|------------------|
| NEW ORLEANS POLICE &                                 | 72-1311151 | 501C3 | 118,748 |  | CRIME PREVENTION |

141 ROBERT E LEE BLVD 210 NEW ORLEANS, LA 70124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1489054 501C3 125.000 EDUCATION GOOD SHEPHERD NATIVITY MISSION SCHOOL INC 1839 AGRICULTURE STREET NEW ORLEANS, LA 70119

HUMAN SERVICES

125.941

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

RISINGFOUNDATIONS A NON-

PROFIT CORPORATION 2915 PERDIDO ST NEW ORLEANS, LA 70119 47-1833909

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-4513946 501C3 128.616 RECREATION NEW ORLEANS RECREATION DEVELOPMENT FOTN 935 GRAVIER STREET SUITE 820

HEALTH

129,779

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

26-0332262

NEW ORLEANS, LA 70112

2023 SIMON BOLIVAR AVE NEW ORLEANS, LA 70113

LUKE'S HOUSE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ACADEMY OF THE SACRED 43-1272049 501C3 122 5/0 FOUCATION

HOUSING, SHELTER

| HEART 4521 SAINT CHARLES AVENUE NEW ORLEANS, LA 70115 | +3-12/20+9 | 30103 | 133,340 |  | EDOCATIO |
|---|------------|-------|---------|--|----------|
| RIVER PARISHES CDC                                    | 20-5550182 | 501C3 | 134.064 |  | HOUSING. |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 70 NORCO, LA 70079

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CENTRAL CITY RENAISSANCE 26-1556360 501C3 136.500 COMMUNITY IMPROVEMENT ALLIANCE

| 1631 ORETHA CASTLE HALEY<br>BLVD 4TH<br>FLOOR<br>NEW ORLEANS, LA 70113 |            |       |         |  |              |
|--|------------|-------|---------|--|--------------|
| CONTEMPORARY ARTS CENTER   | 72-0798830 | 501C3 | 140.780 |  | ARTS/CULTURE |

900 CAMP ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance GROW DAT YOUTH FARM 45-3142732 501C3 146.633 YOUTH DEVELOPMENT

HUMAN SERVICES

151,265

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

1 PALM DRIVE

NEW ORLEANS, LA 70124
COVENANT HOUSE

611 N RAMPART STREET NEW ORLEANS, LA 70112 58-1669937

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance LOUISIANA SPCA 72-0471368 501C3 167.182 ANIMALS

| 1700 MARDI GRAS BLVD<br>NEW ORLEANS, LA 70114 |            |       | ,       |  |                           |
|---|------------|-------|---------|--|---------------------------|
| JEWISH FEDERATION OF<br>GREATER NEW ORLEANS   | 72-0408938 | 501C3 | 174,723 |  | PUBLIC/SOCIETY<br>BENEFIT |

3747 W ESPLANADE AVENUE

METAIRIE, LA 70002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance \_\_.\_

BENEFIT

| BRIDGE HOUSE<br>4150 EARHART BOULEVARD<br>NEW ORLEANS, LA 70125 | 72-6027674 | 501C3 | 174,768 |  | HUMAN SERVICES |
|---|------------|-------|---------|--|----------------|
| TRINITY EPISCOPAL CHURCH  | 72-0467513 | 501C3 | 185,730 |  | PUBLIC/SOCIETY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1329 JACKSON AVENUE NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0423890 501C3 194.593 YMCA OF GREATER NEW HUMAN SERVICES ORLEANS 320 METATRIE-HAMMOND HWY

EDUCATION

197.265

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

04-2296967

SUITE 321

METAIRIE, LA 70005

SCHOLARSHIP AMERICA

ONE SCHOLARSHIP WAY ST PETER, MN 56082

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WATER INSTITUTE OF THE 45-1066585 501C3 200,000 ENVIRONMENT

| GULF<br>301 NORTH MAIN STREET<br>SUITE 2000<br>BATON ROUGE, LA 70825 |            |       |         |  |                           |
|--|------------|-------|---------|--|---------------------------|
| WORLDWIDE FISTULA FUND<br>1100 E WOODFIELD ROAD                      | 30-0139210 | 501C3 | 200,000 |  | PUBLIC/SOCIETY<br>BENEFIT |

1100 E WOODFIELD ROAD SUITE 350

SCHAUMBURG, IL 60173

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LOUISIANA CHILDREN'S 72-0929068 501C3 212,709 ARTS/CULTURE

| MUSEUM<br>420 JULIA STREET<br>NEW ORLEANS, LA 70130 |            |       |         |  |           |
|---|------------|-------|---------|--|-----------|
| EDUCATE NOW DBA<br>YOUTHFORCE NOLA                  | 26-3606930 | 501C3 | 225,000 |  | EDUCATION |

625 CELESTE STREET BOX 108 NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-1444579 501C3 225.509 EDUCATION ST MICHAEL'S SPECIAL SCHOOL

1522 CHIPPEWA STREET NEW ORLEANS, LA 70130 72-0543369 501C3 228.973 ANIMALS ST TAMMANY HUMANE SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20384 HARRISON AVE COVINGTON, LA 70433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FRIENDS OF CITY PARK 72-0875507 501C3 233.896 PUBLIC/SOCIETY 1 PALM DRIVE BENEFIT

EDUCATION

234.842

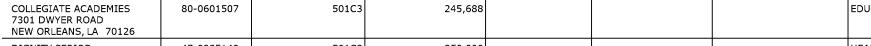
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70124
TULANE UNIVERSITY

6823 ST CHARLES AVE NEW ORLEANS, LA 70118 72-0423889

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 80-0601507 501C3 245.688 EDUCATION



ST LOUIS, MO 63146

DIGNITY PERIOD 47-0985149 501C3 250,000 HEALTH 1036 DAUTELLANE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance YOUTHFORCE NOLA 26-3606930 501C3 250 000 FOLICATION

NEW ORLEANS, LA 70179

| 625 CELESTE STREET BOX 108<br>NEW ORLEANS, LA 70130                        | 20 3000330 | 36163 | 230,000 |  | EBOCATION    |
|--|------------|-------|---------|--|--------------|
| NEW ORLEANS MUSEUM OF<br>ART<br>1 COLLINS DUBOLL CIRCLE PO<br>BOX<br>19123 | 72-6000331 | 501C3 | 258,467 |  | ARTS/CULTURE |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 42-1633060 501C3 284,295 YOUTH DEVELOPMENT YOUTH EMPOWERMENT PROJECT

| 1600 ORETHA CASTLE HALEY<br>NEW ORLEANS, LA 70113                        |            |       |         |  |              |
|--|------------|-------|---------|--|--------------|
| LOUISIANA PHILHARMONIC<br>ORCHESTRA<br>2533 COLUMBUS STREET<br>SUITE 202 | 72-1189023 | 501C3 | 285,213 |  | ARTS/CULTURE |

NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| ISIDORE NEWMAN SCHOOL<br>1903 JEFFERSON AVENUE<br>NEW ORLEANS, LA 70115 | 72-0408935 | 501C3 | 292,464 |  | EDUCATION |
|---|------------|-------|---------|--|-----------|
| LOUISE S MCGEHEE SCHOOL   | 72-0408943 | 501C3 | 335.799 |  | EDUCATION |

2343 PRYTANIA STREET NEW ORLEANS, LA 70130

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0272897 501C3 339,551 ARTS/CULTURE NEW ORLEANS OPERA ACCOCIATION

| OGDEN MUSEUM OF   | 72-1479496 | 501C3 | 353,145 |  | ARTS/CULT |
|---|------------|-------|---------|--|-----------|
| 935 GRAVIER STREET SUITE<br>1940<br>NEW ORLEANS, LA 70112 |            |       |         |  |           |

NEW ORLEANS, LA 70130

JLTURE SOUTHERN ART 925 CAMP STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 45-3088168 501C3 356.518 SEXUAL TRAUMA AWARENESS HUMAN SERVICES AND RESPONSE CENTER 5615 CORPORATE BLVD SUITE 501C3 72-0471369 521,192 HUMAN SERVICES

200 BATON ROUGE, LA 70808 UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET 3RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

NEW ORLEANS, LA 70119

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408911 501C3 576,501 CATHOLIC CHARITIES HUMAN SERVICES ADCUDIOCECE OF NO

| OCHSNER CLINIC   | 72-0502505 | 501C3 | 1,385,139 |  | HEALTH |
|--|------------|-------|-----------|--|--------|
| 1000 HOWARD AVENUE SUITE<br>200<br>NEW ORLEANS, LA 70113 |            |       |           |  |        |

NEW ORLEANS, LA 70121

FOUNDATION 1514 JEFFERSON HIGHWAY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 30-0192739 501C3 2,260,500 ENVIRONMENT AMERICA'S WETLAND **ECHNIDATION** 

| 838 NORTH BLVD<br>BATON ROUGE, LA 70802          |            |       |       |  |                     |
|--|------------|-------|-------|--|---------------------|
| 100 BLACK MEN OF<br>METROPOLITIAN BATON<br>BOUGE | 72-1235682 | 501C3 | 5,000 |  | PUBLIC/S<br>BENEFIT |

BATON ROUGE, LA 70821

C/SOCIETY KOUGE PO BOX 2286

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7324566 501C3 5.000 PUBLIC/SOCIETY AMERICAN SAIL TRAINING ASSOCIATION BENEFIT 240 THAMES ST PO BOX 1459

CIVIC ENGAGEMENT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEWPORT, RI 02840

AMERICANS FOR PROSPERITY
FOUNDATION
1310 N COURTHOUSE ROAD

ARLINGTON, VA 22201

SUITE 700

52-1527294

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7445515 501C3 5.000 BAYOU CIVIC CLUB ICOMMUNITY PO BOX 1105 IMPROVEMENT

PO BOX 1105 LAROSE, LA 70373

BEAVER COUNTRY DAY 04-2103869 501C3 5,000

SCHOOL

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

791 HAMMOND STREET CHESTNUT HILL, MA 02467

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-6000634 501C3 5.000 PUBLIC/SOCIETY LAFOURCHE PARISH GOVERMENT BENEFIT

PO BOX 425
MATHEWS, LA 70375

WOMEN OF THE STORM

501C3

5.000

ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1625 PALMER AVENUE NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-0780505 501C3 5,250 PUBLIC/SOCIETY FIRST BAPTIST CHURCH OF

| NORCO                    |            |       |       |   |  | BENEFIT  |
|--------------------------|------------|-------|-------|---|--|----------|
| PO BOX 57                |            |       |       |   |  |          |
| NORCO, LA 70079          |            |       |       |   |  |          |
| LOUICIANA DADOLE DROJECT | 01 2200500 | F0163 | 0.124 | • |  | DUDLIC/C |

BATON ROUGE, LA 70802

PUBLIC/SOCIETY LOUISIANA PAROLE PROJECT 81-3399508 501C31 9,124 427 MAYFLOWER ST BENEFIT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HOUSING, SHELTER

| CAFE HOPE        | 46-2343365 | 501(C)(3) | 11,546 |  | YOUTH DEVELOPMENT |
|------------------|------------|-----------|--------|--|-------------------|
| PO BOX 2021      |            |           |        |  |                   |
| MARRERO LA 70073 |            |           |        |  |                   |

14,290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HOTEL HOPE

4222 S BROAD STREET NEW ORLEANA, LA 70125

27-2083749

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of if applicable organization arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 58-1892502 501(C)(3) 60.000 ARTS/CULTURE NEW ORLEANS SCHOOL OF GLASSWORKS 727 MAGAZINE STREET

NEW ORLEANA, LA 70130

| efil  | e GRAPHIC pr                          | int - DO NOT PROCESS As File   | d Dat                     | :a -   | DLN: 934                | 49331      | L9047  | 529  |
|-------|---------------------------------------|--|---------------------------|--|-------------------------|------------|--------|------|
|       | edule J                               | Comper   | ısat                      | ion Information  | 10                      | 4В No      | 1545-0 | 0047 |
| •     | n 990)<br>tment of the Treasury       | Con  ► Complete if the organization  ►   | ipens<br>i ansv<br>Attacl | Trustees, Key Employees, and Hig<br>ated Employees<br>vered "Yes" on Form 990, Part IV<br>n to Form 990.<br>r instructions and the latest inforr | , line 23.              | <b>2</b> ( |        |      |
|       | al Revenue Service                    |  |                           |  |                         |            | ectio  |      |
|       | ne of the organiza<br>GREATER NEW ORL |  |                           |  | Employer identificat    | tion nu    | ımber  |      |
|       |                                       |  |                           |  | 72-0408921              |            |        |      |
| Pa    | rt I Questi                           | ons Regarding Compensation   |                           |  |                         |            |        |      |
| 1a    |                                       | opiate box(es) if the organization provided<br>ection A, line 1a Complete Part III to pro  |                           |  |                         |            | Yes    | No_  |
|       | _                                     | s or charter travel  |                           | Housing allowance or residence for   | •                       |            |        |      |
|       |                                       | companions   | 님                         | Payments for business use of perso   |                         |            |        |      |
|       |                                       | nification and gross-up payments   | H                         | Health or social club dues or initiation   |                         |            |        |      |
|       | □ Discretion                          | ary spending account   | ш                         | Personal services (e g , maid, chauf   | Teur, cnet)             |            |        |      |
| b     | If any of the boo                     | xes in line 1a are checked, did the organiz<br>all of the expenses described above? If "No   | ation :<br>o," cor        | follow a written policy regarding payn<br>nplete Part III to explain   | nent or reimbursement   | 1b         |        |      |
| 2     |                                       | ation require substantiation prior to reimb  |                           |  | . 1-3                   | 2          |        |      |
|       | directors, truste                     | es, officers, including the CEO/Executive  | Jirecto                   | or, regarding the items checked in line  | e la/                   |            |        |      |
| 3     | organization's C                      | if any, of the following the filing organizat<br>EO/Executive Director Check all that app<br>id organization to establish compensation | ly Do                     | not check any boxes for methods  |                         |            |        |      |
|       | ✓ Compensa                            | ation committee  |                           | Written employment contract  |                         |            |        |      |
|       |                                       | ent compensation consultant  | <b>✓</b>                  | Compensation survey or study   |                         |            |        |      |
|       | <b>✓</b> Form 990                     | of other organizations   | ✓                         | Approval by the board or compensa  | tion committee          |            |        |      |
| 4     | During the year related organiza      | , did any person listed on Form 990, Part<br>ition   | VII, Se                   | ection A, line 1a, with respect to the f   | iling organization or a |            |        |      |
| а     | Receive a sever                       | ance payment or change-of-control payme  | ent?                      |  |                         | 4a         |        | No   |
| b     |                                       | r receive payment from, a supplemental r   |                           | lified retirement plan?  |                         | 4b         |        | No   |
| c     | Participate in, o                     | r receive payment from, an equity-based  | compe                     | nsation arrangement?   |                         | 4c         |        | No   |
|       | If "Yes" to any o                     | of lines 4a-c, list the persons and provide  | the ap                    | plicable amounts for each item in Pari   | : III                   |            |        |      |
|       | Only 501(c)(3                         | ), 501(c)(4), and 501(c)(29) organiz   | ations                    | must complete lines 5-9.   |                         |            |        |      |
| 5     | For persons liste                     | ed on Form 990, Part VII, Section A, line in<br>contingent on the revenues of  |                           | •  |                         |            |        |      |
| а     | The organization                      | ٦٦   |                           |  |                         | 5a         |        | No   |
| b     | Any related orga                      |  |                           |  |                         | 5b         |        | No   |
|       | If "Yes," on line                     | 5a or 5b, describe in Part III   |                           |  |                         |            |        |      |
| 6     |                                       | ed on Form 990, Part VII, Section A, line 1<br>ontingent on the net earnings of  | .a, dıd                   | the organization pay or accrue any   |                         |            |        |      |
| а     | The organization                      | ۱۶   |                           |  |                         | 6a         |        | No   |
| b     | Any related orga                      |  |                           |  |                         | 6b         |        | No   |
|       | If "Yes," on line                     | 6a or 6b, describe in Part III   |                           |  |                         |            |        |      |
| 7     |                                       | ed on Form 990, Part VII, Section A, line 1<br>escribed in lines 5 and 6? If "Yes," describ  |                           |  | d                       | 7          |        | No   |
| 8     |                                       | nts reported on Form 990, Part VII, paid o<br>nitial contract exception described in Regu  |                           |  | escribe                 | 8          |        | No   |
| 9     | If "Yes" on line 53 4958-6(c)?        | 8, did the organization also follow the reb  | uttable                   | presumption procedure described in   | Regulations section     | 9          |        |      |
| For 5 | Danerwork Redu                        | ction Act Notice, see the Instructions   | for F                     | orm 990 Cat No. 5  | 50053T Schedule 1       | (Forn      | 2 990) | 2018 |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 ANDREW KOPPLIN 281,357 (i) 30,000 0 25,600 17,134 354,091 0 PRESIDENT & CEO 0 0 0 0 0 0 0 (ii) 2 RYAN CRESPINO 169,775 (i) 7,500 0 14,883 14,640 206,798 0 VP FINANCE 0 0 0 0 0 0 0 (ii) 1 EQ 706 3 CA

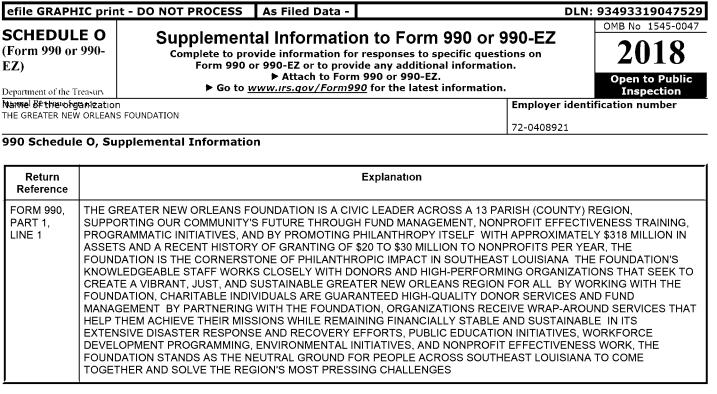
| 3<br>CARMEN JAMES RANDOLPH | (i)      | 158,796 | 6,500 | 0 | 13,779 | 9,728  | 188,803  | 0                 |
|----------------------------|----------|---------|-------|---|--------|--------|----------|-------------------|
| VD DDOCDAMC                | (ii)     | 0       | 0     | 0 | 0      | 0      | 0        | 0                 |
|                            | (i)      | 157,266 | 5,500 | 0 | 12,923 | 10,807 | 186,496  | 0                 |
| EEEE/CTIV/                 | (ii)     | 0       | 0     | 0 | 0      | 0      | 0        | 0                 |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            | $\vdash$ |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        |          |                   |
|                            |          |         |       |   |        |        | Schedule | J (Form 990) 2018 |

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319047529 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE GREATER NEW ORLEANS FOUNDATION 72-0408921 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 6,265,352 OPEN MARKET- PUBLIC EXCH Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 1,939,505 ANNUITY VALUE 25 Other ▶ ( ANNUITY DONATIONS ) 26 Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

| Schedule M (Form 990) (2018) | Page <b>2</b>  |
|------------------------------|--|
| I, column (b), t             | Information. rmation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part he number of contributions, the number of items received, or a combination of both. Also complete additional information. |
| Return Reference             | Explanation  |
| PART I, LINE 32B             | THE FOUNDATION USES THE SERVICE OF REAL ESTATE PROFESSIONALS IN LIQUIDATING GIFTS OF RESIDENTIAL AND COMMERCIAL REAL ESTATE THE FOUNDATION USES THE SERVICES OF INVESTMENT PROFESSIONALS IN LIQUIDATING GIFTS OF MARKETABLE SECURITIES       |
|                              | Schedule M (Form 990) (2018)   |



| Return<br>Reference              | Explanation   |
|----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 1 | THE GREATER NEW ORLEANS FOUNDATION IS A CIVIC LEADER ACROSS A 13 PARISH (COUNTY) REGION, SUPPORTING OUR COMMUNITY'S FUTURE THROUGH FUND MANAGEMENT, NONPROFIT EFFECTIVENESS TRAINING, PROGRAMMATIC INITIATIVES, AND BY PROMOTING PHILANTHROPY ITSELF WITH APPROXIMATELY \$318 MILLION IN ASSETS AND A RECENT HISTORY OF GRANTING OF \$20 TO \$30 MILLION TO NONPROFITS PER YEAR, THE FOUNDATION IS THE CORNERSTONE OF PHILANTHROPIC IMPACT IN SOUTHEAST LOUISIANA THE FOUNDATION'S KNOWLEDGEABLE STAFF WORKS CLOSELY WITH DONORS AND HIGH-PERFORMING ORGANIZATIONS THAT SEEK TO CREATE A VIBRANT, JUST, AND SUSTAINABLE GREATER NEW ORLEANS REGION FOR ALL BY WORKING WITH THE FOUNDATION, CHARITABLE INDIVIDUALS ARE GUARANTEED HIGH-QUALITY DONOR SERVICES AND FUND MANAGEMENT BY PARTNERING WITH THE FOUNDATION, ORGANIZATIONS RECEIVE WRAP-AROUND SERVICES THAT HELP THEM ACHIEVE THEIR MISSIONS WHILE REMAINING FINANCIALLY STABLE AND SUSTAINABLE IN ITS EXTENSIVE DISASTER RESPONSE AND RECOVERY EFFORTS, PUBLIC EDUCATION INITIATIVES, WORKFORCE DEVELOPMENT PROGRAMMING, ENVIRONMENTAL INITIATIVES, AND NONPROFIT EFFECTIVENESS WORK, THE FOUNDATION STANDS AS THE NEUTRAL GROUND FOR PEOPLE ACROSS SOUTHEAST LOUISIANA TO COME TOGETHER AND SOLVE THE REGION'S MOST PRESSING CHALLENGES |

| 990 | Schedule | Ο, | Supplemental | Information |
|-----|----------|----|--------------|-------------|
|     |          |    |              |             |

| <u> </u>                          |   |
|-----------------------------------|---|
| Return<br>Reference               | Explanation   |
| FORM 990,<br>PART III,<br>LINE 4A | BECAUSE THE FOUNDATION SEEKS TO IMPROVE THE QUALITY OF LIFE FOR ALL, WE PROMOTE PHILANTHRO PY AS A SOLUTION TO OUR COMMUNITY'S PRESSING ISSUES BELOW IS A COMPLETE LISTING OF THE FO UNDATION'S WORK FUND MANAGEMENT BY WORKING WITH A DIVERSE SET OF INDIVIDUALS, THE FOUNDATION HELPS DONORS OF ALL TYPES DO THEIR PART TO SOLVE THE CHALLENGES THAT KEEP THEM UP AT NIGHT THE FOUNDATION WORKS WITH INDIVIDUALS, BUSINESSES AND CORPORATIONS, LOCAL AND NATIO NAL FOUNDATIONS, AND GOVERNMENT AGENCIES TO SUPPORT OUR REGION WITH OVER 900 FUNDS UNDER MANAGEMENT, FUNDHOLDERS ARE PROVIDED WITH EXPERT GUIDANCE AND CONCIERGE SERVICE-ALL FROM ITS HOME IN THE CENTER FOR PHILANTHROPY, IN THE HEART OF NEW ORLEANS NONPROFIT EFFECTIVENES TRAINING NONPROFIT LEADERS TO BE EFFECTIVE, SAVYY, AND RESPONSIBLE STEWARDS OF THEIR O RGANIZATIONS, THE FOUNDATION ANNUALLY SERVES IN EXCESS OF 1,000 INDIVIDUALS WHETHER A NON PROFIT LEADER NEEDS ENTRY-LEVEL TRAINING IN BOARD GOVERNANCE, FUNDRAISING, OR FINANCIAL MA NAGEMENT, OR IN-DEPTH, TARGETED TRAINING OR COACHING, THE FOUNDATION PROVIDES THESE WARDA-A ROUND SERVICES BY PROVIDING THESE SERVICES, THE FOUNDATION IS BOTH PROTECTING AND LEVERAG ING THE INVESTMENT MADE IN THESE ORGANIZATIONS BY GENEROUS DONORS PROGRAM INITIATIVES THE FOUNDATION'S PROGRAMS REFLECT ITS APROACH TO CREATING A THRIVING COMMUNITY FOR ALL WITH A DIVERSE PORFFOLIO, THE FOUNDATION INVESTS IN PARTNERS THAT RANGE FROM GRASSROOTS ORGANI ZATIONS TO ANCHOR INSTITUTIONS SOME OF THE FOUNDATION'S MOST POPULAR PROGRAMS, SUPPORTS HE ALTH AND HUMAN SERVICE, ARTS AND CULTURE, EDUCATION AND YOUTH DEVELOPMENT ORGANIZATIONS N EW ORLEANS WORKS, THE FOUNDATION'S SIGNATURE WORKFORCE DEVELOPMENT PROGRAM, SUPPORTS HE ALTH AND HUMAN SERVICE, ARTS AND CULTURE, EDUCATION AND YOUTH DEVELOPMENT PROGRAM, SUPPORTS HE ALTH AND HUMAN SERVICE, ARTS AND CULTURE, EDUCATION AND YOUTH DEVELOPMENT PROGRAM, SUPPORTS HE ALTH AND HUMAN SERVICE, ARTS AND CULTURE EDUCATION AND YOUTH DEVELOPMENT PROGRAM, SUPPORTS HE ALTH AND HUMAN SERVICE. ARTS AND CULTURE EMPLOYMENT FOR |

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | APPROACH TO HELPING NEW ORLEANS LIVE WITH WATER, HAS HELPED CITY AND REGIONAL OFFICIALS, N ATIONAL EXPERTS, NONPROFIT ORGANIZATIONS, AND CITIZENS COME TOGETHER TO LEARN HOW TO RESPO NSIBLY MANAGE STORM WATER IN THE NATIONS THIRD RAINIEST CITY BECAUSE OF THE URBAN WATER SERIES, THE CITY OF NEW ORLEANS ADOPTED ARTICLE 23 TO ITS COMPREHENSIVE ZONING ORDINANCE ARTICLE 23 ENSURES THAT NEW CONSTRUCTION MUST INCORPORATE PROGRESSIVE WATER MANAGEMENT AND GREEN INFRASTRUCTURE THE ENVIRONMENTAL FUND IS THE FOUNDATION'S GRANTMAKING PROGRAM TO S UPPORT COASTAL COMMUNITIES FROM COLLABORATING WITH THE UNITED HOUMA NATION TO HELP NATIVE COMMUNITIES GAIN CLEAR TITLES TO THEIR LAND IN ADVANCE OF CLIMATE-MIGRATION TO WORKING WITH THE ENVIRONMENTAL DEFENSE FUND TO HELP RE-DESIGN THE LOWER END OF THE MISSISSIPPI RIVER. THE ENVIRONMENTAL DEFENSE FUND TO HELP RE-DESIGN THE LOWER END OF THE MISSISSIPPI RIVER. THE ENVIRONMENTAL FUND IS A CATALYST FOR THE PROTECTION AND RESTORATION OF COASTAL COMMUNITIES. LOBTQ FUND, LOUISIANA'S FIRST DEDICATED SOURCE OF FOUNDATION FUNDING FOR LOBTQ—AND SERVING ORGANIZATIONS, SUPPORTS EQUALITY, FAIRNESS, ACCEPTANCE, AND MUTUAL RESPECT FOR ALL SINCE ITS FIRST ROUND OF GRANTMAKING IN 2016, THE LOBTG FUND HAS GRANTED \$289,000 TO NEW ORLEANS ORGANIZATIONS FOR SOME OF THESE ORGANIZATIONS, THIS WAS THEIR FIRST OPPORT UNITY TO RECEIVE GRANT FUNDING OF ANY KIND 1923 LEGACY SOCIETY CELEBRATES THOSE INDIVIDUALS WHO HAVE REMEMBERED THE GREATER NEW ORLEANS FOUNDATION IN THEIR WILL THE FOUNDATION'S TEAM OF EXPERTS IN GIFT PLANNING WORK CLOSELY WITH PROFESSIONAL ADVISORS SUCH AS CPAS, INVESTMENT ADVISORS, AND ESTATE ATTORNEYS TO BUILD TAX-SAVVY GIFT PLANS THAT ARE UNIQUE TO THE DONOR AND SERVE THEIR HIGHEST PHILANTHROPY GOALS PROMOTION OF PHILANTHROPY IN 2016, THE FOUNDATION OPENED ITS NEW HOME-THE CENTER FOR PHILANTHROPY—TO BE THE PHYSICAL AND SYM BOLIC HOME FOR STRATEGIC PHILANTHROPY IN SOUTHEAST LOUISIANA TO CREATE THIS NEW HOME, THE FOUNDATION AND THE GREATER NEW ORLEANS FOUNDATION AND THE GREATER NEW ORLEANS FOU |

Return Explanation
Reference

THE GIVING CIRCLE MEMBERSHIP

| FORM 990, 00 PER YEAR GIVING CIRCLES, SUCH AS IMPACT 100 AND EMERGING PHILANTHROPISTS OF NEW ORLEAN S, |  |
|--|--|
|  |  |
| PART III, RECRUIT AND ENCOURAGE DIVERSE INDIVIDUALS TO COME TOGETHER TO MAKE A LASTING DIFFERENCE      |  |

LINE 4A

THROUGH GIVING CIRCLES, THE FOUNDATION CAN MAKE SIZABLE, TRANSFORMATIVE GRANTS TO ORGANI ZATIONS
PERFORMING OUTSTANDING WORK, WHILE CELEBRATING THE UNIQUE PASSIONS AND PHILANTHROP IC GOALS OF

990 Schedule O, Supplemental Information

Return Explanation

Reference

| FORM 990,  | CHARLES RICE AND ROBERT BOH HAVE A BUSINESS RELATIONSHIP CHERYL TEAMER AND ROBERT BOH HAVE A |
|------------|--|
| PART VI,   | BUSNIESS RELATIONSHIP JIMMIE WOODS AND ROBERT BOH HAVE A BUSINESS RELATIONSHIP WARNER THOMAS |
| SECTION A, | AND ROBERT BOH HAVE A BUSINESS RELATIONSHIP POCO SLOSS AND LUIS ZERVIGON HAVE A BUSINESS     |
| LINE 2     | RELATIONSHIP I   |

Return Explanation
Reference

FORM 990, PART VI, COMMITTEE THE COMMITTEE IS THEN CONVENED WITH THE REPRESENTATIVES OF THE FOUNDATION'S OUTSIDE CPA FIRM TO DISCUSS THE FORM AND TO REVIEW THE PUBLIC SUPPORT TEST AFTER ACCEPTANCE BY THE COMMITTEE, THE FORM IS SENT TO ALL MEMBERS OF THE BOARD BEFORE BEING FILED WITH THE APPLICABLE AGENCIES

Return

SPECIFIC TOPIC IS DISCUSSED.

Reference

FORM 990, THE FOUNDATION ANNUALLY REQUIRES ALL EMPLOYEES AND TRUSTEES TO DISCLOSE ANY POTENTIAL PERSONAL PART VI. OR BUSINESS ASSOCIATIONS WHICH COULD BE PERCEIVED AS A CONFLICT OF INTEREST THROUGHOUT THE YEAR

Explanation

PART VI, OR BUSINESS ASSOCIATIONS WHICH COULD BE PERCEIVED AS A CONFLICT OF INTEREST THROUGHOUT THE YEAR SECTION B, TRUSTEES ARE REMINDED TO DISCLOSE ANY NEW RELATIONSHIPS WHERE A CONFLICT OF INTEREST MAY BE LINE 12C PRESENT NEW TRUSTEES AND NEW EMPLOYEES ARE ALSO REQUIRED TO ATTEND AN ORIENTATION WHERE THIS

Return

| Reference |  |
|-----------|--|
| FORM 990, | THE EXECUTIVE COMMITTEE OF THE BOARD OF THE GREATER NEW ORLEANS FOUNDATION MEETS ANNUALLY TO |
| PART VI.  | REVIEW THE COMPENSATION OF THE PRESIDENT AND CEO AS WELL AS SENIOR MANAGEMENT OF THE         |

Explanation

PART VI, REVIEW THE COMPENSATION OF THE PRESIDENT AND CEO AS WELL AS SENIOR MANAGEMENT OF THE SECTION B, FOUNDATION THE REVIEW CONISTS OF COMPARISONS TO OTHER NON PROFITS IN THE AREA, REVIEW OF ANNUAL LINE 15 COMPENSATION SURVEYS, AND A REVIEW OF OVERALL MARKETS TRENDS IN THE INDUSTRY THIS INFORMATION IS

CONTEMPORANEOUSLY DOCUMENTED IN THE WRITTEN MINUTES

Return Explanation
Reference

FORM 990, THE FOUNDATION'S DETERMINATION LETTER AND FORMS 990 ARE AVAILABLE ON ITS WEBSITE THESE PART VI, DOCUMENTS, AS WELL AS VARIOUS POLICIES, ARE ALSO MADE AVAILABLE TO THE GENERAL PUBLIC UPON SECTION C, REQUEST THE FOUNDATION NOTIFIES THE PUBLIC OF THIS OPTION IN VARIOUS MAILING AND PUBLICATIONS LINE 19 THROUGHOUT THE YEAR

Return Explanation
Reference

LINE 9

FORM 990, CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -587,217
PART XI,

Return Explanation
Reference

LINE 2C

FORM 990, PART XII,

| efile GRAPHIC print - De                                 | O NOT PROCESS                               | As Filed Data -       |                            |                          |                              |                                   |                                   |                   |         |                                       |         | DLN: 93493                               | 319047                      | 529                       |
|--|---|-----------------------|----------------------------|--------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------|---------|---------------------------------------|---------|--|-----------------------------|---------------------------|
| SCHEDULE R<br>(Form 990)                                 | <b>&gt;</b> (                               |                       | OMB No 1545-0047           |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
| Department of the Treasury<br>Internal Revenue Service   |   | v.irs.gov/            | ► Attach to<br>Form990 for |                          | Open to Public<br>Inspection |                                   |                                   |                   |         |                                       |         |  |                             |                           |
| Name of the organization<br>THE GREATER NEW ORLEANS FOUN | DATION                                      |                       |                            |                          |                              |                                   |                                   |                   | Emp     | loyer identifi                        | ication | number                                   |                             |                           |
| -1   |   |                       |                            |                          | 1.1157                       |                                   | 200 5 :                           | T) (              |         | 408921                                |         |  |                             |                           |
| Part I Identification                                    | 1 of Disregarded E                          | ntities Complete if   | tne organ                  | ization answ             | rered "Yes                   | " on Form                         | 990, Part                         | IV, line 3.       | J.      |                                       |         |  |                             |                           |
| Name, address, and                                       | <b>(a)</b><br>d EIN (ıf applicable) of disr | egarded entity        |                            | ( <b>b)</b><br>Primary a |                              | Legal dom                         | c)<br>nicile (state<br>n country) | (d)<br>Total inco | ome     | (e)<br>End-of-year as                 | sets    | <b>(f</b><br>Direct co<br>ent            | ntrolling                   |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
| Part II Identification related tax-exer                  | of Related Tax-Ex<br>npt organizations di   |                       | s Comple                   | ete if the org           | anızatıon                    | answered                          | "Yes" on F                        | orm 990,          | Part I\ | /, line 34 be                         | cause   | ıt had one or                            | more                        |                           |
| See Additional Data Table                                |   | ,                     | 1                          | (b)                      | 1 .                          | ۵)                                | 1 (4)                             | , ,               |         | (a)                                   |         | (6)                                      | 1 /**                       |                           |
| Name, address, an  | (a)<br>nd EIN of related organızatı         | on                    | Prim                       | ary activity             | Legal dom                    | c)<br>nicile (state<br>n country) | Exempt Coo                        |                   |         | (e)<br>harity status<br>on 501(c)(3)) | Dir     | <b>(f)</b><br>rect controlling<br>entity | Section<br>(13) cor<br>enti | 512(b)<br>itrolled<br>ty? |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  | Yes                         | No                        |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
|  |   |                       |                            |                          |                              |                                   |                                   |                   |         |                                       |         |  |                             |                           |
| For Panerwork Reduction Ac                               | ct Notice, see the Inc                      | structions for Form 9 | 90                         |                          | Ca                           | t No 5013                         | 35Y                               |                   |         |                                       | Sche    | edule R (Form                            | 9901 20                     | 18                        |

| (a)<br>Name, address, and EIN of<br>related organization  |                         |                             | (c) Legal domicile (state or foreign country)     | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related unrelated, excluded from tax under sections 512- 514) |                               | (g)<br>Share of<br>e end-of-year<br>assets |         |                         |             |                             | (j)<br>eral or<br>naging<br>tner? | (k)<br>Percent<br>owners                 |
|---|-------------------------|-----------------------------|---|--|--|-------------------------------|--|---------|-------------------------|-------------|-----------------------------|-----------------------------------|--|
|   |                         |                             |   |  | 314)   |                               |  | Yes     | No                      |             | Yes                         | No                                |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             |                                   |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             |                                   |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             |                                   |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             |                                   |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             | +                           |                                   |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             | 1                                 | l  |
|   |                         |                             |   |  |  |                               |  |         |                         |             | +                           | 1                                 |  |
|   |                         |                             |   |  |  |                               |  |         |                         |             |                             |                                   |  |
| Identification of Related Organiza because it had one or more related or  |                         |                             |   |  |  | zation ansv                   | wered "Yes                                 | " on Fo | orm 99                  | 90, Part I\ | /, line                     | ÷ 34                              |  |
| Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization |                         | corporation doing (state of |   | st during th                           | (d) controlling Tyentity   | (e)                           | wered "Yes  (f) Share of total income      | Share   | (g) of end- year assets | of- Pero    | /, line (h) tentage tership | 5 (                               | (I)<br>Section 51<br>13) contr<br>entity |
| because it had one or more related or  (a)  Name, address, and EIN of   | rganizations treated as | corporation doing (state of | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Tyentity   | (e) pe of entity orp, S corp, | <b>(f)</b><br>Share of total               | Share   | (g)<br>of end-<br>year  | of- Pero    | (h)                         | 5 (                               | ection 5:<br>13) contr                   |
| because it had one or more related or  (a)  Name, address, and EIN of   | rganizations treated as | corporation doing (state of | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Tyentity   | (e) pe of entity orp, S corp, | <b>(f)</b><br>Share of total               | Share   | (g)<br>of end-<br>year  | of- Pero    | (h)                         | 5 (                               | ection 5:<br>13) contr<br>entity         |
| because it had one or more related or  (a)  Name, address, and EIN of   | rganizations treated as | corporation doing (state of | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Tyentity   | (e) pe of entity orp, S corp, | <b>(f)</b><br>Share of total               | Share   | (g)<br>of end-<br>year  | of- Pero    | (h)                         | 5 (                               | ection 5<br>13) conti<br>entity          |
| because it had one or more related or  (a)  Name, address, and EIN of   | rganizations treated as | corporation doing (state of | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Tyentity   | (e) pe of entity orp, S corp, | <b>(f)</b><br>Share of total               | Share   | (g)<br>of end-<br>year  | of- Pero    | (h)                         | 5 (                               | ection 5<br>13) cont<br>entity           |
| because it had one or more related or  (a)  Name, address, and EIN of   | rganizations treated as | corporation doing (state of | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Tyentity   | (e) pe of entity orp, S corp, | <b>(f)</b><br>Share of total               | Share   | (g)<br>of end-<br>year  | of- Pero    | (h)                         | 5 (                               | ection 5<br>13) cont<br>entity           |

| Sche       | lule R (Form 990) 2018  |            | Pa  | age <b>3</b> |
|------------|---|------------|-----|--------------|
| Pa         | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  |            |     |              |
|            | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |            | Yes | No           |
| <b>1</b> D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |            |     |              |
| а          | Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a         |     | No           |
| Ь          | Gift, grant, or capital contribution to related organization(s)   | <b>1</b> b | Yes |              |
| С          | Gift, grant, or capital contribution from related organization(s)   | 1c         | Yes |              |
| d          | Loans or loan guarantees to or for related organization(s)  | 1d         |     | No           |
| e          | Loans or loan guarantees by related organization(s)   | 1e         |     | No           |
| f          | Dividends from related organization(s)  | <b>1</b> f |     | No           |
| g          | Sale of assets to related organization(s)   | <b>1</b> g |     | No           |
| h          | Purchase of assets from related organization(s)   | 1h         |     | No           |
| i          | Exchange of assets with related organization(s)   | 1i         |     | No           |
| j          | Lease of facilities, equipment, or other assets to related organization(s)  | <b>1</b> j |     | No           |
| k          | Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | No           |
| I          | Performance of services or membership or fundraising solicitations for related organization(s)  | 11         | Yes |              |
| m          | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m         |     | No           |
| n          | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n         |     | No           |
| 0          | Sharing of paid employees with related organization(s)  | 10         |     | No           |
| р          | Reimbursement paid to related organization(s) for expenses  | <b>1</b> p |     | No           |
| q          | Reimbursement paid by related organization(s) for expenses  | <b>1</b> q |     | No           |
| r          | Other transfer of cash or property to related organization(s)   | 1r         |     | No           |
| s          | Other transfer of cash or property from related organization(s)   | 1s         |     | No           |
| 2          | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |            |     |              |
|            | (5)   |            |     |              |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| was not a related organization. See instructions regarding exclusion for certain investment partnerships |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|--|--------------------------------|---|--|-----|--------------|------------------------------------|--|-----|----|---|-----------|---------------|--------------------------------|
| (a)<br>Name, address, and EIN of entity  | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) |     | ganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets |     | _  | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |           | or<br>ig<br>? | (k)<br>Percentage<br>ownership |
|  |                                |   | 514)   | Yes | No           |                                    |  | Yes | No |   | Yes       | No            |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |  |     |              |                                    |  |     |    | Schedul   | e R (Forn | n 99          | 0) 2018                        |



31-1615322

Software ID:

Software Version:

**EIN:** 72-0408921

Name: THE GREATER NEW ORLEANS FOUNDATION Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 section entity (b)(13)(state status or foreign country) (if section 501(c) controlled (3)) entity? Yes No GRANTMAKING LA 501(C)(3) LINE 12D, III-O GNOF No 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-6019978 GNOF GRANTMAKING LA 501(C)(3) LINE 12A, I Nο 919 ST CHARLES AVE NEW ORLEANS, LA 70130 20-5037341 GRANTMAKING LA 501(C)(3) LINE 12A, I GNOF No 919 ST CHARLES AVE NEW ORLEANS, LA 70130 30-0074425 GRANTMAKING LA 501(C)(3) LINE 12A, I **GNOF** Νo 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1486488 GRANTMAKING LA 501(C)(3) LINE 12A, I Ignof No 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1486482 GRANTMAKING LA 501(C)(3) LINE 12A, I **GNOF** Nο 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1479255 GNOF GRANTMAKING LA 501(C)(3) LINE 12A, I No 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1471263 LA LINE 12A. I Ignof GRANTMAKING 501(C)(3) Nο 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1247958 LINE 12A, I **GNOF** GRANTMAKING LA 501(C)(3) Νo 919 ST CHARLES AVE NEW ORLEANS, LA 70130 72-1428622 LA GNOF GRANTMAKING 501(C)(3) LINE 12A, I No 919 ST CHARLES AVE NEW ORLEANS, LA 70130