		AMENDED	RET			J v	74472 0
Form 990-T	E	Exempt Organization Bus			Tax Return	1	OMB No 1545-0687
,		(and proxy tax und			181	_	2040
•	For ca	lendar year 2018 or other tax year beginning		, and ending			2018
Department of the Treasury		Go to www.lrs.gov/Form990T for in					Open to Public Inspection fo 501(c)(3) Organizations Only
A X Check box if		Do not enter SSN numbers on this form as it may					501(c)(3) Organizations Only ployer identification number
address changed		Name of organization (Check box if name of	nangeo	and see instructions)	(Em	ployees' trust, see ructions)
B Exempt under section	Print	JEWISH ENDOWMENT FOUND	ATI	ON		7	72-0638456
X 501(C)(3)	or	Number, street, and room or suite no If a P O bo				E Unre	elated business activity code instructions)
408(e) 220(e)	Type	1 GALLERIA BLVD, NO. 1				ا (عدد	matted tons ,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of METAIRIE, LA 70001	r foreigi	n postal code			
C Book value of all assets		F Group exemption number (See instructions)	>			-	
53,450,1	89.	F Group exemption number (See instructions) G Check organization type ► X 501(c) cor	poration	501(c) tru:	st 401(a) trust	Other trust
H Enter the number of the	organiza	ition's unrelated trades or businesses	1	Descr	ibe the only (or first) ur	related	d
trade or business here	► <u>TA</u>	KABLE FRINGE BENEFITS		If only o	ne, complete Parts I-V	If mor	e than one,
	•	ice at the end of the provious sontonce, complete Pi	arts I an	d II, complete a Scho	dulc M for each addition	nal trac	de or
business, then complete		· · · · · · · · · · · · · · · · · · ·					. (V).,
		poration a subsidiary in an affiliated group or a pare	nt·subsi	diary controlled group	o? ► [Y	es X No
		tifying number of the parent corporation DORIS GAUTHIER		Tole	phone number > 5	04-	524-4559
	_	de or Business Income		(A) Income	(B) Expense:		(C) Net
1a Gross receipts or sale			Υ'''	(1)		-	\-,
b Less returns and allow		c Balance	10				
2 Cost of goods sold (S			2				
3 Gross profit Subtract	line 2 fi	rom line 1c	3		· · · · · · · · · · · · · · · · · · ·	المرجوب المرجوب	71
4 a Capital gain net incom	ne (attac	h Schedule D)	4a		FOENEL	}	
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b		KELYL		<u> </u>
c Capital loss deduction	for trus	sts	4c	—— _ [24.02	Ţţ	27
		ship or an S corporation (attach statement)	5	D021	FEBO		下/
6 Rent income (Schedu		(m.), . , . , . , . , . , . , . , . , . ,	6	<u> </u>	= 31 1	JT	
7 Unrelated debt-finance			7		OGDEN.		
· ·		and rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G)		—— —			
10 Exploited exempt activ			10				
11 Advertising income (S	-	•	11		_		
12 Other income (See ins			12				
13 Total. Combine lines		•	13	C) .		
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for					
(Except for d	ontribi	utions, deductions must be directly connecte	d with	the unrelated busin	ess income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts	a /_					17	
18 Interest (attach sche19 Taxes and licenses	aule) (s	ee instructions)				18	
-	one /Sa	e instructions for limitation rules)				20	
21 Depreciation (attach				21			
•		n Schedule A and elsewhere on return		22a	· · · · ·	22b	1
23 Depletion				<u> </u>		23	
24 Contributions to defe	erred co	mpensation plans				24	
25 Employee benefit pro	grams					25	
26 Excess exempt expe	nses (S	chedule I)				26	
27 Excess readership of	osts (Sc	hedule J)				27	
28 Other deductions (at						28	
29 Total deductions. A		-				29	0.
		ncome before net operating loss deduction. Subtrac				30	
	-	loss arising in tax years beginning on or after Janua	iry 1, 20	118 (300 instructions)		31	0.
32 Unrelated business t	<u>axabie i</u>	ncome Subtract line 31 from line 30				32	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-T	(2018) JEWISH ENDOWMENT FOUNDATION	72-06	38456	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructi	ons)	33	0.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		_	
	lines 33 and 34		36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		-	
	enter the smaller of zero or line 36		38	0.
	/ Tax Computation			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	0.
		-	35	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	ITOITI		
	Tax rate schedule or Schedule D (Form 1041)		40	
	Proxy tax. See instructions	•	41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		_	
b	Other credits (see instructions) 45b		_	
C	General business credit Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes: Check if from Form 4255 Form 8611 Form 8697 Form 8866 (Other (attach schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	Ó.
	Payments A 2017 overpayment credited to 2018 50a			
	2018 estimated tax payments 50b		7	
	Tax deposited with Form 8868		7 1	
	Foreign organizations Tax paid or withhold at source (see instructions) 50d		1	
	· · · · · · · · · · · · · · · · · · ·		-	
	Credit for small employer health insurance premiums (attach Form 8941)		\dashv 1	
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ <u>50g</u>		- <u>-</u> .	
	Total payments Add lines 50a through 50g		51	
_	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	
	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refunded •	55	
Part V	Statements Regarding Certain Activities and Other Information (see I	nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other at	uthority		Ycs No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		
	here > BERMUDA			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file	. •		
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my k	nowledge and belie	f, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	nowledge		
Here	1/22/20 EXECUTIVE D	IRECTOR	May the IRS discus the preparer shown	
	Signature of officer Date Title		Instructions)?	
		Check	if PTIN	
	Print/Type preparer's name Preparer's signature Date			
Paid	JOHN S. WILES, CPA WIND 1/21 120	self- employe		22673
Prepa	TAPOPER ADAC			088864
Use O	nly Firm's name > LAPORTE, APAC	Firm's EIN	- 12-1	00004
	111 VETERANS MEMORIAL BLVD., #600		E04 025	5522
	Firm's address ► METAIRIE, LA 70005-4958	Phone no	<u>504-835</u>	
823711 01-	09-19		Forr	n 990-T (2018)

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N/A	<u> </u>			
1 Inventory at beginning of year 1			6 Inventory at end of year			6	
2 Purchases	. 2 7 Cost of goods sold. Su			ubtract I	ine 6		
3 Cost of labor					Part I,		
4 a Additional section 263A costs			line 2				
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to		Yes No
b Other costs (attach schedule)	b Other costs (attach schedule) 4b property produced or acc						
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	y)
1. Description of property							
(1)							
(2)							·
(3)							
(2) (3) (4)					.		
	2. Rent receiv	red or accrued			3(a) Deductions directi	v conne	cted with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage f	columns 2(a) a	nd 2(b) (attach schedule)
(1)							
(1) (2)							
(3)							· · · · · · · · · · · · · · · · · · ·
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter 		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)				
			Gross income from or allocable to debt-	(2)	3. Deductions directly co to debt-finan		perty
1. Description of debt-f	inanced property		financed property	(4)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)
(1)				†			
(2)							
(3)							
(1) (2) (3) (4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			%	1		1	
(1) (2) (3)	 		%	1			
(3)			%				
(4)			%				
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0		0.
Total dividends-received deductions is	ncluded in columi	n 8	•)	•	0.

•			Exempt 0	Controlled O	rganizatio	ons					
Name of controlled organize		2. Employer Identification number		Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with incom in column 5	
						<u> </u>	<u> </u>				
									1		
	· · · · · · · · · · · · · · · · · · ·		1					-			
<u></u>							 				
	.i		<u> </u>	.	L						
nexempt Controlled Organ			<u></u>								
7. Taxable Income	8. Net unrelated in (see instruct	come (loss) ions)	9. Total	of specified pays made	ments	10. Part of colu- in the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly conne income in column 10	
									•		
<u> </u>											
			-								
	,I					Add colur Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Par line 8, column (B)	
Is	_				•			0.			
hedule G - Investme	ent Income of	a Sectio	n 501(c)(7), (9), or	(17) Or	ganization	1				
`	cription of income	.		2. Amount of	income	3. Deduction		4. Set-		5. Total deduct and set-asid	
						(attach sched		(attach s	cnedute)	(col 3 plus co	
-			-								
											
				Enter here and	on page 1.					Enter here and on p	
				Part I, line 9, co						Part I, line 9, column	
				l.							
hedule I - Exploited	Exempt Activ	itv Incor	ne. Othe	r Than Ac	0 . Ivertisi	na Income					
(see instr				1 .	<u>1</u>		-	· · - · ·		T	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses y connected production inrelated ess income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exemexpenses (colur 6 minus column but not more th column 4)	
						-					
. ,	+			 						 	
				 					-	- 	
	Enter here and on page 1, Part I, line 10, col (A)	page line 1	nere and on 1, Part I, 0, col (B)				***************************************	<u> </u>		Enter here and on page 1, Part II, line 26	
ls •			0.	<u> </u>							
hedule J - Advertis											
rt I Income From	Periodicals Re	eported	on a Con	solidated	Basis						
1. Name of periodical	2. Gros advertisin income	ו פו	3. Direct evertising costs	or (loss) (c col 3) if a g	tising gain of 2 minus ain, comput hrough 7	5. Circula income		6. Read		7. Excess readers costs (column 6 mi column 5, but not r than column 4)	
											
			•								
						1		 			
	l					1		l			
				_				<u> </u>			
als (carry to Part II, line (5))	>	0.			•••••					***************************************	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	_ "	2. Gross advertising income	3. Direct advertising costs	4 . Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					•		
(2)							
(3)			,.				
(4)							
Totals from Part I	▶	0.	0.				0.
7,4	,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part i, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT

1

THE RETURN IS BEING AMENDED TO CHANGE LINE 53 OF FORM 990-T. THE ORIGINALLY FILED 990-T REPORTED DISALLOWED FRINGE BENEFITS OF \$12,600 AND UNRELATED BUSINESS TAXABLE INCOME OF \$11,600, RESULTING IN TOTAL TAX OF \$2,436. THE AMENDED 990-T IS REQUESTING THE REMOVAL OF TAX DUE FOR THE 2018 TAX YEAR DUE TO THE REPEAL OF IRC SECTION 512(A)(7), INCOME TAX ON QUALIFIED TRANSPORTATION BENEFITS. THE RETURN IS BEING AMENDED TO UPDATE LINES 34, 36, 38, 39, 44, 46, 48, AND 53. THESE CHANGES REFLECT THE REPEAL OF THE PARKING TAX FOR TAX-EXEMPT ORGANIZATIONS, RESULTING IN UNRELATED BUSINESS TAXABLE INCOME OF \$0 AND TAX DUE OF \$0.
THE ORGANIZATION IS REQUESTING THE \$2,436 OF TAX PAID WITH THE ORIGINALLY FILED RETURN TO BE REFUNDED TO THE ORGANIZATION.